

Witness name: Dr Andrew Goodall  
Statement no: 1 (M2B)  
Exhibits: AGM2BWG01/001 – 103  
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## UK COVID-19 PUBLIC INQUIRY

### WITNESS STATEMENT OF DR ANDREW GOODALL

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I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 7 October 2022 and referenced M2B-WG-01.

I, Dr Andrew Goodall, will say as follows: -

#### **Preface**

1. It is important to me to acknowledge at the outset of this statement the unprecedented scale and circumstances of the pandemic, our response and the significant impact on Wales and the operation of the Welsh Government. Our day-to-day activities and ways of working were affected, our local communities were impacted by the many decisions necessary to keep Wales safe and our model for public service delivery, overseen by the Welsh Government, was inevitably disrupted by these extraordinary events.
2. From the first days of our response, we were guided by an expressed common purpose to protect the people of Wales. However, the scale and unprecedented nature of the global pandemic did have an adverse impact on people and our communities. I would wish to personally express my sympathies to those affected and to all those who lost loved ones during the pandemic.
3. This was an unprecedented period for us all, not just as members of the Welsh Government and civil service but as individuals. We all lived through this experience professionally and personally and there were impacts and consequences for family,

friends, and colleagues. I am grateful to my civil service colleagues for their contribution and support in delivering the Welsh Government's functions and responsibilities. I would also wish to recognise the exceptional efforts and commitment of public services staff across Wales who underpinned our response throughout the course of the pandemic, and who continue to deliver these services in this current recovery phase.

4. The earlier days of the pandemic were dominated by the speed of developments and the uncertainty as we all learnt more about the virus and the impact it would have on people's lives. I recognise the pandemic affected society in different ways.
5. I felt the Welsh Government had a set of guiding principles that for me underpinned our overall approach and influenced our decision-making, and outcomes, to serve the common purpose of protecting people in Wales. As a government I believe we made decisions in as timely a manner as we reasonably could, reflecting the urgent and rapidly moving context. I reflect that we took a distinctive approach, working alongside the system, rather than orchestrating it, to achieve better outcomes. We would draw in data, analyse, and consider the evidence starting with what was available and building on it. We tried to give as much certainty as possible to people and organisations, setting out expectations and guidance to our public service providers and stakeholders. Our engagement and communication with stakeholders and the public was particularly important.
6. When we started to plan our emergency public health response, we thought we were heading into a more immediate and shorter-term response period with a peak and with the inclusion of lockdown to mitigate population harm but ended with a public health process that lasted two years and continues. This meant we have responded to different phases, and waves, of the pandemic throughout this period.
7. During each respective wave and variant, it was important to actively reflect, learn and adapt through our response noting the unprecedented circumstances. Our recovery plans are likely to remain in place for years and across many future government terms.

## **Introduction**

8. I was appointed to the role of Welsh Government Permanent Secretary in September 2021 and took up the role in November 2021. I lead the Welsh Government Civil

Service in delivering the priorities of the First Minister and his Ministerial team. I am the Welsh Government's Principal Accounting Officer and principal advisor to the First Minister and Cabinet.

9. Prior to this, I was the Director General of Health and Social Services/Chief Executive NHS Wales, a position that I had held since June 2014.
10. Before being appointed as the Director General, I was an NHS Chief Executive in Wales for 9 years. I was the Chief Executive of Aneurin Bevan University Health Board, a position that I held from the Health Board's inception in October 2009 until 2014, after NHS re-organisation to the integrated Health Board model.
11. I have a law degree from Essex University and a PhD in Health Service Management from Cardiff Business School, Cardiff University.
12. I have provided seven corporate statements to the Inquiry, which describe the functions and infrastructure of the Welsh Government and how these were deployed to prepare for and respond to the pandemic. Each of those statements reflect, to a greater or lesser degree, my professional experience in the Welsh Government. While some of those statements were provided in my capacity as someone intimately involved with, and with oversight over, specific functional parts of our infrastructure (such as my statements on the Health and Social Services Group's and NHS Wales' response to the pandemic), others provide a more factual account of aspects of the Welsh Government's functions, powers, structures and processes with which I was not so closely involved.
13. I provide this statement in my capacity as the Permanent Secretary of the Welsh Government, a role I have held since November 2021. It is intended to provide an overview of the Welsh Government, its organisation, structures, functions, governance and decision-making processes, with particular focus on the machinery of government arrangements that were put in place to enable the organisation to support Ministers and respond to the pandemic. Some of those arrangements were put in place by my predecessor, Dame Shan Morgan.
14. I have set out below the breadth of my responsibilities as the Permanent Secretary of the Welsh Government, and these are consistent with my predecessor Dame Shan Morgan. I should emphasise this is a unified and integrated Government, rather than

a department. Accordingly, I am responsible for organising civil service support to Ministers across a wide range of policy, legislative and administrative areas. An equivalent range of responsibilities would be discharged by several Permanent Secretaries at UK Government level. An example of this can be seen in my statement M2B-WT-01 which covers the work of the Welsh Treasury.

15. I will not rehearse in this statement the medical, scientific or other expert evidence that was available in the context of the pandemic. That information sits more suitably with the Chief Medical Officer, the Chief Scientific Advisor for Health and other experts who have also received a request for information from the Inquiry and who will be providing statements to the Inquiry.
16. In view of the available time, the content of this statement is not based on a full examination of the many thousands of documents that are relevant to the work of the Government over the pandemic period. Furthermore, the material that I have exhibited herein is not intended to provide a complete picture, rather this material is produced to illustrate key aspects of administration and the provision of advice and information to decision makers. I have sought to provide sufficient information to enable the Inquiry to return with specific requests for more detailed evidence and documentation in due course.
17. In light of the above, in preparing this statement I have relied on advice and information from several members of my senior civil service team. Reg Kilpatrick, Director General for Covid Recovery and Local Government, Liz Lalley, Interim Director, Recovery and Restart and Tom Smithson, Covid Recovery and Local Government Group have advised in relation to non-pharmaceutical interventions, to include the 21-day review process and recovery process.
18. Toby Mason, the Director of Strategic Communications has advised me on the communications element of this statement.
19. Finally, Stephanie Howarth, Chief Statistician has assisted me with the information relating to Knowledge and Analytical Services.

## **PART A**

## The Welsh Devolution Settlement

20. My Director of Legal Services, Helen Lentle, has provided a detailed statement to the Inquiry which sets out the legislative history of devolution in Wales alongside a full explanation of the current statutory framework under the Government of Wales Act 2006 (GoWA) (as amended) that constitutes the Welsh Government and provides the Welsh Ministers with their executive competence. That statement also sets out the constitution of Senedd Cymru (“the Senedd”), the devolved legislature, and the scope of its legislative competence. I therefore do not propose to rehearse, in this statement, the legal elements of the Welsh devolution settlement that have been covered elsewhere.

### Established process of engagement across the four nations

21. The UK Government, the Scottish Ministers, the Welsh Ministers and the Northern Ireland Executive have agreed a Memorandum of Understanding (MOU) setting out the principles that underline relations between them. The memorandum was first agreed in 2001 and has been revised periodically, most recently in October 2013. The MOU and supporting agreements are not legally binding; the MOU is a statement of political intent. **Exhibit AGM2BWG01/001 - INQ000066063** (dated October 2013) refers.
22. The MOU also provided for a Joint Ministerial Committee (JMC), the detailed arrangements of which are set out in out in Part II of the MOU. The JMC was a consultative, rather than an executive body and was intended to provide central coordination of the overall relationship between the UK Government and the devolved governments. Following a review of intergovernmental relations which concluded in January 2022, the JMC was replaced with a new structure, consisting of forums established within a three-tier structure: portfolio engagement at official and ministerial level; engagement on cross-cutting issues, including an Inter-Ministerial Standing Committee; and a Prime Minister and Heads of Devolved Governments Council.
23. In addition to the MOU, there are a series of Devolution Guidance Notes which set out advice on the working arrangements between the UK Government and the Devolved Governments. **Exhibit AGM2BWG01/002 - INQ000066075** (dated November 2011) refers.

Office of the Secretary of State for Wales

24. Wales, Scotland and Northern Ireland are each represented in the UK Government Cabinet by a territorial Secretary of State, who is responsible for overseeing the devolution settlements, and who plays a role in the relationship between the Devolved Governments and the UK Government.
25. The territorial Secretaries of State are responsible for addressing legislation as it affects the relevant nation and representing that nation's interest in UK Government Cabinet and Cabinet Committees. They also respond to parliamentary interests in the affairs of the relevant nation, transmit funding via the block grant to the Devolved Governments and support collaboration between the UK Government and the devolved governments.
26. During the pandemic the Secretary of State for Wales was Simon Hart MP. The First Minister met approximately nine times with the Secretary of State for Wales in 2020. Records of these meetings will be disclosed to the Inquiry as part of the Welsh Government's general disclosure.

**The Welsh Government – The First Minister and the Welsh Ministers**

27. The Welsh Government is established by section 45 of GoWA. By that section there is to be a Welsh Government whose members are:
  - 27.1. the First Minister, or Prif Weinidog;
  - 27.2. the Welsh Ministers, or Gweinidogion Cymru;
  - 27.3. the Counsel General to the Welsh Government, or Cwnsler Cyffredinol i Lywodraeth Cymru; and
  - 27.4. the Deputy Welsh Ministers, or Dirprwy Weinidogion Cymru.
28. The Welsh Government is the “executive” and exercises its functions and powers independently of the Senedd which is the “legislature”. In broad terms those executive functions of the Welsh Government arise in the following key areas of public policy: health; social services; local government; education; transport; planning; economic

development; culture; Welsh language; environment; agriculture and rural affairs. As I have indicated above, the competence of the Senedd to pass primary legislation has been described in the statement of Helen Lentle.

29. The Welsh Ministers' functions do not derive solely from GoWA. Functions may be transferred to the Welsh Ministers by Transfer of Function Orders. These are Orders in Council made by His Majesty under section 58 of GoWA. Functions may also be conferred directly by Acts of Parliament or Acts of the Senedd. Further, by section 58A of GoWA the Welsh Ministers have executive Ministerial functions. Those powers are exercisable in relation to devolved functions and ancillary to the executive functions conferred upon the Welsh Ministers in reserved areas.
30. The Welsh Ministers also have general powers under section 60 of GoWA to do anything which they consider appropriate to achieve the promotion or improvement of the economic, social or environmental well-being of Wales. This power may be exercised in relation to the whole or any part of Wales, or to all or any persons resident or present in Wales. This includes a power to enter into arrangements or agreements with any person, and to facilitate and co-ordinate the activities of any person.

#### Delegation of functions

31. Section 52 of GoWA provides that the Welsh Ministers may appoint persons to be members of the staff of the Welsh Government. Service as a member of staff of the Welsh Government is service in the civil service of the State. Section 52(9) provides that without prejudice to any rule of law with respect to the carrying out of functions by members of the civil service of the state under authority, the Welsh Ministers, the First Minister or the Counsel General may authorise staff of the Welsh Government to carry out any function on their behalf. Staff of the Welsh Government includes such roles as the Chief Medical Officer for Wales and the Chief Scientific Advisor for Health.

#### The membership and organisation of the Welsh Government

32. Details of the organisational structure of the Welsh Government including Ministerial portfolios and senior official responsibilities, between 2019 and 2022, are set out in organograms which describe at all material points between 2019 and 2022, the portfolio responsibilities of the First Minister, the Welsh Ministers and Deputy Welsh Ministers. **Exhibits AGM2BWG01/003 - INQ000066086** (dated November 2019),

**AGM2BWG01/004 - INQ000066097** (dated January 2021), **AGM2BWG01/005 - INQ000066115** (dated June 2021), and **AGM2BWG01/006 - INQ000066126** (dated May 2022) refer, in respect of the structure of the Welsh Government organisation. Exhibits **AGM2BWG01/007 - INQ000066139** (dated 6 February 2020), **AGM2BWG01/008 - INQ000066140** (dated October 2020), **AGM2BWG01/009 - INQ000066141** (dated May 2021), and **AGM2BWG01/010 - INQ000066053** (dated October 2021) also refer, in respect of ministerial portfolio responsibilities.

### The First Minister

33. The First Minister of Wales (Welsh: Prif Weinidog Cymru) (“the FM”) is the leader of the Welsh Government and keeper of the Welsh seal. The FM chairs the Welsh Government Cabinet and is primarily responsible for the formulation, development and presentation of Welsh Government policy. Additional responsibilities of the FM include promoting and representing Wales in an official capacity, at home and abroad, and responsibility for constitutional affairs as they relate to devolution and the Welsh Government. The FM is a Member of the Senedd (“MS”) and is nominated by the Senedd before being officially appointed by the Monarch. Members of the Welsh Cabinet and Ministers of the Welsh Government, as well as the Counsel General, are appointed by the FM. As head of the Welsh Government, the FM is directly accountable to the Senedd for the Welsh Government’s actions. The Rt Hon. Mark Drakeford MS of the Welsh Labour Party is the current First Minister of Wales, who assumed office on 13 December 2018.

### Minister for Health and Social Services

34. The Minister for Health and Social Services (Welsh: Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol) (“the MHSS”) is a Cabinet position in the Welsh Government, held by Vaughan Gething MS from 2016 to 12 May 2021 when he was succeeded by Eluned Morgan MS, Baroness Morgan of Ely following the Senedd elections in May 2021.
35. The MHSS is responsible for the NHS in Wales, for the policy in relation to (but not the delivery of) social services and social care, all aspects of public health and health protection in Wales, the Food Standards Agency in Wales, post-graduate medical education, and any charges for NHS services. As MHSS, Vaughan Gething MS was responsible for the early pandemic response, taking the initial lead on the Coronavirus



Bill and the Health Protection Regulations, including international travel restrictions, alongside his role of overseeing the NHS in Wales. As the pandemic developed the FM took main responsibility for pandemic response but continued to work closely with the MHSS. During the pandemic, the MHSS was responsible for:

- 35.1. Preparedness for the NHS and health sector, NHS initial capacity and ability to increase capacity and resilience.
- 35.2. The management of the pandemic in all health care settings, including infection prevention and control, triage, critical care capacity, the discharge of patients, the use of 'do not attempt cardiopulmonary resuscitation' (DNACPR) decisions, the approach to palliative care, workforce testing, changes to inspections, and the impact on staff and staffing levels.
- 35.3. Shielding and the protection of the clinically vulnerable.
- 35.4. The MHSS was central to discussions around the use of lockdowns and other 'non-pharmaceutical' interventions such as social distancing and the use of face coverings, but these decisions were principally made by the FM following discussion and agreement at Cabinet.
- 35.5. International travel restrictions.
- 35.6. The procurement and distribution of key equipment and supplies, including personal protective equipment (PPE) and ventilators.
- 35.7. National testing programme.
- 35.8. National vaccination programme.
- 35.9. The consequences of the pandemic on provision for non-Covid-19 related conditions and needs.
- 35.10. Oversight of the health data and evidence.
- 35.11. Policy and oversight of the provision of all social service activities of local authorities in Wales, including the issue of statutory guidance.

- 35.12. Oversight of Social Care Wales.
- 35.13. Regulation of residential, domiciliary, adult placements, foster care, under 8's care provision and private healthcare.
- 35.14. Early years, childcare and play, including the childcare offer and workforce.
36. On 16 March 2020, in recognition that NHS organisations in Wales would require confirmation as to the capital and revenue funding that they required to deal with the consequences of Covid-19 and given the need for decisions to be made at pace, the MHSS agreed to the following delegations up to the threshold of £5m capital and revenue funding directly related to the management of the Covid-19 outbreak:
- 36.1. Director General, Health and Social Services – myself.
- 36.2. Director of Finance, Health and Social Services – Alan Brace.
- 36.3. Deputy Director of Finance – Steve Elliot.
- 36.4. Deputy Director, Capital Estates & Facilities – Ian Gunney.
37. It was however intended that the Minister would continue to be fully briefed and updated as issues emerged, and that any items of novel or contentious spend would still require clearance from the Corporate Governance Centre of Excellence and Ministerial Advice would be provided.

Other Ministers

38. Summarised below are those Ministers who, in addition to the MHSS and the FM, were particularly involved in response to the pandemic and the imposition or non-imposition of NPIs:
- 38.1. Rebecca Evans MS, Minister for Finance and Trefnydd (Welsh: Y Gweinidog Cyllid a'r Trefnydd) chaired the Star Chamber.

- 38.2. Kirsty Williams MS, Minister for Education (Welsh; Y Gweinidog Addysg) worked closely with the MHSS in respect of NPIs in schools and education settings.
- 38.3. Julie James MS, Minister for Housing and Local Government (Welsh; Y Gweinidog Tai a Llywodraeth Leol) worked with the MHSS on delivery of support for those shielding and established a single emergency funding stream for local authorities to meet the pressures arising from Covid-19.
- 38.4. Jeremy Miles MS, Counsel General and Minister for European Transition (Welsh; Cwnsler Cyffredinol a Gweinidog Pontio Ewropeaidd) led on essential work for preparing for recovery from the Covid-19 emergency from 22 April 2020.
- 38.5. Julie Morgan MS, Deputy Minister for Health and Social Services (Welsh; Dirprwy Gweinidog Iechyd a Gwasanaethau Cymdeithasol) worked as the Deputy Minister supporting the MHSS.

#### **Accountability of the First Minister and the Welsh Ministers**

39. The FM and all other Welsh Ministers are accountable to the Senedd, which exercises scrutiny of Ministerial decisions, policy, government bills and subordinate legislation via its plenary proceedings and through the work of its committees and sub committees established pursuant to section 28 GoWA and the Senedd's Standing Orders. Produced here as **Exhibit AGM2BWG01/011 - INQ000066054** is a document that was prepared for the purposes of providing this statement in November 2022, showing the various Senedd committees that were in operation during the material time.
40. Pursuant to section 37 GoWA, the Senedd has the power to require any person to attend its proceedings for the purposes of giving evidence or produce documents concerning any matter relevant to the exercise by the Welsh Ministers and any of their functions. Ministers will regularly be asked to attend Senedd committees to be scrutinised on the exercise of their functions and will normally be accompanied by senior officials. Officials would not normally attend a Senedd subject committee without a Minister, but during the pandemic – and with the permission of the FM and other Welsh Ministers – officials would attend committees informally and formally to give briefings and respond to scrutiny, to enhance transparency.

41. The FM and all other Welsh Ministers are subject to the Ministerial Code (“the Code”), which is produced here as **Exhibit AGM2BWG01/012 - INQ000066055** (dated 5 August 2021).
42. The Ministerial Code governs Ministerial conduct and requires Ministers to uphold the highest standards of propriety. The Code is to be read alongside the duties of Ministers to comply with the law and protect the integrity of public life. It is explicit that Ministers have a duty to the Senedd to account, and be held to account, for policies, decisions and the actions of their departments. The Code expects Ministers to uphold the “Seven Principles of Public Life”. Ministers who knowingly mislead the Senedd will be expected to offer their resignation to the FM.
43. The First Minister is the ultimate judge of the standards of behaviour expected of a Minister and the appropriate consequences of a breach of those standards. It is not my role as Permanent Secretary to enforce the Code. The First Minister will decide how complaints under the Code will be investigated and will usually refer significant complaints to an independent adviser for consideration and advice, but he may also ask me as Permanent Secretary to consider the complaint and report to him. Ministers remain personally responsible for adhering to the Code’s provisions and for the actions that they take. In parallel to the Ministerial Code, the Civil Service Code sets out the values and standards of behaviour expected of civil servants; it is described in more detail at paragraph 60 below.

#### **Accountability of the Permanent Secretary and other senior officials**

44. As stated in paragraph 32 above, organisational charts are exhibited to this statement, which show the Ministers and senior officials who were in post at all material times between 2019 and 2022.

#### *The Role of the Permanent Secretary*

45. As Permanent Secretary, I lead the Welsh Government’s civil service in supporting the FM and his Ministerial team to realise their policy and legislative objectives. The Welsh Government’s civil service current headcount (as of 4 October 2022) is approximately 5,700 (FTE).

#### *My predecessor*

46. My predecessor as Permanent Secretary, Dame Shan Morgan, led the organisation from the start of the pandemic until I became Permanent Secretary in November 2021. As Permanent Secretary, Dame Shan was my line manager in my previous role as Director General Health and Social Services and Chief Executive of the NHS. During this period Dame Shan chaired the committees and boards that I refer to below and in the early days of the pandemic she was responsible for participating in significant communication across the government of the UK at Permanent Secretary level, relaying information back to Ministers and her senior team.
47. Dame Shan also implemented the initial pandemic specific governance arrangements for the organisation, establishing and chairing the ExCovid forum which was created to provide strategic oversight, co-ordination and assurance at official level. Between February and May 2020, ExCovid met twice weekly.
48. At the start of the pandemic Dame Shan also implemented change at senior official level, creating a new Director General role focused on the non-health response arrangements and a new "Restart and Recovery Directorate".
49. Dame Shan was also responsible for the internal resources and prioritisation, ensuring the FM and Cabinet were properly supported to enable them to make decisions.
50. Dame Shan was also the principal advisor to the Cabinet and the Principal Accounting Officer, responsibilities which have now passed to me.

Executive Committee (ExCo)

51. As Permanent Secretary, I chair the organisation's Executive Committee (ExCo) which is the operational and strategic decision-making forum that supports me as Principal Policy Adviser to the FM, as Principal Accounting Officer and as Head of the Welsh Government Civil Service. ExCo meets weekly and makes formal delegations to the Finance and Corporate Services Sub-Committee, which provides strategic leadership to the operational delivery of the organisation's corporate services.
52. The current membership of ExCo is made up of the following:
  - 52.1. Permanent Secretary, Chair

- 52.2. DG Health and Social Services Group / Chief Executive NHS Wales
- 52.3. DG Climate Change and Rural Affairs
- 52.4. DG Education, Social Justice and Welsh Language
- 52.5. DG Economy, Treasury and Constitution
- 52.6. DG Chief Operating Officer
- 52.7. DG Covid Recovery and Local Government
- 52.8. Director of Treasury
- 52.9. Director of Governance and Ethics
- 52.10. HR Director
- 52.11. Director of Finance
- 52.12. Director of Legal Services
- 52.13. Head of Organisational Development and Engagement
- 52.14. Chief Digital Officer

The Board

53. The Welsh Government Board provides strategic advice, challenge and assurance to me as Permanent Secretary in discharging my role. The Board sits alongside ExCo which is the operational and strategic decision-making forum. The Board meets every six weeks and is attended by:

- 53.1. Permanent Secretary (Chair)
- 53.2. Director General - Health and Social Services/Chief Executive, NHS Wales

- 53.3. Director General - Climate Change and Rural Affairs
- 53.4. Director General - Education, Social Justice and Welsh Language
- 53.5. Director General - Economy, Treasury and Constitution
- 53.6. Director General - Chief Operating Officer
- 53.7. Director General - Covid Recovery & Local Government
- 53.8. Legal Services Director
- 53.9. Director – Governance and Ethics
- 53.10. HR Director
- 53.11. Head of Organisational Development and Engagement
- 53.12. Board Equality and Diversity Champion
- 53.13. Finance Director
- 53.14. Four non-executive directors
- 53.15. Shadow Board Members

Trade Union representatives are invited but have not attended.

*Audit and Risk Assurance Committee (ARAC)*

- 54. The purpose of this Committee is to provide support and advice to me in my capacity as the Welsh Government's Principal Accounting Officer on risk management, control, governance and assurance. I attend the committee, which is chaired by a Non-Executive Director. An ARAC is also in place at Group level to support Director Generals in their roles as Additional Accounting Officers, who in turn support me as PAO.

## **Principal Accounting Officer (PAO)**

55. As Permanent Secretary I am, by virtue of section 129(6) of GoWA, the Welsh Government's PAO. Until September 2021 Dame Shan Morgan was the PAO, and I replaced her in this role when I became Permanent Secretary to the Welsh Government. Under Section 133(2) of GOWA 2006, Permanent Secretaries can appoint Additional Accounting Officers (AAOs). AAOs were in place to support Dame Shan and I have appointed AAOs following my appointment as Permanent Secretary.

### *The PAO's role and responsibilities*

56. As PAO I am responsible for the overall organisation, management and staffing of the Welsh Government, as well as its procedures in financial and other matters. It is my responsibility to ensure that the organisation operates under a sound system of internal control, including risk management, and that its effectiveness is regularly reviewed.
57. In this regard I am responsible for the regularity and propriety of relevant public finances; the keeping of proper accounts; prudent and economical administration, for avoidance of waste and extravagance and the efficient and effective use of all available resources.
58. The AAOs referred to above support me and supported Dame Shan in discharging these responsibilities.

### *Accountability as Permanent Secretary*

59. Civil servants in Wales are part of the UK Civil Service, and line management oversight of the Permanent Secretary role is provided by Simon Case as the UK Cabinet Secretary. However, I am accountable to the FM, as his principal policy adviser (like my predecessor Dame Shan), for my decisions and actions in leading the Welsh Government civil service and managing the organisation's resources to support him and his Ministerial team to realise their policy objectives.
60. Being part of the UK Civil Service means I, and all the civil servants that I lead, are subject to the Civil Service Code which sets out the standards of behaviour that are expected of officials based on the core civil service values of integrity, honesty,



objectivity and impartiality. I produce here as **Exhibit AGM2BWG01/013 - INQ000066056** (dated 16 March 2015), a copy of the Code.

Public Accounts and Public Administration Committee

61. As Permanent Secretary and PAO I am scrutinised and held to account by the Senedd's Public Accounts and Public Administration Committee (PAPAC), whose role is to ensure that proper and thorough scrutiny is given to Welsh Government expenditure. I regularly appear before the Committee to provide evidence and answer questions. This is also applicable to Director Generals in their AAO roles.
62. The Committee considers reports prepared by the Auditor General for Wales on the accounts of the Welsh Government and other public bodies, and on the economy, efficiency and effectiveness with which resources were employed in the discharge of public functions.
63. The Auditor General for Wales (AGW) is the statutory external auditor of most of the Welsh public sector.

Accountability of Senior Officials

64. The organograms that I refer to above and which are exhibited to this statement set out at all material times, between 2019 and 2022 the reporting lines for the senior officials across the organisation. The Director Generals of the various Groups within the organisation report directly to me, but also have direct and close working relationships with the relevant portfolio Ministers for their areas of responsibility. I have provided details above about those senior officials who support me as AAOs.

**Key officials and special advisers with particular involvement in the response to Covid-19**

65. I have set out below a non-exhaustive list of senior officials and special advisers who had particular involvement in the response to Covid-19. There were of course other individuals who played invaluable roles in the response to the pandemic, for example the Chief Nursing Officer for Wales, but I have included those who played a significant role in respect of the subject of this statement.

65.1. **Myself**, in my previous role, as Director General, Health and Social Services; and Chief Executive NHS Wales until November 2021 when I started as Permanent Secretary and was succeeded as Director General by Judith Paget. In that role, and relevant to health and care responsibilities, I had responsibility for:

- 65.1.1. Enabling intergovernmental decision making for health and social care.
- 65.1.2. Oversight to how health and social care decisions were made, communicated and implemented.
- 65.1.3. The availability and use of data and evidence.
- 65.1.4. Shielding and the protection of the clinically vulnerable.
- 65.1.5. Preparedness, NHS initial capacity and ability to increase capacity and resilience.
- 65.1.6. The management of the pandemic in all health care settings, including infection prevention and control, triage, critical care capacity, the discharge of patients, the use of 'do not attempt cardiopulmonary resuscitation' (DNACPR) decisions, the approach to palliative care, workforce testing and changes to inspections.
- 65.1.7. The impact on staff, staffing levels and workforce wellbeing.
- 65.1.8. Contributing to the use of lockdowns and other 'non-pharmaceutical' interventions such as social distancing and the use of face coverings from a health perspective.
- 65.1.9. The procurement and distribution of key equipment and supplies, including PPE and ventilators.

- 65.1.10. The consequences of the pandemic on provision for non-Covid-19 related conditions and needs including the maintenance of essential services.
- 65.1.11. Supporting all directors in my team to discharge their responsibilities.

65.2. **Frank Atherton**, as Chief Medical Officer, who had responsibility for:

- 65.2.1. Advising the Cabinet on the public health situation in Wales.
- 65.2.2. Liaising with the Chief Medical Officers of the UK.
- 65.2.3. Shielding and the protection of the clinically vulnerable.
- 65.2.4. Providing advice on the use of lockdowns and other 'non-pharmaceutical' interventions such as social distancing and the use of face coverings as a means of providing a public health response to the incidence or spread of infection.

65.3. **Reg Kilpatrick** who, until September 2020, was Director of Local Government. Thereafter he was Director General of Covid Coordination and Director of Local Government. From April 2022 (following a restructure of the organisation) he is Director General of Covid Recovery and Local Government. He had responsibility for:

- 65.3.1. The emergency preparedness and response function for the Welsh Government which evolved into the wider coordination role for the Covid-19 response.
- 65.3.2. Directing the policy development, advice and implementation related to the response to the emergence and spread of the virus, including the 21-day review.
- 65.3.3. Operational relationships between UK governments in respect of control and containment measures, intelligence sharing, situational awareness and the Joint Biosecurity Centre.

- 65.3.4. Relationships and communication with local authorities.
- 65.3.5. Liaising and briefing the police services (including the Police and Crime Commissioners) and fire services.

65.4. **Rob Orford**, Chief Scientific Adviser for Health, and Chair of the Technical Advisory Group who had responsibility for:

- 65.4.1. Advising the Cabinet.
- 65.4.2. Preparedness and resilience.
- 65.4.3. The availability and use of scientific data and evidence.
- 65.4.4. The use of lockdowns and other 'non-pharmaceutical' interventions such as social distancing and the use of face coverings.
- 65.4.5. Testing and contact tracing, and isolation.
- 65.4.6. Providing advice on the use of lockdowns and other 'non-pharmaceutical' interventions such as social distancing and the use of face coverings.

65.5. **Fliss Bennee**, Co-chair of the Technical Advisory Group, who had responsibility for:

- 65.5.1. Advising the Cabinet.
- 65.5.2. Preparedness and resilience.
- 65.5.3. The availability and use of scientific data and evidence.
- 65.5.4. The use of lockdowns and other 'non-pharmaceutical' interventions such as social distancing and the use of face coverings.

- 65.5.5. Testing and contact tracing, and isolation.
  - 65.5.6. Providing advice on the use of lockdowns and other 'non-pharmaceutical' interventions such as social distancing and the use of face coverings.
- 65.6. **Albert Heaney**, who was Director of Social Services and Integration until March 2020 before becoming Deputy Director General of Health and Social Services until June 2021. Since June 2021, Albert has been the Chief Social Care Officer for Wales. His responsibilities in those roles included:
- 65.6.1. Preparedness, care sector initial capacity and ability to increase capacity and resilience.
  - 65.6.2. The management of the pandemic in care homes and other care settings, including infection prevention and control, the transfer of residents to or from homes, treatment and care of residents, restrictions on visiting, and changes to inspections.
  - 65.6.3. The communication, coordination and liaison with care stakeholders and statutory care providers.
  - 65.6.4. The development of policy relating to social care (but not the delivery of social care services).
- 65.7. **Andrew Slade** who was Director General of Economy, Skills and Natural Resources until April 2022. Thereafter he is Director General of Economy, Treasury and Constitution Group. His responsibilities included:
- 65.7.1. The closure and reopening of the hospitality, retail, sport and leisure sectors, and cultural institutions.
  - 65.7.2. Support for businesses and jobs, including the Coronavirus Job Retention Scheme, the Self-Employment Income Support Scheme, loans schemes, business rates relief and grants.

65.7.3. The safeguarding of public funds and management of financial risk.

65.8. **Tracey Burke** who was Director General of Education and Public Services until April 2022. Thereafter she became Director General of Climate Change and Rural Affairs. Her responsibilities included:

65.8.1. Education and childcare.

65.8.2. Communities and tackling poverty.

65.8.3. Housing and regeneration.

65.9. **Dylan Hughes** who was Director and First Legislative Counsel whose responsibilities included being responsible for drafting of Health Protection (Coronavirus, Restrictions) (Wales) Regulations throughout the pandemic period.

65.10. **Helen Lentle** who was Director, Legal Services whose responsibilities included responsibility for provision of legal advice to Ministers and officials during the pandemic period including Covid-19 related legislation such as the Health Protection (Coronavirus Restrictions) Regulations (in conjunction with Dylan Hughes) and for the Health Protection (Coronavirus International Travel) (Wales) Regulations.

65.11. **Clare Jenkins** who was special advisor, principally to the MHSS, on a range of matters relating to NHS management and services.

65.12. **Jane Runeckles** who was special advisor, principally for the FM.

65.13. **Madeline Brindley** who was special advisor, principally on media relations and communications.

## **Welsh Government – Ways of working: Policy development, decision making and collaboration**

### Cabinet

66. The Welsh Government Cabinet is the central decision-making body of the Welsh Government. It is a collective forum for Ministers to decide significant issues and to keep colleagues informed of important matters. The Cabinet reconciles Ministers' individual responsibilities with their collective responsibility. Its business consists, in the main, of matters which significantly engage the collective responsibility of the Welsh Government, either because they raise significant issues of policy or because they are of critical importance to the public. The final decision as to whether an item should be discussed at Cabinet is made by the FM.
67. Under normal circumstances, Cabinet meets once per week during the periods when the Senedd is sitting. The Welsh Government's Cabinet Office is primarily responsible for the identification and planning of Cabinet business, and the Cabinet Secretariat is responsible for the organisation of Cabinet meetings, and the production of minutes.
68. Cabinet papers are commissioned by the Cabinet Secretariat from the relevant Welsh Government policy lead. Drafting officials are required to ensure that Cabinet papers focus on the important issues, capturing the key points concisely and identifying what needs to be decided. Implications for policy development and budgets should be clearly outlined and the proposed outcomes easily identifiable in both the summary and recommendations sections. Drafting officials are required to set out clearly the impact of policy proposals and the financial, legal and governance implications in an annex to the substantive paper.
69. Cabinet papers require the clearance of the Director General of the relevant Group, before being submitted for formal approval to the Minister(s) with portfolio responsibility for the matters which Cabinet is being asked to consider, and to the FM. All other Ministers are copied into the submission of the Cabinet paper, along with a centrally prescribed list of officials and special advisers. Once formal approval is received from the portfolio minister and the FM, the final papers are circulated by Cabinet Secretariat to all Cabinet members.

Ministerial advice (MA)

70. Not all decisions are made in Cabinet. The Ministerial advice process provides a channel for Ministers to make decisions relevant to their portfolio which do not require a Cabinet collective discussion or decision. A Ministerial advice document is a document submitted to relevant Ministers for the purpose of providing them with

information advice and options, to enable them to make a Ministerial decision. An MA is submitted to Ministers when providing formal advice relating to a new decision, relating to policy, operations, legislation or such other matters upon which a Minister is invited to make a decision. Each MA is allocated an MA number which is obtained from the Ministerial Advice Tracking System (MATS).

71. An MA should set out how the topic it addresses contributes to the delivery of the Programme for Government and the well-being objectives of the Welsh Government. In respect of particularly complex or controversial decisions, engagement with Private Office, special advisers or the Minister would take place in advance of submitting an MA.
72. An MA is subject to several clearance checks. If the MA includes legal advice, then legal clearance is required, so that the legal content is agreed by the legal team and to ensure compliance with relevant statutory duties, to include but not limited to those duties under the Equality Act 2010, the Well-being of Future Generations (Wales) Act 2015 and the Environment (Wales) Act 2016. All MAs with financial implications exceeding £50,000 require financial clearance, to ensure that costs are affordable, represent good value for money and make the best use of public monies to achieve outcomes. Clearance from Knowledge and Analytical Services is required where there is statistical or data information within the MA. Corporate Governance clearance may also be required. A senior civil servant of at least Deputy Director grade is required to clear all MAs before they are sent to Private Office for Ministerial consideration.
73. A decision report is published on the Welsh Government's website for all MAs where a Minister has taken a substantive decision. A decision report is a short summary of the issue and the Minister's response to a recommendation.
74. Impact assessments are an important part of policy making, and the Welsh Government has either statutory obligations or has made commitments for the consideration of a number of areas of potential impact when developing policy. These include equality, the Welsh Language, biodiversity, children's rights, rural-proofing, data protection, justice, health, privacy and a range of environmental impacts. For decisions of a strategic nature there is also a duty to consider their socio-economic impact.



75. Within the Welsh Government the standard tool used to assess impact is the Integrated Impact Assessment (IIA) which brings together all impact assessments into one comprehensive document. The document also requires consideration of how the policy proposal fits with the priorities and vision set out in the Programme for Government, and how it contributes to the social, cultural, economic and environmental well-being of Wales (aligning with the Well-being of Future Generations (Wales) Act 2015 and the sustainable development principle).

*An integrated organisation*

76. As stated in the preface, we are not a department but a unified and integrated government with responsibility for discharging a very broad range of functions spread across number of public policy areas. An equivalent range of responsibilities would be overseen by several permanent secretaries at UK Government level.
77. Despite the range of responsibilities, we are a compact administration. All Ministers and senior leaders are “under one roof” and are frequently “in the same room” together. This enables the organisation to take advantage of being able to work in a highly integrated way and make decisions at pace. This is reflected in the preparation of Cabinet Papers and MAs which arrive with decisions makers having benefited from consolidated input and advice from a range of policy officials and experts across the organisation to ensure that the “Programme for Government” is being delivered in a joined-up way. This way of working, as well as the relatively small size of Wales, also means that we can work very closely with our stakeholders in the wider Welsh public, private and third sectors, and I describe below the concept of “One Welsh Public Service” and how we work to meet the aspirations of the FM to work in “Social Partnership” with other organisations.

*“One Welsh Public Service” and working in “Social Partnership”*

78. As part of the vision for ‘One Welsh Public Service’ there is a strong aspiration on the part of the Welsh Government for organisations in Wales to establish a strong collaborative partnership across organisational boundaries and across sectors. This approach has featured throughout the response to the pandemic which saw frequent meetings and engagement taking place with partners during the pandemic and in particular informing decisions made as part of the 21-day reviews and the implementation/easement of non-pharmaceutical interventions. As Director General

for Health and Social Services/Chief Executive of the NHS I felt that I could reach out to partners in this way and worked alongside them to implement Ministerial decisions.

79. Complementing the 'One Welsh Public Service' vision is the Welsh Government's commitment to Social Partnership as a way of working. This has developed since devolution and aims to support open communication and co-production. The Shadow Social Partnership Council (SSPC) sits at the top of this structure and was set up, in advance of proposed legislation on social partnership, to discuss a range of strategic issues relating to fair work and social partnership.

80. The Shadow Social Partnership Council is chaired by the FM with other Ministers attending where necessary. In addition to Welsh Ministers, membership of the Shadow Social Partnership Council now consists of approximately 25 senior representatives from across the devolved public services, the private sector, the trade unions and the voluntary sector as well as the various Welsh Commissioners. The SSPC core membership comprises: -

80.1. The First Minister (Chair).

80.2. The Welsh Government; Ministers, officials, and special advisors would attend as necessary depending upon the matters under discussion.

80.3. Trades unions: -

80.3.1. Unite;

80.3.2. GMB;

80.3.3. PCS;

80.3.4. Unison;

80.3.5. Usdaw; and

80.3.6. Wales TUC.

80.4. Employers: public sector: -

- 80.4.1. the Welsh Government;
- 80.4.2. Welsh Local Government Association; and
- 80.4.3. NHS Wales Employers.

80.5. Employers: business sector: -

- 80.5.1. Confederation of British Industry (CBI);
- 80.5.2. Federation of Small Businesses; and
- 80.5.3. South Wales Chambers of Commerce.

80.6. Commissioners: -

- 80.6.1. Future Generations Commissioner;
- 80.6.2. Older People's Commissioner for Wales;
- 80.6.3. Children's Commissioner for Wales;
- 80.6.4. Welsh Language Commissioner; and
- 80.6.5. Head of the Equality and Human Rights Commission Wales;  
and

80.7. the Wales Council for Voluntary Action (WCVA).

81. Additional participants are invited to attend specific meetings of the SSPC as necessary and depending upon the matters under discussion, although they do not form part of the core membership. These additional invitees include but are not limited to Welsh local authorities; other public sector employers in Wales; other trades unions including the Public and Commercial Services Union (PCS), the RMT, the Royal College of Nursing (RCN) and the National Education Union (NEU); and additional representatives from employers in the business sector; and the voluntary sector.

82. The frequency of meetings of the SSPC varied in response to the pandemic. When the SSPC was established, meetings took place on a fortnightly basis, but this changed to three-weekly so that meetings of the SSPC were synchronised with the 21-day review process. Covid-19 was discussed at each meeting of the SSPC. Extraordinary meetings of the SSPC were also held in reaction to new or emerging issues regarding the pandemic, for example: -

<b>Date</b>	<b>Discussion</b>	<b>Exhibit</b>
15.10.2020	The need for additional interventions to address the escalating position in respect of Covid-19 in Wales.	<b>AGM2BWG01/014</b> <b>- INQ000281905</b>
28.10.2020	Arrangements following the firebreak lockdown.	<b>AGM2BWG01/015</b> <b>- INQ000281963</b>
10.12.2020	The next phase of the response to Covid-19 in Wales.	<b>AGM2BWG01/016</b> <b>- INQ000282084</b>
19.12.2020	The new variant strain of Covid-19.	<b>AGM2BWG01/017</b> <b>- INQ000282082</b>
22.12.2021	Covid-19 review cycle update.	<b>AGM2BWG01/018</b> <b>- INQ000282076</b>

83. Matters relating to public sector employment in Wales are dealt with in partnership through the Workforce Partnership Council (WPC) and its Joint Executive Committee. The WPC is recognised by each of the three partners as the key forum for cross-public services workforce matters in Wales. It seeks to reach agreement on matters which are cross-public service or relevant to the whole public service. It is a forum for sharing information and good practice and for influencing, including the consideration, challenge and enhancement of policy in development of cross-public service workforce related matters. It also supports collective practice, even where formal agreements cannot be secured.

84. Partnership working is strong in Wales and social partnership has become an important aspect of policy development and implementation. In addition to the structure

described above, most partnership groups set up by the Welsh Government include representation from social partners. This provides the opportunity for a mutual exchange of ideas on a range of subjects, allowing social partners to play an active role in the work of the Welsh Government. This way of working and the networks and relationships that it has enabled were of significant benefit to the Welsh Government in working to manage the response to the pandemic.

85. I produce, as **Exhibit AGM2BWG01/019 - INQ000066057** a diagram (dated November 2022) that shows a number of the national-level partnerships which facilitate regular engagement between social partners (employers and/or trade unions) with which the Welsh Government has some involvement.

#### The Partnership Council

86. The Partnership Council for Wales, which is established pursuant to section 72 GoWA, supports joint working between the Welsh Government and Local Government in Wales. The membership of the Partnership Council for Wales is made up of Welsh Ministers, Local Authority Leaders and the Police and Crime Commissioners.

#### Local Government

87. The Welsh Government is committed to delivering public services through a partnership approach. Ministers therefore sought to work closely with Local Authority partners throughout the pandemic response, using formal and informal mechanisms.
88. At a formal level, Ministers used the statutory Partnership Council for Wales which engaged the Leaders of Local Authorities and other key organisations. However, the need for regular, open and honest discussions required a range of other meetings. There were a range of regular meetings closely linked to, but not necessarily part of the 21-day review, to brief Local Authority leaders on epidemiological matters, policy options and prospective announcements. These were vitally important meetings at which issues of concern could be shared and understood as well as providing an opportunity to develop a consistent level of commitment between the national and local level to the need for and approach to aspects of the Government response.
89. Alongside these regular meetings, generally led by the Minister with responsibility for Local Government, supported by other Ministers with interests, for example MHSS, or

the Minister for Social Justice, other Cabinet Ministers would engage with Local Government directly on specific issues. Examples include the MHSS in respect of the Test, Trace and Protect programme; the Minister for Education on matters regarding schools; or the Deputy Minister for Social Care on social care issues. These meetings were all held virtually.

#### Welsh Local Government Association

90. All the principal councils in Wales are members of the Welsh Local Government Association (WLGA). The WLGA represents their collective views and interests and advises and supports individual authorities. In addition to the 22 principal councils in Wales, the WLGA has associate members consisting of the three Fire and Rescue Authorities (FRAs) and the three National Park Authorities (NPA) in Wales. The WLGA is an observer but not a statutory member of the Partnership Council for Wales. The WLGA's Constitution sets out its aims, objectives, structure and conduct rules.

#### NHS in Wales

91. The structure of the NHS in Wales, including my dual role as DG for the Welsh Government's HSSG and Chief Executive of the NHS in Wales, helped to facilitate close collaborative working with the NHS during the pandemic. As an example, I describe at paragraph 150 below how I chaired the monthly NHS Wales Leadership Board of the respective individual Chief Executives for local health boards ("LHBs"), NHS trusts and Special Health Authorities. I intend to describe our collaborative working with the NHS in more detail in the statement I will submit to the Inquiry in response to request reference M2B-HSSG-01.

#### The third sector in Wales

92. The Third Sector Scheme and Third Sector Partnership Council provide the framework and governance for the Third Sector in Wales. The Third Sector Partnership Council enables the Welsh Government to engage strategically with the sector, which is dominated by smaller scale organisations in Wales. During the pandemic the Wales Council for Voluntary Action, a membership organisation, worked closely with the Welsh Government to deliver funding support packages, engage volunteers and provide support to vulnerable people.

93. Whilst I have listed some of the key engagement with public bodies here, I should add that we operate within the interests of communities and so this approach to partnership working extends to those organisations whose functions are not devolved to Wales, such as the Police and His Majesty's Prisons and Probation Service.

### **Civil Contingencies in Wales**

94. The Civil Contingencies Act 2004 ("the 2004 Act") seeks to establish a consistent mechanism for dealing with emergency situations across the United Kingdom. It is split into two substantive parts: Part 1 which deals with the 'local' response to emergency situations; and Part 2 which enables the UK Government to make temporary legislation to help deal with the most serious emergencies.
95. Although civil contingencies were not devolved under the 2004 Act or by GoWA, there has always been a public expectation in Wales that Welsh Ministers will provide political leadership in building resilience and responding to emergencies. Indeed, the Concordat between the Welsh Government and UK Government supporting the 2004 Act demonstrated the expectation of the UK Government that the Welsh Government had an important role to play in the response to emergencies in Wales and in dealing with its consequences.
96. Notwithstanding the Concordat, the Silk Commission on Devolution in Wales recommended that "*the two Governments should ensure that there is a clear understanding of their respective roles in relation to civil contingencies and emergencies. There should be an agreed transfer of executive powers if that is necessary to ensure resilience.*" This recommendation was adopted in the Transfer of Functions Order 2018/644, where the functions transferred to the Welsh Ministers are fully set out. Article 41 of the Transfer of Functions Order amended the 2004 Act so that functions under Part 1 of the Act were transferred to the Welsh Ministers. No functions under Part 2 of the 2004 Act have been transferred to the Welsh Ministers.
97. The Welsh Ministers' functions extend to these Category 1 responders in Wales:
- 97.1. Local Authorities: A county council or county borough council in Wales.
- 97.2. Emergency services: A Fire and Rescue Authority in Wales.

- 97.3. Health: A National Health Service trust or a Local Health Board.
- 97.4. Environment: The Natural Resources Body for Wales.
- 97.5. Port Health Authorities: A port Health Authority in Wales.
98. The Welsh Ministers' functions extend to these Category 2 responders in Wales:
- 98.1. Utilities: A water or sewerage undertaker for an area wholly or mainly in Wales.
- 98.2. Transport: The Welsh Minister, in so far as their functions relate to matters which they are responsible by virtue of section 1 of the Highways Act 1980.
99. When the Welsh Ministers exercise the power to make regulations under the 2004 Act, they are required to consult with the relevant Minister of the Crown before making the legislation. Likewise, Ministers of the Crown are required to consult with the Welsh Ministers before making legislation which relates to a person or body that exercises functions in relation to Wales. To date, the Welsh Ministers have not prepared any Regulations nor an Order pursuant to the 2004 Act.
100. The 2005 Concordat has not been updated since the Transfer of Functions to the Welsh Ministers, but the principal ethos of the Concordat continues to be the need for cooperation in respect of an emergency response.
101. The Welsh Government fulfils a central role in supporting the development of civil contingencies in Wales by leading on the coordination of all-Wales multi-agency planning, and by assisting local activity. Additionally, Welsh Ministers have provided political leadership through the FM chairing the Wales Resilience Forum and, more broadly, by supporting the emergency services and other responder agencies. The Forum brings together all relevant agencies, whether devolved or non-devolved, including the UK Government, not only to inclusively build and strengthen resilience at a national level in Wales, but to also support local delivery.

Wales Resilience Forums



102. The Wales Resilience Forum, Local Resilience Fora and relevant agencies work together to strengthen preparedness, build collective capability and enhance resilience; their work focuses on the requirements set out in the 2004 Act.
103. The FM chairs the Wales Resilience Forum. The aim of the WRF is to promote good communication and the enhancement of emergency planning across agencies and services in Wales by providing a forum for Chief Officers to discuss with Welsh Ministers strategic issues of emergency preparedness. The WRF now sits at the head of a broad, interlinking planning structure covering both civil contingencies and national security.
104. The Cabinet Office is a permanent member of the WRF and reports on initiatives being taken forward at the UK level at each meeting. This allows the Civil Contingencies Secretariat (CCS) to engage directly with senior representatives of responder agencies in Wales as well as Welsh Ministers. Membership and further details are set out in the Terms of Reference; **Exhibit AGM2BWG01/020 - INQ000066058** (dated 2015) refers. While the Wales Resilience Forum met only once during Covid-19 (15 December 2021), and for routine business, this was in keeping with the principle that the Forum is fundamentally a planning body with no assigned response function under the Pan Wales Response Plan.

#### Wales Resilience Partnership Team

105. The Wales Resilience Partnership Team (“WRPT”) supports the WRF by initiating and delivering a programme of work at the all-Wales level to support and enhance the work being taken forward at the local level. Prior to Covid-19, the WRPT managed several sub-groups tasked to co-ordinate work on various capabilities; including a task and finish group on pandemic flu.
106. The Joint Emergency Services Group brings together all the emergency services in Wales, the Welsh Government, Chief Executive of the NHS and armed forces in Wales at the most senior level to consider how to take forward their joint contribution to civil protection in Wales. They consider their contribution to civil contingencies and counter-terrorism in Wales. They also address wider cross-service issues of joint interest.

#### Local Resilience Forums

107. At the local level, multi-agency Local Resilience Fora (LRFs) operate within the four Police Force areas. These are South Wales, North Wales, Dyfed-Powys and Gwent.
108. The LRFs bring together all responder organisations that have a duty to co-operate under the 2004 Act. The groups also include other organisations who respond to emergencies. Together, they ensure they prepare for emergencies by working in a coordinated and effective way.
109. The Welsh Government's Emergency Co-ordination Centre (Wales) (ECC(W)) analyses the impact on Wales of any emergency or incident, whilst establishing a channel of information and advice to Ministers. It also acts as a conduit to and from the UK Government when appropriate. Where an emergency occurs in Wales and it falls within Welsh Ministers' competence, there will often be little, if any, involvement from the UK Government. Where an emergency occurs in Wales and its scale and impact is more far-reaching, then some degree of UK Government coordination and support will always be necessary. The level of UK Government involvement will therefore vary and could range from a lead government department offering only advice and support, to the activation of the full-scale central government crisis management machinery (referred to as COBR).

## **PART B**

### **Covid-19 specific matters which were devolved to the Welsh Government**

110. In the context of Covid-19, I have set out below the relevant devolved areas which includes examples of some, but not the totality, of Covid-19 specific actions taken by the Welsh Government.

#### Health

111. This included public health measures (including Covid-19 regulations and restrictions on the entry into Wales of international travellers); the prevention, diagnosis and treatment of Covid-19 (including PPE provision, Covid-19 testing, shielding of vulnerable groups, and vaccination programmes); the NHS in Wales; and an indemnity for health professionals carrying out NHS activities arising as a result of the pandemic.

#### Social Care

112. This included the imposition of public health restrictions and the provision of guidance and advice to care homes and the social care workforce, and changes to needs assessments for care and support. In contrast to their responsibilities in relation to the NHS, Welsh Ministers do not have responsibilities for the delivery of social care. This responsibility sits with the Local Authorities, who have statutory duties under the Social Services and Well-being Wales Act 2014 to assess and meet the needs of adults and children for care and support, and then to make provision to meet those needs.

#### Local Government

113. This included collaborative working to deliver core aspects of the pandemic response including aspects of Test, Trace and Protect, and support for vulnerable people and those shielding. Local Government also led on aspects of enforcement action.

#### Education

114. This included the imposition of public health restriction and the provision of guidance and advice on the opening and closing of educational settings and registered childcare providers. Advice and guidance was also provided in respect of the education workforce.

#### Housing

115. This included provision of public health advice and guidance in respect of housing and homelessness policy and changes to eviction policy.

#### Transport

116. During the pandemic local authorities considered active travel and 'pop-up measures' to accommodate social distancing and restrictions on exercise and travel, such as:

116.1. road closures or lane closures, with filters for cyclists;

116.2. bringing forward trials for the introduction of default 20mph limits;

116.3. footway widening and decluttering;

116.4. temporary crossing facilities; and

116.5. enhanced waiting facilities to encourage social distancing.

#### Planning

117. Legislative changes were made by the Welsh Ministers to introduce emergency permitted development rights, which allowed local authorities to change the use of buildings or erect temporary structures on their land without planning permission. The new powers meant Local Authorities could use leisure centres as temporary hospitals if they were needed to prevent or control an emergency.

#### Economic development

118. This included provision of guidance and financial support packages to businesses and industry.

#### Culture

119. This included provision of guidance and financial support to the arts, crafts, media, sport and recreational activities in Wales.

#### Agriculture and rural affairs

120. A series of emergency measures were put in place by the Welsh Ministers to support Welsh farmers during the Covid-19 pandemic recognising the crucial role they played in feeding the nation. These measures included extending the time periods for submission of single application forms and basic payment schemes.

#### **Covid-19 specific matters reserved to the UK Government**

121. By Section B9 of paragraph 47 of Schedule 7A to GoWA “Emergency Powers” are defined as a reserved matter. This covers the circumstances in which such powers are exercised, what the powers are, including their limitations, and ancillary provision. Emergency powers include sector-specific provisions, and the generic emergency powers set out in Part 2 of the 2004 Act, as above. Part 2 of the 2004 Act provides a power to make emergency regulations in order to respond urgently to actual or

imminent emergencies which threaten serious damage to human welfare, the environment, or the security of the UK through war or terrorism, and where existing legislative provision is inadequate. In terms of Covid-19, I have set out below the specific areas which were reserved.

*Fiscal, Economic and monetary policy*

122. This is reserved to the UK Government by section 1A paragraph 15 of Schedule 7A to GoWA and includes the issue and circulation of money; taxes and excise duties; government borrowing and lending; control over UK public expenditure; the exchange rate; and the Bank of England.
123. HM Treasury controls the overall level of public expenditure in the UK each year. A portion of the total funds raised throughout the UK and earmarked for public expenditure is allocated to Wales. That portion is known as the 'block grant' and is the basis of the Welsh Government's annual budget. Adjustments to the block grant are determined using the Barnett Formula. The formula is used to calculate by how much the block grant will change following an increase or decrease in the UK wide budget for public expenditure. The formula factors in the population in Wales compared to (usually) England, and the extent to which changes to the UK budget are made in areas where public service provision in Wales is comparable with that in (usually) England.
124. During the pandemic the consequential funding that the Welsh Government received from the UK Government as a result of the Barnett formula was around £5,770m in 2020-21 and £2,400m in 2021-22, as a result of the UK Government's increase in departmental spend relating to COVID-19.

*Emergency registration of nurses and health professionals*

125. Early in the pandemic it was expected that there would be a surge in demand for health and social care services at a time when there would be fewer nursing and health profession staff available. The Coronavirus Act 2020 temporarily amended the Health Professions Order 2001 and the Nursing and Midwifery Order 2001 to enable the Registrar to temporarily register persons or "persons comprising a specified group" if the Secretary of State advises that an emergency has occurred, is occurring or is about to occur and if they consider the person is, or the group may reasonably be considered

to be, fit, proper and suitably experienced to be registered as nurses, midwives nurse associates or as a member of a profession regulated by the Health Profession Council. This was a matter reserved to the UK Government as it related to matters in paragraph 140 of Schedule 7A to GoWA which reserves the regulation of health professions.

126. In contrast, the regulation of social care workers is devolved as set out above.

Human medicines (Covid-19 vaccine authorisation, distribution and supply)

127. Medicines, medical supplies, and biological substances are reserved to the UK Government by section J4 of Scheduled 7A to GoWA. The reservation also covers medicines' regulation including manufacturing, licensing, wholesale dealing, advertising and regulation of clinical trials.

128. The Human Medicines Regulations 2012 ("the 2012 Regulations") apply to the whole of the UK and set out a comprehensive regime for the authorisation, manufacture, distribution and supply of medicinal products for human use. The 2012 Regulations also defines those groups of people who may administer medication by way of injection.

129. During the Covid-19 amendments were made to the 2012 Regulations to facilitate the mass distribution of vaccines and treatments for Covid-19. Those amendments included permitting the supply or administration of a medicinal product used for vaccination or immunisation against Covid-19 or influenza by someone other than "an appropriate practitioner" in accordance with a protocol that was approved by the Secretary of State, the Scottish Ministers, the Welsh Ministers, or the Department of Health in Northern Ireland. Such protocols were approved by the Welsh Ministers in relation to Covid-19 vaccines and provide a process for the authorisation by a Local Health Board in Wales of appropriately trained persons to administer the Covid-19 vaccines.

Statutory sick pay

130. Those eligible to claim Statutory Sick Pay (SSP) do so by virtue of provisions in the Statutory Sick Pay (General) Regulations 1982 ("SSP Regulations"). Social security is a reserved area by paragraph 130 of Schedule 7A to the GoWA. This reservation relates to social security benefits, state pensions, allowances, grants, loans and any

other form of financial assistance (such as payments out of the Social Fund, pension credit, universal credit and disability benefits) which are directly administered and funded by central or local government, in whole or in part.

131. Paragraph 141 of Schedule 7A also reserves matters of employment rights and duties which would be within the scope of SSP. The SSP Regulations were amended to make provision for coronavirus: Regulation 2(1) was amended to provide that persons are considered incapable of work and therefore eligible for SSP if they are isolating from others in accordance with Schedule 1 or shielding in accordance with Schedule 2 and therefore unable to work. Schedule 1 provides that where a person is required by Health Protection Regulations in England or Wales to isolate due to having symptoms, testing positive or being a close contact of someone with coronavirus, they are eligible for SSP. Paragraph 2 of Schedule 2 provides that a person is shielding if they are defined in public health guidance as clinically extremely vulnerable (CEV) and have been advised by a shielding notification to follow shielding measures for the period specified in the notification. "Shielding notification" means a notification sent by certain prescribed persons, which includes both the Chief Medical Officer and the Welsh Ministers.

#### Competition and NHS use of private health care providers

132. The Competition Act 1998 prohibits agreements or concerted practices that may affect trade within the UK, or that affect competition. Competition, including the regulation of anti-competitive practices and agreements or abuse of dominant positions, monopolies, or mergers, is reserved to UK Government by Section C3 - paragraph 69 of Schedule 7A to GoWA. Where there are "exceptional and compelling reasons of public policy", the Secretary of State may exclude agreements of a particular description from the prohibition.
133. In 2020 UK Government made an order to disapply competition law restrictions in England from arrangements made between the NHS and the private sector so that arrangements could be made to manage the effects of Covid-19. The Welsh Ministers do not have power to make an equivalent order for Wales. The Secretary of State subsequently laid The Competition Act 1998 (Health Services for patients in Wales) (Coronavirus) (Public Policy Exclusion) Order 2020 which made similar provision for Wales. Both Orders were revoked by the Secretary of State on 29 July 2021.

### Death management

134. The registration of births and deaths is reserved by paragraph 181 of Schedule 7A to GoWA. Any changes in respect of the registration requirements in the case of deaths during the pandemic fell to the UK to determine. Additionally, the subject matter of Part 1 of the Coroners and Justice Act 2009 is reserved by paragraph 167 of Schedule 7A to GOWA. Provisions in the Coronavirus Act 2020 amended the Coroners and Justice Act 2009 to remove the requirement to hold an inquest with a jury, where the cause of death is Covid-19.

### Operation of the courts and justice systems during the pandemic

135. The legal system is reserved by virtue of:
- 135.1. paragraph 8 of Schedule 7A -Single legal jurisdiction in England and Wales, specifically Courts and criminal proceedings;
  - 135.2. paragraph 9 of Schedule 7A Tribunals, specifically their functions and procedure; and
  - 135.3. the reservations in section L1 - The legal profession, legal services and claims management services.

### **Arrangements made with UK Government in relation to devolved areas**

136. In addition to specific reserved areas, the UK Government also had a role in delivery of some devolved Covid-19 matters by virtue of arrangements made by the Welsh Ministers under section 83 of GoWA. A number of section 83 arrangements were made with UK Government departments including the Department of Health and Social Care, and the Department for Business, Energy and Industrial Strategy, for the provision of services. I have set out these arrangements below.

### PPE supplies

137. A Memorandum of Understanding (MOU) was entered into on 18 July 2018 between the Devolved Governments and the Secretary of State for Health (acting via Public Health England) in relation to the provision of procurement, storage and distribution



services forming part of the Pandemic Influenza Preparedness Programme (PIPP) and the Emergency Preparedness Resilience and Response (EPRR) Programme. Included in the MOU is the procurement, storage and distribution of consumables which broadly include surgical facemasks, eye protection, liquid hand soap, aprons and gloves (PPE).

138. Under the MOU, the UK acts as lead purchaser and undertakes procurement exercises on behalf of the four nations to ensure value for money and to enable governments to benefit from economies of scale. On 10 December 2019 the MHSS agreed to the continuation until 2025 of the MOU with Public Health England and other Devolved Governments for a four-nation approach to the procurement and distribution of medicines and health emergency countermeasures.

#### Procurement of Covid-19 tests

139. The National Testing Programme in Wales is managed by the Welsh Ministers – so decisions on testing priority and locations are taken by the Welsh Ministers. The provision of test kits and laboratory services was, however, the subject of a section 83 agreement between the Welsh Ministers and the Department of Health and Social Care (DHSC). This agreement is supported by a Memorandum of Understanding (MOU). At a four-nation meeting on 18 March 2021 the high-level principles for the testing programme were agreed and accepted. Following the acceptance of the high-level principles, officials worked to develop the MOU which was agreed on 28 April 2021.

#### Covid-19 vaccines procurement

140. A section 83 arrangement was agreed with the Department for Business, Energy & Industrial Strategy (BEIS) to purchase Covid-19 vaccinations and antibodies for Wales on behalf of Welsh Ministers. The agreement did not include operational matters such as deployment which were the subject of further arrangements between Welsh Ministers and the Department for Health and Social Care.

### **Groups and bodies within the Welsh Government and their responsibilities relevant to the pandemic response**

#### Ex Covid

141. Between February 2020 and November 2021, the Welsh Government's response to Covid-19 at official level was overseen by ExCovid, which was an extension of the Welsh Government's executive committee, ExCo. The group was chaired by the then Permanent Secretary, and in addition to existing members of ExCo, ExCovid was attended by the Chief Medical Officer, a representative of corporate communications, and Reg Kilpatrick. Non-Executive Board members attended on a rotational basis. The aim of ExCovid was to provide assurance to the Permanent Secretary on the Welsh civil service handling of the response to Covid-19 and during its life span remained the main governance mechanism for ensuring a joined up cross-government response to Covid-19; and for ensuring that emerging risks and issues are identified and managed at a strategic level. As of December 2021, ExCovid's role and remit were transferred to ExCo.

#### Covid -19 preparedness bird table

142. A Covid-19 Preparedness birdtable was set up in March 2020. The meetings provided an opportunity for senior colleagues to receive updates and information of activity happening across government, in order to identify points of coordination of Covid-19 related activity, recognising and addressing interdependencies, blockages and areas for collaboration. The frequency of the meetings changed throughout the pandemic as the waves ebbed and flowed. Over time a standing agenda was introduced which included updates from UK Government meetings or from the CMO, 21-day review proposals and any round table updates. The terms of reference for this group, including the group's membership, are produced here as **Exhibit AGM2BWG01/021 – INQ000281648** (dated 4 March 2020).

#### Core Ministerial Group

143. Initially in March 2020, the FM established, a 'Core Ministerial Group' which consisted of the Ministers most involved in developing the pandemic response, and key officials. The group met once and was then superseded by meetings of full Cabinet.

#### Cabinet

144. Cabinet is the central decision making of the Welsh Government. During the Covid-19 response, Cabinet met (mostly virtually) in an enhanced format, expanded to include Deputy Ministers and with all relevant officials able to observe. This was a change from

the usual Cabinet membership prior to the pandemic where officials only attended Cabinet to support Ministers on specific items. The collective cabinet approach was adopted throughout the pandemic and supported the collective decision-making process favoured by the FM.

145. Whilst the full Cabinet led on collective decisions relating to the Welsh Government pandemic response, individual Ministers remained able to make decisions in their own portfolio responsibilities, thus underpinning good governance and prompt decision-making.
146. In February 2020, the Welsh Government's Covid-19 Health Countermeasures Group was established with core members from Public Health Wales NHS Trust, NHS Shared Services Partnership, the Social Services Integration Directorate (SSID) and the Health Emergency Planning Unit (HEPU). Finance Delivery Unit's staff were added to the Group, along with military liaison. Building on the work undertaken previously on pandemic flu planning, the Group provided operational co-ordination and oversight of the Welsh Government's pandemic health countermeasures (JIC/JIT contracts) for PPE, consumables and medicines. The group monitored distribution arrangements, as well as identified and resolved issues associated with supply.

Welsh Government's Emergency Control Centre Wales ("ECCW")

147. The ECC(W)'s role was (and remains) primarily one of information gathering and keeping Welsh Ministers informed of the implications of emergencies in Wales, on which Ministers would make strategic and policy decisions. It also ensures effective communication on a local, pan-Wales and UK levels. Each Strategic Co-ordinating Group (SCG) in Wales has plans in place for the gathering of information from each agency and to provide an agreed, consolidated situation report on the impact on their area which is submitted to the ECC(W). In turn, the ECC(W) produces a common recognised information picture for Wales to inform Welsh Ministers of the developing situation and to report for Wales as a whole to the UK Government through COBR.
148. The ECC(W) structure can also be used for disseminating information from the UK Government, where appropriate, to agencies in Wales. Welsh Government officials working in the ECC(W) maintain regular contact with their counterparts from the Cabinet Office's Civil Contingencies Secretariat (CCS) working at COBR. The ECC(W)

will also assist, where required by the CCS, with the management of emergencies and with recovery planning.

149. ECC(W) is stood up and down when required. It was stood up for Covid-19 on 5 February 2020. On 21 August 2020 the operation scaled down and became the 'Planning and Briefing Cell' until it was fully stood down on the 30 June 2021.

#### NHS Leadership Board

150. The Welsh Government's Director General for Health and Social Services ("DG HSS") is also the "Chief Executive of the Welsh NHS", a role I undertook prior to becoming Permanent Secretary. The DG HSS chairs the monthly NHS Wales Leadership Board of the respective individual Chief Executives for local health boards ("LHBs"), NHS trusts and Special Health Authorities. The CMO for Wales also attends this Board, along with the other HSSG Directors. As well as the overarching NHS Leadership Board meetings, in the early months of the pandemic I, as DG HSSG, was meeting with the LHBs, NHS Trusts and Special Health Authorities' Chief Executives along with many different and regular healthcare system contacts, to discuss both operational and strategic issues on a variety of Covid-19 related issues.

#### The Welsh Government's Technical Advisory Group ("TAG")

151. I have asked the Chief Scientific Adviser for Health to provide a detailed draft statement on the establishment and roles that TAC and TAG undertook during the pandemic. The scientific evidence will sit in that statement and is outside my field of expertise.
152. TAG was established in March 2020 with a remit to ensure that scientific and technical information and advice, including advice coming from the UK Scientific Advisory Group for Emergencies (SAGE), was developed and interpreted in order to ensure that the Welsh Government and the Welsh public sector had access to the most up-to-date scientific and technical information related to the outbreak.
153. TAC was established by the Chief Scientific Adviser for Health on 27 February 2020. I attach the Terms of Reference of TAC as **Exhibit AGM2BWG01/022 - INQ000068498** (dated 3 March 2020). It is part of the Health and Social Services Group (HSSG) and led by Fliss Bennee (Deputy Director) and Dr Rob Orford (Chief Scientific Advisor for Health). TAC provided coordination of scientific and technical advice to support Welsh

Government decision makers during pandemic. The TAC also provides the corporate, governance, Government business and secretariat functions for TAG and its associated subgroups.

Health and Social Services Covid-19 Planning and Response Group

154. The Covid-19 Planning & Response Group was established within the Welsh Government in February 2020. The Group brought together strategic representatives of the Welsh Government's Health and Social Services Group (HSSG), NHS Wales and Social Care. Its role was to:

154.1. Consider the latest position Reasonable Worst Case (RWC) Covid-19 risk assessments.

154.2. Co-ordinate contingency response planning across health & social care.

154.3. Share information and communications to raise awareness on contingency arrangements and actions.

154.4. Provide a strategic interface for health, social care services and Welsh Government HSSG officials.

154.5. Act as an escalation point for actual or potential Covid-19 health or social care response concerns.

154.6. Consider future and concurrent risks and threats.

154.7. Provide timely communications and briefings to the CMO, Director General of Health & Social Services and the Director of Social Services.

154.8. Reflect on learning and experiences and apply this to strengthen future arrangements, as appropriate.

Covid Intelligence Cell

155. The Cell's remit was to undertake surveillance with regard to Covid-19. Membership was drawn from across the Welsh Government, Public Health Wales, and other public

health and local authority partners. The Cell provided a single authoritative source of situational awareness of transmission and provided a comprehensive overview of the incidence of COVID-19 across Wales. It drew on national and local intelligence from, amongst others:

- 155.1. The Communicable Disease Surveillance Centre in Public Health Wales.
  - 155.2. Data and intelligence from public health professionals about the local or regional context, including Consultants for Communicable Disease Control.
  - 155.3. Directors of Public Protection.
  - 155.4. Directors of Public Health.
  - 155.5. Data from our TTP systems, including on testing and contact tracing.
  - 155.6. Information from Incident Management Teams and Outbreak Control Teams.
156. The Cell's membership provided expertise from virology in Public Health Wales, the Welsh Government's Technical Advisory Cell and cross UK data and intelligence from the Joint Biosecurity Centre.

*Health and Social Services Covid-19 Planning & Response Cell*

157. The HSS Covid-19 Planning and Response Cell was established in March 2020 as an externally facing unit to provide direction and support to NHS Wales and local authority social services departments. The cell comprised representatives from the Welsh Government and the NHS Wales Delivery Unit. The Cell had access to professional and clinical advice through to the Chief Scientific Officer for Health and Public Health Wales.
158. The Cell's remit was to ensure that key actions in relation to the Planning and Response Group (and its subgroups) were delivered as quickly as possible and that there was co-ordination and consistency across the various activities. The Cell also provided a key point of contact for information flows and actions for the Health and Social Services Group Desk in the Welsh Government's ECC(W).

159. Specifically, its purpose was to:
- 159.1. Lead and co-ordinate the Health and Social Services Covid-19 Planning and Response Group and its subgroups and also to initiate any necessary actions.
  - 159.2. Ensure timely reporting from the subgroups.
  - 159.3. Consider risk assessment information.
  - 159.4. Monitor and support the NHS and social care response.
  - 159.5. Identify issues and initiate contingency measures going forward.
  - 159.6. Provide links with the UK Department for Health and Social Care, NHS England and Public Health England, and other Devolved Governments to support UK co-ordination.
  - 159.7. Engage with Public Health Wales and the NHS Wales Shared Services Partnership on their key activities.
  - 159.8. Consider upcoming national plans and actions arising from COBR meetings.
  - 159.9. Provide an assurance mechanism for implementing ministerial actions.
  - 159.10. Provide ministerial briefings informed by NHS and social services contacts.
  - 159.11. Establish a regular briefing mechanism for subgroups, the NHS and social services.
  - 159.12. Work with the communications team and the Helpdesk to ensure that up to date information was available; to monitor situations to pre-empt queries where possible.
  - 159.13. Collate a database of current offers of support (e.g., accommodation, procurement, workforce etc).

- 159.14. Provide a link to each COVID-19 subgroup to ensure that actions and risks were escalated up to the Planning and Response group, and information from the Planning and Response group is passed to the subgroups as needed.
- 159.15. Manage cross-cutting issues.
- 159.16. Provide out of hours cover (by way of a contact for urgent issues from each subgroup) ensuring timely alerts to Planning and Response Group members.
- 159.17. Co-ordinate and ensure support to national conference calls.
- 159.18. Establish a communications directory of key contacts.

#### Star Chamber

160. I have asked my Director of the Welsh Treasury and others within his Directorate to assist me with setting out the framework, function and funding arrangements of the Welsh Government, and these are set out in a separate statement to the Inquiry.
161. This separate statement will include further detail on the Star Chamber which was established by the FM in March 2020 to oversee and co-ordinate the overall fiscal response to the pandemic.

#### **Welsh Government response to the pandemic during the early months of the pandemic**

162. As Coronavirus emerged in January and February 2020, the Welsh Government response was initially managed by the MHSS, who was supported by officials from the Health and Social Services Group with responsibility for emergency health planning.
163. The ECC(W) was stood up for Covid-19 on 5 February 2020.
164. Public Health Wales is the national public health agency in Wales and is one of the public bodies that form part of the Welsh NHS. One of its roles is to protect the public from infection and to provide advice on epidemiology and it was involved in the early months of the pandemic. Public Health Wales is one of three NHS trusts that deliver services across the whole of Wales. PHW supported the Welsh Government and CMO



in assessing progress, international understanding, and advice on the impact of the pandemic as it was emerging.

165. On 18 February 2020, Ex-Covid met for the first time.
166. On 28 February 2020, the first confirmed Coronavirus case emerged in Wales. It was clear that there needed to be some administrative arrangements put in place to augment those already operating in the Health Department and in the ECC(W). These arrangements would be necessarily flexible to respond to the nature and scale of the pandemic, while also remaining proportionate to the challenge.
167. In order to respond to the rapidly changing situation a Covid -19 project team was established in March 2020. Reg Kilpatrick, who was a director at the time of his appointment but was subsequently appointed as Director General, Covid Recovery and Local Government led this team. A second Director, Tim Render, was seconded into the team to establish the necessary project and programme arrangements. Once this was complete Tim Render left the team. Line management for Reg Kilpatrick at that point was Tracey Burke, Director General for Education and Public Services, which later transferred to the then Permanent Secretary. Operational direction for the work of the project team was provided to Reg Kilpatrick by the FM, the Chief Medical Officer, the then Permanent Secretary, subsequently to me and the Director General for Health and Social Services.
168. It is important to distinguish between the role of ECC(W) as it was stood up at that time and the newly established Covid-19 Project Team. As outlined elsewhere the ECC(W) operation was concerned with the communication and coordination of the civil contingency response in line with the Pan Wales Response Plan and its subsequent modifications. Through this structure, the Welsh Government collected information to ensure that quick, well-informed decisions could be made by those who needed to, principally Ministers, and the local response structures could raise issues quickly and easily through a single channel to Government. This was an established mechanism.
169. The focus of the Covid-19 Project Team was on providing the supporting arrangements for the Welsh Government itself by means of establishing effective internal dissemination of information, coordinating the inflow of that data, supporting the various Ministerial groups, ensuring they were properly supported and documented, and overseeing the internal governance structures. For example, the secretariat for

the UK Ministerial Implementation Groups on Public Services, Economy, Health and International, ExCovid and, once established the COBR meetings. The Team also ran the daily Preparedness meetings (bird tables) for the rapid exchange of information across all Welsh Government departments.

170. The Team was also responsible for establishing four nations links through close engagement with and participation in the work of the Joint Biosecurity Centre (JBC). Once the four nations daily 8.30 sit rep meetings were stood-up, members of the team attended those meetings and provided a daily written and, where appropriate oral, read out. Over time the work of the team evolved to include the 21-day review.
171. The Project Team worked closely with ECC(W) – with a representative from the Team attending all ECC(W) bird table meetings with a brief to feed any intel emerging from those meetings into the wider narrative. Colleagues from ECC(W) were also members of the daily Preparedness meetings, to ensure two-way flow of intelligence. The Covid -19 project team consisted of the Director for Covid Recovery and a team of civil servants.
172. The Team consisted of a head of team, a portfolio manager, a restart and recovery team member and programme director. Beneath this was a number of officials undertaking some of the new Covid-19 related tasks, particularly the 21-day review cycle of testing, refining and revising the regulatory framework and guidance on NPIs, but also relations with the Joint Biosecurity Centre programme management, and support for Ministers at the Ministerial Implementation Group (MIGs). There was also a Future Recovery and Exit Team.
173. Initially the Covid-19 Project Team was principally engaged with supporting Ministers attendance at the MIGs and seeking to support engagement across the four nations in the initial response to the pandemic; there was considerable engagement at official level in early months of the pandemic. A member of the team was responsible for disseminating the information relating to each MIG across the Welsh Government and other members responsible for ensuring Cabinet dialogue.
174. Whilst the engagements across Cabinet remained, the MIG work reduced as the MIGs were wound up in June 2020. By then, the Covid-19 Project Team were leading on the 21-day review process which arose from the Health Protection (Coronavirus Restrictions) (Wales) Regulations 2020. These Regulations came into force on 26

March 2020 and required Ministers to keep the need for the restrictions under review every 21 days. The first of these reviews took place on 7 May 2020 and continued until the expiration of all Covid-19 restrictions on 30 May 2022. The Covid-19 Project Team was central to the 21-day review process until all restrictions ceased.

175. In addition to the work on the 21-day reviews, by June 2020 the Covid-19 Project Team were also engaged on work emerging from the Joint Biosecurity Centre (JBC) which gathered data science, assessment and public health expertise to provide analysis and insight on the status of the covid epidemic in the UK and the drivers and risk factors of transmission. The Covid-19 Project Team were central in disseminating the information emanating from the JBC to members of the Welsh Government involved in the pandemic response.
176. The JBC was established by the UK Government to provide evidence-based, objective analysis, assessment and advice to inform local and national decision-making in response to Covid-19 outbreaks. While led by the UKG Department of Health and Social Care, it was operated on the basis of a four-nation partnership, which consisted of a Political Agreement, signed in August 2020 by all four Health Ministers, and supported by an Agency Agreement of November 2020, which underpinned the political commitment and provided a legal basis for the JBC's operation on a UK-wide basis.
177. From the outset, both Welsh Government officials and the staff of the JBC were clearly committed to the principle of the four nations working together, and strong working relationships were established between the four countries. Regular meetings were established, some daily in the initial period and included:
  - 177.1. A Ministerial Oversight Board, which brought together the four Health Ministers.
  - 177.2. A Steering Board of senior officials, including Director Generals.
  - 177.3. A Technical Advisory Board which included the four UK Chief Medical Officers and their Scientific Advisers. This played a critical role in providing technical advice on and assurance of the JBC's work from a clinical and scientific perspective, including in relation to international travel and the Covid Alert Level.

178. Policy officials and analysts from all four nations worked together daily to support this agenda. The strength of the partnership was demonstrated by the unusual arrangements for the sharing of staff between organisations, where part time secondments from the Welsh and Scottish Governments were embedded in the JBC to alongside with colleagues from the Centre in the spirit of partnership, collaboration and transparency.

### **Engagement between the Welsh Government and the UK Government during the early months of the pandemic**

179. Whilst there were settled lines of engagement between the Welsh Government and the UK Government, the landscape of communication and decision making evolved as the momentum of the pandemic gathered pace. I produce here, as **Exhibit AGM2BWG01/023 - INQ000066060**, an overarching chronology of the significant meetings that took place between January 2020 and March 2020, involving Welsh Ministers and their UK Government counterparts. This chronology was manually compiled by officials working in the Welsh Government in November 2022, for the purpose of providing this statement. Further details of meetings between individual Ministers and their UK counterparts will be provided in the statements of those Ministers.
180. One of the key meetings in which there was engagement across the UK during the early months of the pandemic was the Cabinet Office Briefing Room (COBR) meetings. These were the highest level of engagement between the Welsh Ministers, the Prime Minister and his Ministers, as well as the senior members of the Devolved Governments.
181. The first Covid COBR meeting relating to Covid-19 took place on 24 January 2020, which the MHSS attended. Representatives of the Welsh Government were invited to subsequent COBR meetings.
182. It is understood that in 2020, COBR met 20 times to discuss the Covid-19 pandemic, first meeting in January 2020, before any cases had been recorded in the UK. It met 15 times from January to May but did not meet at all between 10 May and 22 September.

183. As noted above, the MHSS initially attended COBR supported by civil servants and as the pandemic gained momentum, the FM also attended.
184. COBR meeting papers are owned by Cabinet Office and as such have clear and strict information handling rules. The Cabinet Manual, Chapter 11 at para 11.7 states:
- “The record of the proceedings of Cabinet and its committees is kept by the Cabinet Secretariat. This includes agendas, papers, minutes and correspondence. Departments should not keep Cabinet or Cabinet committee minutes for longer than four weeks.”*
185. As such, the Welsh Government does not have access to a complete set of COBR meeting papers, but the dates of those meetings are publicly available and have been incorporated into the chronology referred to above, drawn from Ministerial diaries.
186. In addition to engagement with Cabinet Office (Civil Contingencies Secretariat) under established Civil Contingencies protocols, from March 2020, Welsh Government officials were also working closely with the team in the Cabinet Office that became the “Covid Task Force”. Meetings were frequent (probably three times a week from April 2020) and were a key part of supporting the four nations Ministerial Implementation Group (“MIGs”) meetings referred to below. Around June 2020 the MIGs were wound up, and officials meetings became formalised into a weekly Director meeting, with an additional weekly planning meeting to support. Produced here, as **Exhibits AGM2BWG01/024 – INQ000281724** (dated 5 June 2020) and **AGM2BWG01/025 – INQ000281725** (dated 5 June 2020) respectively, are a letter from Simon Case, Permanent Secretary at No10 regarding the changes made to the Covid Task Force in June 2020 and the organisational chart appended to that letter.
187. Ministerial Implementation Groups (MIGs) were four-nation discussion fora established on 16 March 2020 by the then Prime Minister, Boris Johnson MP in response to Covid-19. Four MIGs were established the detail of which are set out below. The groups were wound up in June 2020.
188. The Healthcare MIG was chaired by the then Health Secretary, Matt Hancock MP. The MHSS attended most meetings on behalf of the Welsh Government. The group’s main focus was on NHS preparedness and notably ensuring capacity in the critical care

system for those worst affected, along with the medical and social package of support for encompassed in the shielding regime.

189. The General Public Sector MIG was chaired by Rt Hon Michael Gove MP, the then Chancellor of the Duchy of Lancaster. Several Ministers from the Welsh Government attended this MIG, including the MHSS, the MHLG and occasionally the FM. The group focused on preparedness across the rest of the public sector and critical national infrastructure.
190. The Economic and Business Response MIG was chaired by Rt Hon Rishi Sunak MP, the then Chancellor of the Exchequer. The Welsh Government Minister for Economy and Transport principally attended this meeting with the FM attending on one occasion. The group's main focus was on the economic and business impact and response, including supply chain resilience.
191. The International MIG was chaired by Rt Hon Dominic Raab MP, the then Secretary of State at the Foreign Office. This group focused on international coordination through the G7, G20 and other mechanisms, including like-minded groups, and the UK five-point plan. As this was principally an area reserved to the UK Parliament the Welsh Government had less involvement in the group.
192. Welsh Government officials were attending and participating in frequent SAGE meetings from 11 February 2020, which was the 6<sup>th</sup> SAGE meeting. Their attendance continued throughout the SAGE Covid-19 programme. Welsh Government officials subsequently began participating in SAGE subgroups such as SPI-B (Scientific Pandemic Insights Group on Behaviours) and SPI-M (Scientific Pandemic Influenza Group on Modelling). Further detail of the Welsh Government involvement in the SAGE meetings and the information emanating from those meetings, is set out in the statement of the CSA for Health.
193. There was continued engagement across the Chief Medical Officers (CMOs) of the four nations. I understand that on 24 January 2020 the first of the four CMO meetings took place and that these meetings frequently continued in the following weeks, months and years as the pandemic progressed. Further details of the Welsh Government involvement in the four nations CMO meetings and CMO engagement, is set out in the statement of the CMO for Wales.

194. New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG) was an expert committee of the Department for Health and Social Care (DHSC) and advised the four nations' CMOs and through the CMOs, Ministers, DHSC and other government departments, along with the Devolved Governments. It provided scientific risk assessment and mitigation advice on the threat posed by new and emerging respiratory virus threats and on options for their management. NERVTAG held its first extraordinary meeting to discuss the emergence of a novel coronavirus on 13 January 2020. The Welsh Government was not present at the initial meeting. A microbiologist from Public Health Wales attended these meeting from around 14 May 2020.
195. There was a long-standing arrangement of weekly meetings of all UK Departmental and Devolved Government Permanent Secretaries. These meetings are attended by the head of each of the ministerial departments including the Devolved Governments and provide strategic oversight of the Civil Service. The then Welsh Government Permanent Secretary, Dame Shan Morgan attended these meetings regularly.
196. In addition to the head of department meetings referred to above, four nations Permanent Secretary coronavirus meetings were established between the three Permanent Secretaries and Chris Wormald (Permanent Secretary at the UKG Department of Health and Social Care). These meetings took place weekly on a Friday during the height of the pandemic then reverted to monthly. Dame Shan Morgan represented the Welsh Government.
197. There were also Cabinet Secretary-chaired COBR-O meetings: these were weekly sub-committee Ministerial meetings to discuss various issues, including social care, funding and latterly international travel. These were attended by the MHSS and senior officials working on international travel.
198. The Advisory Committee on Dangerous Pathogens (ACDP) provided independent scientific advice to the Health and Safety Executive, to ministers in DHSC and DEFRA, and to their counterparts in Scotland, Wales and Northern Ireland on all aspects of hazards and risks to workers and others from exposure to pathogens.
199. There was regular and frequent engagement between Welsh Government and HM Treasury throughout the period covered by the request for information. Further details of the Treasury engagement are set out in my statement in response to M2B-WT-01.

200. In addition to the above, there was some bilateral contact with the Wales Office during the early months of the pandemic. This consisted of regular weekly calls between Reg Kilpatrick and Glynne Jones, Director of the Office for the Secretary of State for Wales. These were cordial informal conversations and provided an opportunity to exchange high level situational awareness between Whitehall and Wales. They had no operational impact or influence on the decision making of either Government.

### **Engagement across the four nations and decision making**

201. There was considerable engagement across the four nations during the early months of the pandemic. The regular rhythm of meetings with the four nations developed over time. In addition to the structures noted above there were other less structured communications.
202. By way of example on 2 March 2020 it is recorded in the FMs diary that there was a First Ministers meeting with the other Devolved Governments. This was followed on 9 March 2020 with a record that a conversation took place between the FM, the Prime Minister, the First Minister of Scotland, the First Minister and Deputy First Minister of Northern Ireland. A further meeting is recorded in the First Ministers diary on 23 November 2020 between the First Minister of Scotland and the First Minister and Deputy First Minister of Northern Ireland
203. From around August 2020 and after the MIGs had ceased to meet, the Chancellor of the Duchy of Lancaster established a meeting, which usually took place weekly between the leaders of the four nations to discuss covid related matters. This was a four nations meeting.
204. The scientific evidence which was emerging from SAGE was translated into a Welsh context with the establishment of the Welsh Government Technical Advisory Cell and Group.
205. As the Welsh Government is broadly responsible for Health, Social Services, Local Government, Education, Transport, Planning, Economic Development, Culture, Welsh language, the Environment, Agriculture and Rural Affairs, decisions in those areas were made solely by the Welsh Government, but the benefits of alignment across the four nations were recognised in Wales. One set of messages was far clearer to communicate than unaligned messages.



206. The Cabinet, chaired by the FM, is the principal decision-making body of the Welsh Government. Cabinet met frequently during the early weeks and months of pandemic including daily Cabinet calls throughout most of the period covered by this request. Whilst all portfolio Ministers brought pandemic related proposals and recommendations to Cabinet for discussion and agreement, the key overarching proposals and recommendations concerning the strategic response to the pandemic, such as restrictions and easement, were presented to Cabinet by the FM and MHSS.
207. As such, the UK Government had no material role in the decision-making process on issues devolved to the Welsh Government, save that there were financial constraints on decisions made in Wales due to the funding arrangements.
208. Likewise, the Secretary of State for Wales had no material role in the decision of the Welsh Government in respect of the pandemic. Simon Hart MP was the Secretary of State for Wales between 16 December 2019 and 6 July 2022. During the early months of the pandemic, it is recorded in the FM's diary that he met with the Secretary of State on two occasions, on 10 January 2020 and again on 24 February 2020. It is recorded in the diary of the MHSS that he met with the Secretary of State for Wales in the company of the then Secretary of State for Health and Social Care on 13 March 2020.

*Effect of UK decision making in Wales*

209. There were some key decisions made by the UK Government that impacted upon people in Wales, especially in a devolved area such as Health.
210. Immigration and border control is reserved to the UK Government. Decisions made on international travel outside of Wales had a direct impact in Wales. There were a number of times when the Welsh Government advocated for stricter controls on international travel, for instance, to prevent the ingress of the Delta variant into the UK. However, this would have required UK alignment which was not always secured. The Welsh Government continued to put on record and to set out the public health evidence for maintaining greater controls on travel.
211. Two other examples of the impact of UK decision making in Wales included an urgent need to respond to an outbreak of covid among mink in Denmark in November 2020; and a more protracted four nation discussion about relaxing travel restrictions for four days over Christmas 2020 led by Chancellor of the Duchy of Lancaster. In respect of

the Christmas restrictions, these plans were overtaken by the emergence of Delta and scaled back.

### **Non-Pharmaceutical Interventions**

212. Healthcare has been a devolved function in Wales since 1999. The function was initially carried out by the National Assembly for Wales until 2006, when it was transferred to the Welsh Ministers. The National Health Service (Wales) Act 2006 (“the 2006 Act”) is the principle governing health legislation in Wales.
213. The Welsh Ministers (supported by the Welsh Government Department of Health and Social Services) are responsible under the 2006 Act for the provision of a comprehensive health service in Wales. In addition, the Welsh Ministers must provide certain services, such as hospital accommodation and services or facilities for diagnosis and treatment of illness.
214. Part 2A of the Public Health (Control of Disease) Act 1984 (1984 Act) enables the Welsh Ministers, by way of regulation, to make provision for the purpose of preventing, protecting against, controlling, or providing a public health response to the incidence or spread of infection or contamination in Wales.
215. In response to the rapidly growing threat from Coronavirus, the Welsh Ministers exercised the powers under the Public Health (Control of Disease) Act 1984 and made the Health Protection (Coronavirus Restrictions) (Wales) Regulations 2020 which came into force on 26 March 2020. These Regulations, the first of their kind in Wales, placed restrictions directly on individuals’ freedoms. For example, the restrictions prevented, during defined periods during the emergency, individuals from leaving the place where they lived without reasonable excuse. They also imposed requirements on businesses’ ability to open and if they were trading to take reasonable measures to ensure physical distancing between people, see for example, Regulations 4, 5, 6 and 7A of the Regulations. The purpose of these restrictions was to minimise the extent to which people would leave their homes or come into close contact to help protect the public from the spread of severe acute respiratory syndrome Coronavirus 2 (SARS-CoV-2).
216. Regulation 3(2) of the Health Protection (Coronavirus Restrictions) (Wales) Regulations 2020 placed a duty on the Welsh Ministers to review the need for the

requirements and restrictions in the Regulations every 21 days, with the first review undertaken by 15 April 2020. The reviews ensured that the Regulations remained necessary, proportionate, and effective. This included balancing the direct harms arising from Coronavirus with the wider social, economic and wellbeing impact of the measures themselves. This placed an important limit on Ministers' powers in that the purpose of the review was to ensure that the continuation of the requirements would remain within the vires of the enabling powers for the Regulations under the 1984 Act (i.e. are the provisions still necessary for the purpose of preventing, protecting against, controlling or providing a public health response to the incidence or spread of Coronavirus and are they proportionate to that aim). Put simply, if the restrictions could not be shown to have a positive impact on the control and management of Covid-19, then they would have to be removed.

217. Although the principal Regulations were amended, the 21-day review obligation continued until the expiration of all Covid-19 restrictions on 30 May 2022.

#### **Approach to 21-day review process**

218. The requirement to undertake a regular review in line with the Regulations was addressed through a process developed by the Welsh Government. Responsibility for managing the process rested with the Covid 19 Project Team when it was established in March 2020. The team was led by Reg Kilpatrick, who took on the role of Director General, Covid Recovery and Local Government.
219. The review became known as the 21-day review which, within the parameters set by the Regulations, was a dynamic process. It evolved over the duration of the pandemic, being re-shaped, revised and improved through constant learning as well as by the changing demands and conditions of the pandemic itself. In this way, the review was always in line with Welsh Ministers' strategic frameworks and guidance which were published at key points during the pandemic. These documents described the criteria, conditions and manner in which Welsh Ministers would remove or introduce non-pharmaceutical interventions to prevent, protect, control and provide a public health response to the incidence or spread of Coronavirus during the pandemic.
220. On 3 March all UK Governments published a joint Coronavirus Action Plan. The Four Nations Action Plan was an early guide to the pandemic and sought to assist members

of the public to understand what could be expected across the UK. **Exhibit AGM2BWG01/026 - INQ000066061** (dated 3 March 2020) refers.

221. This was a collaborative action plan from the Welsh Government, the Scottish Government, the Department of Health in Northern Ireland and the Department of Health and Social Care.
222. The action plan gave details on what the Government knew about the virus, preparedness for an infectious disease outbreak, the actions taken so far in response to COVID-19, and future plans. The plan also described the role the public can play in supporting the response.
223. The fundamental objectives of the plan at that time were to deploy phased actions to contain, delay, and mitigate any outbreak, using research to inform policy development.
224. The Welsh Government was approached on 27 February 2020 to provide urgent comment on the action plan as drafted by the UK Government. Comments were submitted before the report was published. Comments were provided by David Goulding and the CSA for Health, Rob Orford, along with other representatives of the Welsh Government. The draft action plan was also brought to the attention of the FM and MHSS. It is also understood that the action plan was discussed in COBR, likely around 2 March 2020.
225. On 3 March 2020, the MHSS issued a written statement confirming the publication of the joint action plan, intended to tackle the coronavirus outbreak. The statement advised that the plan was developed jointly between the Welsh Government and other Devolved Governments and represented a UK wide response, based on the experience dealing with other infectious diseases and previous influenza pandemic preparedness work. **Exhibit AGM2BWG01/027 - INQ000066062** (dated 3 March 2020) refers.
226. Following lockdown in Wales on 23 March 2020, a series of frameworks for responding to coronavirus, including the use of non-pharmaceutical interventions, were produced and published by the Welsh Government. The key documents are set out below.

227. On 24 April 2020, the Welsh Government published 'Leading Wales out of the Coronavirus pandemic; a framework for recovery' (produced here as **Exhibit AGM2BWG01/028 - INQ000066064**, dated 24 April 2020). The framework described the Welsh Government's intended approach to leading Wales out of the pandemic, in a way that sought to keep everyone safe and in a manner that would revitalise the economy.
228. The recovery framework was based on three pillars which were:
- 228.1. Measures and evidence: the measures and evidence by which the Welsh Government would judge the capacity to respond to and assess infection levels and transmission rates for coronavirus in Wales.
  - 228.2. Principles and underpinning adjustments to restrictions: a series of principles by which the Welsh Government would examine proposed measures to ease the then existing restrictions, grounded in both scientific evidence and wider social and economic impacts.
  - 228.3. Public health purpose: a description of how the Welsh Government would enhance its public health surveillance and response system to enable it to closely track the virus as restrictions are eased, and how the system would protect people's health.
229. In relation to the second pillar of the recovery framework (the principles to evaluate changes to the restrictions) a framework of seven principles was established, against which the options as to which restrictions might be most effective would be considered. The seven principles were:
- 229.1. To what extent would easing a restriction have a negative effect on containing the virus?
  - 229.2. Is the measure at the low end of risk of further infection?
  - 229.3. How can it be monitored and enforced?
  - 229.4. Is it capable of being rapidly reversed if it has unintended consequences?

- 229.5. Is it a measure of relatively high positive economic benefit?
- 229.6. Does it have a high impact on social and psychological well-being?
- 229.7. Does the measure have a high positive equality impact?
230. On 15 May 2020, in support of the framework for recovery, the Welsh Government published a strategy titled 'Unlocking our society and economy; continuing the conversation'. The strategy explained the Welsh Government's preparations for the lifting of restrictions, described how the Welsh Government would review proposed changes to the restrictions, outlined the traffic light approach to lifting lockdown, and indicated how the Welsh Government proposed to develop further guidance. **Exhibit AGM2BWG01/029 - INQ000066065** (dated May 2020 refers).
231. This was followed by a number of Coronavirus Control Plans which were published and updated in the course of the pandemic, and which set out the Welsh Government approach to the use of non-pharmaceutical interventions to prevent, protect, control and provide a public health response to the incidence or spread of Coronavirus. These plans were prepared and coordinated by the Covid-19 Project Team, which by late 2020 became part of the Restart and Recovery Directorate.
232. On 18 August 2020, the Welsh Government published its first Coronavirus Control Plan for Wales. The plan set out how the Welsh Government would work with the people in Wales to manage the risk of Coronavirus. **Exhibit AGM2BWG01/030 - INQ000066066** (dated August 2020) refers. During the autumn, Welsh Ministers responded to geographical variance of increasing incidence and then the emergence of the Delta variant.
233. On 14 December 2020, the Welsh Government updated its Coronavirus Control Plan to introduce a set of alert levels in Wales (**Exhibit AGM2BWG01/031 - INQ000227576**, dated December 2020 refers). The plan described the measures to control Coronavirus at four alert levels. The plan was further updated on 1 February 2021 (**Exhibit AGM2BWG01/032 - INQ000066067**, dated January 2021) refers.
234. On 19 February 2021, the Welsh Government again updated its Coronavirus Control Plan. This plan focused on the alert levels in Wales in the light of new evidence on the transmissibility and severity of the Delta variant and described how the alert levels

would be applied to control a careful and cautious exit from lockdown. The updated plan set out what had changed since December 2020 and the implications for Welsh Government decision making. **Exhibit AGM2BWG01/033 - INQ000066068** (dated 19 February 2021) refers.

235. On 19 March 2021, the Welsh Government updated the Coronavirus Control Plan with revised alert levels in Wales. This coincided with the vaccine being rolled out at pace but a cautious approach to relaxing restrictions was necessary. **Exhibit AGM2BWG01/034 - INQ000066069** (dated March 2021) refers. This was further updated on 14 May 2021. **Exhibit AGM2BWG01/035 – INQ000282314**, dated 14 May 2021) refers.
236. On 14 July 2021, the Welsh Government published an updated Coronavirus Control plan: alert level 0, which describes the measures to control Coronavirus at a newly introduced alert level 0. **Exhibit AGM2BWG01/036 - INQ000066070** (dated 14 July 2021) refers.
237. A further and final Coronavirus Control Plan was published on 8 October 2021, an autumn and winter 2021 update which focused on the options available to respond to the pandemic over the autumn and winter of 2021. **Exhibit AGM2BWG01/037 - INQ000066071** (dated 8 October 2021) refers.
238. On 4 March 2022, the Welsh Government published 'Together for a safer future: Wales' long term Covid-19 transition from pandemic to endemic' which set out a gradual transition away from emergency measures. **Exhibit AGM2BWG01/038 - INQ000066072** (dated 4 March 2022) refers.

### **21-day review in practice**

239. Following the publication of 'Leading Wales out of the Coronavirus pandemic; a framework for recovery' in April 2020, the Welsh Government developed a decision-making process in respect of Covid-19 lockdown review. This formed the basis of the 21-day review managed by the Covid 19 Project Team. **Exhibit AGM2BWG01/039 - INQ000066074** (dated April 2020) refers.
240. The review framework set five stages for decision making and implementation in respect of NPIs which were:

240.1. Stage 1: Assessment of pre-conditions.

240.2. Stage 2: Assessment of Balance of Harms.

240.3. Stage 3: Assessment of specific measures or restrictions.

240.4. Stage 4: Monitoring, with reinstatement if thresholds are breached.

240.5. Stage 5: Evaluation of impact of easements / restrictions.

241. The review process provided that the easement of restriction was to be based on broader Welsh Government policy, wider legislative requirements, best practice from the World Health Organisation (WHO), SAGE advice and advice from the CMO, along with advice from the Chief Scientific Advisor for Health. These would include the following considerations:

241.1. The seven tests set out in *Leading Wales out of the Coronavirus pandemic: a framework for recovery*, covering health, economic, social, wellbeing, environmental and equality impacts. These tests also consider issues of implementation.

241.2. The four types of harm identified in *Leading Wales out of the Coronavirus pandemic: a framework for recovery*, covering direct harm from COVID-19, indirect harm from the NHS being overwhelmed, indirect harm from reduced NHS capacity or not seeking treatment, and indirect harm from long-term social and economic impacts.

241.3. The Wellbeing of Future Generation (Wales) Act 2015 duties to have regard to the need to:

241.3.1. eliminate discrimination, harassment, victimisation prohibited by the Equalities Act;

241.3.2. advance equality of opportunity between persons sharing a 'protected characteristic to include Age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; and sexual orientation. and persons who do not share it;



241.3.3. foster good relations between persons with a protected characteristic and persons without it.

241.4. Ethical considerations.

242. This initial decision-making document helped clarify the parameters for the 21-day review process in the early months of the pandemic. As noted above, as the incidence and nature of the virus changed through the period, so did the review process. The approach to decision-making was kept under continuous review. Published documents provided a public record of those mechanisms, including when Welsh Ministers revised strategic direction, such as that set by the Coronavirus Control Plans. The process also recognised the developments in detecting and responding to Coronavirus, for example, the development of an effective test and trace programme, and later the introduction of the vaccination programme.
243. The Covid-19 Project Team was the core part of coordinating the decision-making process for NPIs. During each review, for example the team would gather the latest epidemiological evidence from a wide range of sources including TAC and its supporting advisory groups; take formal advice from the CMO; assess the wider picture across the UK by working with the other administrations and the Joint Biosecurity Centre; understand the operational implications of the last set of NPI decisions by engaging with local authorities, social partners and the police.
244. This would form the basis for advising Ministers through the normal MA procedures submitted to the FM, or in his absence the MHSS. This formal advice was often preceded by informal briefings for Cabinet and would usually involve the submission of the formal Cabinet papers for discussion and agreement. These would normally be presented by the FM. Based on those Cabinet decisions, action would be taken by civil servants to implement them in the normal way. The normal sequence was not fixed, but rather depended upon the circumstances and the evolution of the pandemic and variants.
245. Whilst there was a 21-day review cycle, namely the commissioning and collation of information, Cabinet discussions and decisions, and formal MAs, this was not always sufficiently agile when the rate of change of incidence was rapid, for example if a new variant had emerged or, in the case of Autumn 2020, where geographic variations and particularly local issues began to emerge. Monitoring processes were in place to track

the incidence and spread of coronavirus on a daily basis, so that additional changes to the restrictions (i.e., outside the normal 21-day review cycle) could be made quickly if necessary.

246. On occasion this meant advising Ministers and seeking Cabinet decisions for action outside of the usual timetable, such as when implementing the local authority specific NPIs which were in response to intelligence on rapidly rising incidence rates. However, these actions did not replace the need for the overall review or interrupt the established 21-day cycle. The introduction of local health protection areas themselves included a requirement to review the proportionality of the NPIs in those areas every week, which was in addition to the 21-day review process.

### **Role of Cabinet in the 21-day review process**

247. The use of NPIs to restrict the ability of individuals to go about their normal daily business, interact with one another or to travel, and for business to trade was unprecedented. As such, the implementation of NPIs had an impact on every Ministerial portfolio to some degree, and in some cases a very significant impact, such as policy and delivery of education by schools. It followed that decisions regarding the imposition and removal of NPIs should be taken collectively by the Cabinet. Cabinet often discussed a range of options and agreed an appropriate course. Those decisions were formally recorded and published as part of the minutes of the Cabinet meetings which have been provided to the Inquiry separately. Those decisions were then codified along with the necessary regulatory changes in MAs submitted to the FM, or in his absence, the MHSS. These MAs asked the Minister to sanction the detail of the decisions made in Cabinet, and confirm related decisions not reached in Cabinet, along with authorising the drafting and/or making of the regulations required to give effect to the conclusions reached by Cabinet.
248. It was not possible to manage the volume and complexity of decisions and the rapidity which they needed to be taken within normal Welsh Government administrative timescales. While non Covid-19 Cabinet business continued each week, Cabinet met on a far more frequent basis, sometimes daily or multiple times in a day. This reflected the need for more time to understand and debate the considerable challenges posed by the decisions that were being considered.

249. Where Cabinet would ask for additional meetings during a 21-day review period this would reflect a request for more evidence and assessments; further information or clarification, or input from other organisations such as local authorities or the police before reconvening. Where the incidence of the virus was low, for example during the summer months of 2020 and 2021, Cabinet would seek to consider the Coronavirus restrictions as part of its normal meeting cycle.
250. The 21-day review provided a regular, predictable framework for the assessment of evidence, preparation of options, development of advice to Ministers and the securing of decisions. It provided clarity for officials across the Welsh Government, enabling them to understand their own contribution, how when and why they should engage with partners and stakeholders and, critically, on what set of issues and decisions.
251. The Review was informed through the wider engagements that the Covid-19 team had put in place, for example the daily birdtable updates and the Covid Steering Group of senior officials, and other key groups such as the Health Protection Advisory Group (Officials Group) and the Covid-19 Intelligence Cell. Equally the review disseminated information through these channels as well as through external contacts and groups, often led by Ministers themselves.
252. The Covid Steering Group was established in January 2021 by the, Director General for Covid Recovery and Local Government, Reg Kilpatrick to provide strategic direction to the Covid response in 2021, to ensure that policy and operational levels were used collectively to manage to the response to Covid-19 as effectively as possible, to review and agreed the advice provided to Ministers as part of the 21 day review process, and to support cross-Welsh Government working. Produced here, as **Exhibit AGM2BWG01/040 – INQ000227830**, are the terms of reference of the Covid-19 Steering Group (dated January 2021). The Steering Group provided updates, via the Director General for Covid Recovery and Local Government, to the First Minister and provided assurance to ExCovid on the Covid-19 response and on cross-government issues and programmes.
253. The Covid Steering Group was chaired by Reg Kilpatrick and its membership comprised: -
- 253.1. Director General, Covid Recovery and Local Government - Reg Kilpatrick.

- 253.2. Director, Vaccines – Claire Rowlands.
- 253.3. Director, Test Trace Protect – Jo-Anne Daniels.
- 253.4. Director, Restart & Recovery – Simon Brindle.
- 253.5. Director, Population Healthcare – Irfon Rees (following Irfon’s appointment in June 2021).
- 253.6. Deputy Director, Community Safety Division – Gary Haggaty.
- 253.7. Director, Legal Services – Helen Lentle.
- 253.8. Director Communications – Toby Mason.
- 253.9. NHS Capacity – Samia Saeed-Edmonds.
- 253.10. Chief Scientific Advisor for Health – Rob Orford.
- 253.11. Director, Treasury – Andrew Jeffreys.
- 253.12. Director, Communities and Tackling Poverty – Claire Bennett.
- 253.13. Deputy Director, Economic Policy – Emma Watkins.
- 253.14. Special Advisor – Jane Runeckles.
254. As noted above, Ministers were very keen that the Wales response should be shaped by their ambition to act as One Welsh Public Service. This meant engaging actively with partners through an open and honest dialogue; understanding the range of issues experienced by those partners; sharing timely and accurate situational awareness; and collectively understanding any measures that were proposed to manage the response. Significant engagement with a range of partners was an important part of the 21-day review process.
255. There were a number of regular engagements as part of the 21-day review cycle; the three principal such engagements were with Leaders of the 22 Local Authorities,

usually chaired by the Local Government Minister; with Police and Crime Commissioners, usually chaired by the Minister for Social Justice; and with the Social Partnership Council, usually chaired by the FM. It was not uncommon that Local Authority Leaders and Police and Crime Commissioners would meet as a single group, particularly where issues were common to both groups, such as enforcement and compliance.

256. In addition, individual Ministers would arrange meetings with their stakeholders to discuss any sector specific issues for example, representative organisations such as the CBI or FSB; representatives of particular sectors such as cultural or sporting organisations; the hospitality sector or possibly large businesses themselves. Other discussions would take place with the Faith Forum, the WCVA and other individual charitable and voluntary groups.
257. Formal Ministerial discussions would generally be supported by official briefings where information would be shared to inform the discussions themselves, and to feed information back into the evidence base for the development of Ministerial advice and evidence for the review process. These would have included ongoing discussions with Chief Constables, Local Authority Chief Executives and other officers.
258. Inevitably, the intensity of engagement and the breadth of partners engaged would flex with the epidemiological conditions.
259. This regular pattern of consultation enabled Ministers to take decisions which partners had been able to directly inform. This helped to increase the shared understanding of Ministers' approach and the rationale for that approach, establishing a greater common purpose.
260. The 21-day review process was approached in weekly cycles. The first week tended to review the evidence and assess trends, including those in other parts of the UK. In the early days, this focused on the R number as the key indicator of rate of transmission – and also the effectiveness of the NPIs which had been put in place previously. This range of information would be scrutinised by the team, drawing in the relevant experts and consideration given to the range of options that might be refined during the second week of the review and discussed with Ministers.

261. During the second week Ministers would be engaged with those options including the expert views and an evaluation of the four-nation position. There would be agreement on the outline of a Cabinet paper which would be prepared for consideration over the weekend by the FM and which would subsequently form the basis for an outline discussion on the Monday Cabinet of the third week.
262. Subject to that discussion, there would often be engagement with stakeholders during that week to consult on the potential options for change to the NPIs and further inform any remaining decisions required by Cabinet. Additional Cabinet papers or pieces of advice could lead to Cabinet discussions scheduled for the Thursday morning or ad hoc meetings as required. An MA would be submitted to confirm all decisions as soon as Cabinet were satisfied, but within the legislative requirement for the review to complete (usually by Thursday evening). Regulations were submitted and made as soon as practicable following the MA.
263. To assist it in reaching decisions about whether to introduce, amend or remove non-pharmaceutical interventions, Cabinet would be provided with information in the form of technical presentations from experts, verbal updates, key data from the public health position and statistics or assessments in writing. These would cover the overall public health situation, including but not limited to infection numbers, proportion of positive tests, the R rate, NHS pressures, and general trends. As the ability of TAG and TAC developed, epidemiological modelling became a key piece of information supporting decision making, including the series of formal advice documents from the Chief Scientific Adviser to the Health Department to Cabinet which themselves were published on the Welsh Government website.
264. Ministers would also be provided with information about the economic and societal implications of the options under consideration. Ministerial advice on the application of NPIs included impact assessments of the options, including the impacts on particular socio-economic groups and groups with protected characteristics. Summaries of impact assessments were published. The need to make decisions at pace for the protection of public health meant that it was not always possible to undertake full impact assessments in line with best practice for policy decisions of the measures being considered.
265. Cabinet meetings were carefully planned so that the extent of the advice could be properly considered, and so that all Ministers had the opportunity to test the evidence

and debate the options. The Cabinet papers would be tabled by the FM, who would introduce the paper and set out the options before describing the recommendations. He would remind Cabinet colleagues that the restrictions were for the purpose of preventing, protecting against, controlling or providing a public health response to the incidence, spread of infection or contamination and to maintain them must be justified by a threat to public health; and that the restrictions had to be proportionate to the threat. These decisions would be taken in the knowledge of public health outlook and numbers as well as public health capacity and critical care beds.

266. The CMO(W) in conjunction with the Director General for Health and Social Services and Chief Executive of the Welsh NHS advised Ministers on the extent to which restrictions responded to the public health threat, save lives and how they might help to manage the significant pressure on the NHS. The Chief Scientific Adviser for Health provided advice on broader scientific considerations, as informed by the advice of TAG/TAC, and the Scientific Advisory Group for Emergencies (SAGE).
267. Cabinet Ministers would then be invited to share views on the matters under consideration, before reaching a conclusion and/or requesting further information. Decisions about the matters under consideration would normally be reached through consensus.
268. The pace of change at some points during the pandemic was significant. Making regulatory changes for the next 21 days was a relatively short period and provided the framework for that rapid action. Nevertheless, the review process also considered the longer-term trends in the incidence of the virus. At times, these trends might be accelerating growth upwards, at others they incidence would be in slowing down and rates of infection in decline. In preparing advice and options the 21-day review also took a longer view, enabling the FM to signal future changes to the NPIs, either to tighten the measures in response growing case numbers; or to signal a relaxation if rates were slowing down. This provided transparency to the public and partners, enabled organisations to plan ahead at risk where there were lead-in times, and allowed for additional engagement with partners on implementation challenges and associated guidance.
269. There were occasions on which, because of the fast-changing situation, the recommendations to the FM in the MA concluding the review would vary from those agreed by Cabinet. Ministers would be sighted on these changes. The detail and

granularity of decisions and issues that Ministers were considering in the course of the pandemic should not be underestimated.

270. The decisions reached by Cabinet and formalised by the FM were communicated to the public in Wales by means of regular press conferences, at which Ministers would set out the current position, explain the decisions they had taken, and take questions upon those decisions and their implications, and on the wider public health and socio-economic context. Further details in relation to the communications process adopted is set out further below.
271. As referenced above, the incredible speed at which events changed during the period, and the need for the advising officials to be preparing advice overnight and through weekends meant that there were inevitably a range of informal discussions taking place throughout the review period. Some communication between officials and Special Advisers took place on WhatsApp groups or by text although these were principally platforms for making arrangements out of office hours. The WhatsApp groups did not form part of the policy making process or decision-making process.
272. Decisions were taken through the formal processes of Ministerial Advice, Cabinet engagement and formal Ministerial decision.

### **The 21-day review periods**

273. There were five sets of principal Regulations specifying 21-day review periods during the pandemic as determined by the primary Regulations in force at the time of the reviews. The 21-day review periods were determined as follows:
- 273.1. The first review period between 26 March 2020 – 10 July 2020 where the Health Protection (Coronavirus Restrictions) (Wales) Regulations 2020 (as amended) were the principal Regulations for this first review.
- 273.2. Second review period between 11 July 2020 - 22 October 2020 where the Health Protection (Coronavirus Restrictions) (No. 2) (Wales) Regulations 2020 (as amended) were the principal Regulations for the second review period.



273.3. Third review period between 23 October 2020 – 8 November 2020 where the Health Protection (Coronavirus Restrictions) (No. 3) (Wales) Regulations 2020 were the principal Regulations for this period.

273.4. Fourth review period between 9 November 2020 – 20 December 2020 where the Health Protection (Coronavirus Restrictions) (No. 4) (Wales) Regulations 2020 were the principal Regulations for this period.

273.5. Fifth review period between 20 December 2020 to 30 May 2022 where the Health Protection (Coronavirus Restrictions) (No. 5) (Wales) Regulations 2020 were the principal Regulations for this period.

#### **The non – pharmaceutical interventions adopted in Wales**

274. I have sought to incorporate a chronology of the key developments in respect of NPIs between January 2020 and May 2022. This document was prepared by officials working in the Welsh Government in or around June 2022. **Exhibit AGM2BWG01/041 - INQ000066076** refers.

275. The chronology sets out by reference to 21-day review cabinet papers, supporting cabinet minutes, MAs, Equality Impact Assessment and press statements issued, the key decisions made by Ministers in Wales in respect of NPIs.

276. Because of the interconnecting nature of the restrictions, it has been necessary to set out a chronology in time, rather than thematically, of the decisions taken in respect of NPIs and their evolution in Wales. The schedule has been manually compiled by officials working in the Welsh Government for the purpose of providing this statement to the Inquiry.

#### **Equality impact assessment and groups with protected characteristics**

277. The frameworks issued on 24 April and 15 May 2020 set out the principles against which the Welsh Government sought to supplement public health and scientific advice in assessing whether the conditions were right to enable lockdown restrictions to be eased safely in Wales.

278. A key principle adopted by the Welsh Government to evaluate any potential changes to the lockdown restrictions centred on whether the measure in question would have a '*high positive equality impact*'. In addition, throughout the developing and evolving response to the widespread impacts and 'harms' from Covid-19, the Welsh Government was mindful of the need to mitigate against the four harms (later expanded to include a fifth harm) arising from the pandemic with the first four set out in 'Leading Wales out the Coronavirus pandemic: a framework for recovery':
- 278.1. Direct harm to individuals from SARS-CoV2 infection and complications including for those who develop severe disease and, in some cases, sadly die as a result.
- 278.2. Indirect harm caused to individuals if services including the NHS became overwhelmed due to any sudden large spike in demand from patients with Covid-19 on hospitals, critical care facilities and other key services.
- 278.3. Harms from non-Covid-19 illness, for example if individuals do not seek medical attention for their illness early and their condition worsens, or more broadly from the necessary changes in NHS service delivery made during the pandemic in Wales to pause non-essential activity.
- 278.4. Socioeconomic and other societal harms such as the economic impact on certain socioeconomic groups of not being able to work, impacts on businesses of being closed or facing falling customer demand, psychological harms to the public of social distancing and many others.
279. The fifth harm: harms arising from the way Covid-19 has exacerbated existing, or introduced new, inequalities in our society, was added in March 2021 on the advice of TAG. **Exhibit AGM2BWG01/042 – INQ000282033** (dated March 2021) refers.
280. In amending the principal Regulations and responding to Covid-19, the Welsh Government took a range of steps to identify and mitigate any disproportionate impact on different groups in society.
281. Equality Impact Assessments were undertaken in respect of the restrictions imposed in Wales. However, the pace and impact of the Coronavirus pandemic did not always afford time for an Equality Impact Assessment to be undertaken in respect of every

legislative change. Those that were undertaken are recorded in the chronology at exhibit **AGM2BWG01/041-INQ000066076**, referenced above.

282. In addition to Equality Impact Assessments and the Shadow Social Partnership Council, there were several advisory groups established to support Ministerial decisions on the impacts of COVID 19 on those with protected characteristics. The key groups are set out below.
283. The FM's Black, Asian, Minority Ethnic Covid-19 Advisory group was convened on 29 April 2020 and met until 20 April 2021. The group was established in response to the concerns that people of some ethnic groups were disproportionately impacted by COVID-19, with consequent adverse health outcomes.
284. The group was chaired by District Judge Ray Singh, CBE who was the Chair of the Race Council Cymru.
285. The terms of reference of the First Minister's Black, Asian, Minority Ethnic Covid-19 Advisory group were agreed on 6 May 2020. **Exhibit AGM2BWG01/043 - INQ000066077** (agreed on 6 May 2020) refers.
286. The group included representation from Welsh Government officials; Black, Asian, Minority Ethnic NHS and care workers; Public Health Wales (PHW); and Local Health Boards and Trusts; and drew in expertise from those involved with data collection and analysis, workforce management, occupational health, quality and safety, academic, and any other additional expertise as required.
287. Two subgroups were established as part of the advisory group, the Socio-economic subgroup chaired by Professor Emmanuel Ogbonna and the Risk Assessment subgroup chaired by Professor Keshav Singhal.
288. The Advisory Group and its subgroups worked with stakeholders from ethnic minority communities and expert advisers within Wales and across the UK, to work at pace, to share information and consider options to redress the impact of the pandemic on the vulnerable populations. The Advisory Group were tasked with advising the First Minister and Cabinet.

289. A summary report on the First Minister's Black, Asian, Minority Ethnic Covid -19 Advisory group was published in September 2021. **Exhibit AGM2BWG01/044 - INQ000066078** (dated September 2021) refers.
290. The Covid 19 Moral and Ethical Advisory Group Wales (CMEAG) was established to gather and co-ordinate issues relating to moral, ethical, cultural and faith considerations, and provide a source of advice to public services on issues arising from the health and social care emergency response to the Covid-19 pandemic.
291. The terms of reference of CMEAG - Wales were published on 4 May 2020. **Exhibit AGM2BWG01/045 - INQ000066079** (dated 4 May 2020) refers.
292. Membership of CMEAG-Wales was constituted from Wales-wide communities affected by the Covid-19 pandemic, including those at risk of more disproportionate impacts from Covid-19. Expertise was shared from the fields of clinicians; public health; academic; legal; social and behavioural sciences; media and communications. The group could co-opt additional members and expertise as needed for specific issues.
293. The Disability Forum met regularly from April 2020 until October 2020 and quarterly thereafter.
294. The Forum provided an opportunity for stakeholders to advise the Welsh Government on the key issues that affect disabled people in Wales. It was also a forum for presentation and dissemination of best practice in addressing those issues.
295. The terms of reference for the group were settled in May 2020. **Exhibit AGM2BWG01/046 - INQ000066080** (dated May 2020) refers.
296. In addition to the Disability Forum, Welsh Government officials regularly met with Disability Wales / Anabledd Cymru, the national association of disabled people's organisations in Wales striving to achieve the rights and equality of all disabled people.
297. The Faith Forum Places of Worship Covid sub-group and the Weddings and Life Ceremonies group were established as subgroups of the Welsh Government's Faith Communities Forum.

298. The Places of Worship subgroup was established to consider and give advice on the development of protocols and guidance on re-opening places of worship as the restrictions imposed as a result of Covid-19 were eased. The group was invited to provide insights, share guidance and practices from their communities to inform how best the Welsh Government should develop guidance that recognises beliefs, cultural and religious sensitives. The group was also intended to be a means of sharing information with faith communities about the changes in regulations and guidance which related to the re-opening of places of worship.
299. The Terms of Reference were settled on 1 June 2020. **Exhibit AGM2BWG01/047 - INQ000066081** (dated 1 June 2020) refers.
300. The work undertaken by these groups and from key stakeholder played a key role in shaping the NPIs that were implemented, the duration and nature of those NPI's and in determining the exemptions to the restrictions imposed on individuals.

### **Border with England**

301. It must be appreciated that the decisions made by the Welsh Government were to protect the people of Wales, we could not go beyond the powers and responsibilities devolved to the Welsh Government.
302. The prevalence, incidence, and rates of growth of Covid-19 varied across each of the nations in the UK in different ways over time. While cases may be increasing rapidly in regions of England, incidence in Wales may have been low and relatively stable. The reverse was also true at different points during the pandemic. Likewise, the same was reflected across Europe and the world. Consequently, the border between England and Wales was, at times, a key issue in the consideration of the measures which Ministers would put in place to limit the incidence and spread of Covid-19 in Wales as did discussion about travel to and from Wales or parts of Wales to different parts of the United Kingdom.
303. The principal issue related to individuals travelling from areas of high prevalence of infection and entering and remaining in Wales, particularly to areas of low prevalence in Wales. This was considered a high risk in terms of the importation new variants to Wales, seeding more infection in communities, and therefore driving up infection rates

and in turn, adversely impacting the Welsh NHS. The issue also applied to Wales in the early stages of the spread of the Delta variant in October 2020.

304. Geographically variable legal restrictions and public health guidance had been put in place in areas of the UK, for example Leicester. At that time, while an imperfect solution, preventing travel between communities was thought to control the wider spread of the virus to other areas where incidence was lower and fewer restrictions were in place.
305. The emergence of geographical variations in the incidence of coronavirus that could be tracked closely through Test Trace and Protect led to the introduction from September 2020 of Welsh local health protection areas. These measures were designed to limit the spread of infection within Wales, specifically from areas of high prevalence to areas of lower prevalence.
306. The geographical variation led to border travel issues. Welsh Ministers had introduced measures such as travel restrictions to prevent the spread of Coronavirus within Wales, and all parts of the UK had introduced restrictions on international travel to prevent the same, but those same precautions were not being taken in England in those areas where prevalence was high. The lack of restriction on people traveling from high-risk areas in England to low-risk areas of Wales risked undermining the efforts of Welsh Ministers to prevent the spread of coronavirus in Wales. At that time, there was no legal requirement in England to prevent people travelling from high prevalence areas in England, which were otherwise under a range of other legal restrictions, to low prevalence areas in other parts of England or the UK (including Wales) and thus resulting in the spread of infections from those high prevalence areas and across borders.
307. To avoid this problem and ensure consistency and fairness Welsh Ministers applied the same restrictions on travel into low prevalence areas in Wales from high prevalence areas in other parts of the UK, including specific English regions, that already applied to people within Wales.
308. Following the Firebreak in Wales (23 October – 9 November) travel restrictions were in place for the whole of Wales, which prevented people, without reasonable excuse, from traveling to or from areas of high prevalence in the rest of the UK.

309. Internal borders were primarily considered in the context of divergence in legal restrictions between Wales and England and the related impacts those differences could have on the incidence and spread of Coronavirus. Other considerations were also considered as part of the overall decision making including: the social and economic impacts where people needed to travel across borders to visit friends and family and to access goods and services; the short and longer-term economic impacts on businesses and risk of displacing activity; and the need to balance equalities impacts such as including reasonable excuse exemptions.

## **Divergence**

310. As mentioned above, the rate and scale of the spread of the virus was not uniform across the UK. Ministers of each government would naturally take decisions on NPIs according to the prevalence, incidence, rates of growth and other information as it affected their areas of responsibility. It was therefore inevitable that there would be some divergence in approaches between the four nations as each Government was responding, at times, to differing emerging situations and priorities. These differences in approach all diverged from an initially similar set of lockdown rules, but there were more similarities than differences. The Devolved Governments were more often closely aligned in the approaches being taken, such as the pace of change.

311. It was the case that the governments would make their own assessment of processes and timing for the imposition and removal of NPIs. The scientific advice in Wales was consistently to implement measures early to maximise their impact where practicable. The pace of change of NPIs was a key difference between the nations of the UK. When relaxing legal restrictions when evidence was uncertain, such as coming out of the first lockdown, Welsh Ministers sought to make a small number of changes and assess their impact before going further rather than making a large number of changes at once in which the relative impact of those different changes could not be assessed.

312. When determining what limited changes to make, the relative priority afforded to different options for change or different assessments of risk by Governments across the UK would also have led to different choices. Where there were limited choices, for example in which areas of unprecedented restrictions on people's lives and livelihoods changes should be made first, each Government would also come to different conclusions about the priority areas based on their own understanding of priorities for their citizens, services, and economies.

313. The impacts of different choices being made in different parts of the UK were considered by Welsh Ministers and informed policy choices and the approaches to implementation. Of particular importance were the likelihood of changes affecting levels of public acceptance and adherence to the rules, the ability to communicate differences to the public, the ability to enforce different rules, and the impacts on communities that crossed the England-Wales border.
314. Welsh Ministers supported and sought a four-nation approach to restrictions whenever practical and when consistent with public health and scientific advice. Welsh Ministers recognised that consistency in definitions and rules across the UK would be preferable to support public understanding and adherence to the rules. UK Government messages had significant reach into Wales and enforcement would be simpler with common rules. However, decisions made in Wales needed to respond to the specific circumstances in Wales and priorities of Welsh Ministers where there were different options available. For example, there were specific issues early in the pandemic in Wales of crowds visiting tourist spots creating a public health risk. This led to specific rules in Wales that were not replicated across the UK to close certain tourist hot-spots and later in the pandemic restricting travel for exercise to avoid repeating these risks during certain higher-risk periods.
315. Differences across the UK were therefore inevitable at different times, reflecting different choices made by elected representatives. For example, the Welsh Government introduced “extended households” to allow close contact between people not living together and to extend social contacts in a controlled way. The areas of difference identified by the Inquiry are described individually in **Exhibit AGM2BWG01/048 - INQ000066082**, a schedule prepared for the purpose of this statement in November 2022, and which represent some, but by no means all, the differences in Wales compared to other parts of the UK.
316. Where there were no or limited public health impacts from acting differently, consideration was given to alignment with other parts of the UK. For example, some coordination was achieved in autumn 2020 around restrictions on licensing hours and the ‘rule of six’, which otherwise could face significant enforcement difficulties.

### **Role of the Senedd in respect of non-pharmaceutical interventions**



317. The scrutiny function of the Senedd is set out in the draft statement of the Director of Legal Services.
318. The principal role of the Senedd in respect of the NPIs was to scrutinise the subordinate legislation made by the Welsh Ministers. The enabling power under which the subordinate legislation was made would also prescribe the process of scrutiny by the Senedd to which the subordinate legislation would be subject.
319. Subordinate legislation can be subject to the affirmative procedure, which requires the Statutory Instrument to be approved by the Senedd before it can be made or brought into effect. Only if the Senedd agrees a motion debated in Plenary to approve the statutory instrument will the Minister be able to sign the statutory instrument to make it. The legislation can come into force at any in time after the Senedd has agreed to it and it has been made by signature of the Minister.
320. The second procedure is that of made affirmative. Under the made affirmative procedure, the statutory instrument may come into force on the day it is made by the Minister. However, unless the Senedd agrees a motion to approve the statutory instrument within the timeframe specified in the parent Act, the instrument will cease to have effect.
321. The third procedure is the negative procedure, where a statutory instrument is signed and laid before the Senedd. The Senedd can vote to annual the statutory instrument after it has been made within a prescribed timescale.
322. The review of subordinate legislation is overseen by the Legislation, Justice and Constitution Committee of the Senedd.

### **Welsh Government's Knowledge and Analytical Services**

323. The Knowledge and Analytical Services ("KAS") within the Welsh Government comprises a range of analytical professions and services, including statistics, social research, economics, geography, data science and information management. Approximately two-thirds of statisticians within the Welsh Government are based in the Statistical Services Division within KAS, with a further third based in a variety of Welsh Government policy teams outside of KAS. All have professional accountability to Stephanie Howarth, who is the Chief Statistician and Head of Profession for statistics.

I have set out below, with assistance from Stephanie Howarth, the statistical resources that were part of KAS and their use during the relevant pandemic period.

324. Statisticians work collaboratively with policy and operations teams in the delivery of their objectives. The role of statisticians in the Welsh Government is to:

324.1. Provide evidence for policy development.

324.2. Help monitor policy effectiveness.

324.3. Help allocate resources or target funding to support objectives.

324.4. Provide advice on capturing new data.

325. Statistical Services in KAS played a significant role in collecting, analysing, disseminating and advising on data and statistics throughout the specified period. This included the following roles which are detailed further in this statement:

325.1. Establishing new data collections.

325.2. Acquiring data from other organisations (public sector, third sector, private sector).

325.3. Analysis and advice for Ministers and officials on Covid-19 data, including compilation of the weekly “data monitor”.

325.4. Publishing and communicating regular Covid-19 data and statistics.

325.5. Contributing to the work of the Technical Advisory Cell and Technical Advisory Group.

325.6. Working with public bodies in Wales (e.g., Public Health Wales (“PHW”), Digital Health and Care Wales (“DHCW”) and across the UK (particularly the Office for National Statistics, but also UK government departments) on statistical matters.

- 325.7. Leading engagement on contributions to UK-wide dashboards and analysis (for example, working with the UK Government's Civil Contingencies Secretariat).
326. To accommodate this, KAS reprioritised many areas of work in response to the circumstances of the pandemic and communicated these through regular Chief Statistician's updates which were published as part of a 'Digital and Data Blog' accessible to the public via the Welsh Government website.
327. The work of KAS is distinct from and complements the roles of Public Health Wales and the Welsh Government Technical Advisory Cell ("TAC") and the wider Technical Advisory Group ("TAG"). TAC and TAG provided scientific advice and modelling to inform the pandemic response, often drawing on data collected by KAS, but also utilising data from the UK Government's Scientific and Advisory Group for Emergencies ("SAGE"). Public Health Wales led on the collection, analysis and dissemination of rapid surveillance data for Covid-19, covering topics such as test positivity, case rates, deaths and vaccination uptake.

#### Structures used during the pandemic

328. As a result of increasing analytical demand, the Covid-19 analysis hub was stood up on 23 March 2020. The hub provided a central point of coordination within the Welsh Government for Covid-19 data and statistics. The hub was responsible for:
- 328.1. Acquisition of new data related to Covid-19 (e.g., cases and deaths initially, and then progressing to topics such as care homes, testing, contact tracing and more).
- 328.2. Information sharing with Ministers and policy officials.
- 328.3. Public dissemination of data and statistics.
- 328.4. Analytical support for the 21-day review process.
- 328.5. Quality assurance and support for Ministerial press briefings and media queries.

- 328.6. The co-ordination of ad-hoc analytical requests (from both internal and external sources, including Senedd questions and freedom of information requests).
- 328.7. Provision of data for UK-level dashboards, analysis and publications.
329. Outside of the hub, analytical leads across all topic areas assisted the hub, as well as providing analysis on Covid-19 as it related to their own topic areas. For example, the economic and labour market statistics team led on analysis related to the impact of the pandemic on the economy and on workforce. In April 2020 a new Data Science Unit was established (a plan which pre-dated the pandemic). This unit provided support on accessing new sources of “big data” for example mobility data.
330. This was an unprecedented redeployment of analytical resources only possible due to the scale of disruption to other statistical work. As the pandemic progressed, additional posts were agreed by ExCo. Along with the demand for analysts to support the growth of the TAC, recruiting sufficient resources to meet the high demand for evidence was a continuous challenge. A range of arrangements were put in place to meet this need, including loans from other Welsh public sector organisations.
331. **Exhibit AGM2BWG01/049 - INQ000066083** (dated March 2020) and **Exhibit AGM2BWG01/050 - INQ000066084** (dated May 2021) show two iterations of the structures used for Covid-19 analysis and statistics in the Welsh Government. The structure changed and evolved over the course of the specified period. In late July 2020, Stephanie Howarth took over from Glyn Jones as the Chief Statistician, (initially on an interim basis, and then permanently from February 2021). Stephanie Howarth led the Covid-19 analysis hub from its establishment, so provided continuity of leadership on this topic.

#### Data Collection and Analysis

332. The pandemic had both direct and indirect impacts on the data that KAS was able to continue to collect. Some data collections were impacted directly – for example the closure of schools made it impractical to collect data on attendance and teacher assessments.
333. Most statistical surveys were paused or had large methodological changes made to them in order to continue. This affected the National Survey for Wales which paused

its face-to-face interviews and then restarted six weeks later using telephone interviews, with an online element introduced from July 2021. The annual June agriculture survey was delayed until later in 2020, however the Welsh Language Use Survey (administered via the National Survey) was closed early in March 2020, part way through the survey.

334. Many data providers were delivering key front-line services across health, social care and the wider public sector which affected their ability to respond to routine data collections. In light of this, most standard (non-Covid-19 related) data collections were cancelled or postponed during the immediate months of the pandemic, and this affected the regular outputs that could be published. The general approach to changes in data collections and publication plans were developed in line with guidance from the Office for Statistics Regulation and were agreed by Ministers. They were communicated to users in an open and transparent way through the release calendar on the Welsh Government website and through a number of Chief Statistician blogs. Some outputs were able to continue but in a reduced format.
335. There were some longer-term implications of these changes. In the case of some housing data collections, it was judged to not be appropriate to fill some of the data gaps created from cancelled collections. On surveys, with smaller samples or reduced detail collected from some surveys, it has affected the range of analysis possible. On tourism statistics, the nature of the data collection and restrictions on travel meant that it was not possible to collect data for missing years and took longer to quality assure the new methodology as it was difficult to distinguish between any mode effects and any post-pandemic changes in behaviour in leisure and tourism. For the National Survey for Wales, the change in mode will likely have had an impact, but, as with tourism surveys, this is challenging to disentangle from real world changes in the data. There were also positive benefits for the National Survey, as the circumstances of the pandemic provided an opportunity to test new methods which have since been retained.

#### *New data sources used during the pandemic*

336. KAS established a number of new data collections and obtained data from a wide range of new sources during the course of the pandemic in order to inform decision making both within the Welsh Government and beyond. The following paragraphs set

out some the primary data sources used during the specified period but is not intended to be an exhaustive list.

*Data collected directly from public bodies*

337. New regular data collections were put in place by KAS to gather data directly from local authorities on the status of social services (weekly collection) and the provision of homelessness accommodation (monthly collection). Data on children's attendance at school/local authority settings was also collected daily initially from Local Authorities (organised by Data Cymru), and then from October 2020 it was extracted directly from school management information systems on a weekly basis. Data on NHS staff absences was collected from local health boards. Additionally, higher education institutions reported numbers of known Covid-19 cases to Welsh Government statisticians on a weekly basis.

*Surveys funded by Welsh Government and other national survey data*

338. The Welsh Government funded participation in an online survey conducted by Ipsos MORI which tracked public views and behaviours on coronavirus. The National Survey for Wales topics, previously updated once a year, were updated monthly to collect data relevant to the Covid-19 pandemic, with results published monthly (rather than the usual annual publication cycle). As the situation settled, the survey switched to quarterly updating/reporting for a time, before moving back to an annual cycle. The Welsh Tourism Barometer collected data on the impact on businesses in the tourism sector. A survey was conducted of Welsh language community groups to understand the impact the pandemic had on them.

*Management information from within the Welsh Government:*

339. Daily management information was obtained from the Care Inspectorate Wales on the notifications they received regarding Covid-19 cases and deaths in care homes. Data was also obtained on the use of several support schemes (both new and pre-existing), such as the Discretionary Assistance Fund, the Live Fear Free domestic abuse helpline and Covid-19 support schemes for businesses and the third sector. These were used as timely indicators of the impact of Covid-19. From late 2020, information was collated from within the Welsh Government on vaccination stocks. Monthly

management information was obtained from colleges and training providers on apprentices that were furloughed or made redundant during the specified period.

*Data outside of Welsh Government from other government departments and NHS organisations:*

340. Within Wales, KAS worked closely with bodies like PHW and DHCW to obtain data. This included data on key metrics such as positive Covid-19 cases, rapid surveillance data on mortality, hospital admissions and discharges, and activity and performance data on Covid-19 testing. These were either taken from published sources or provided directly to the Welsh Government.
341. DHCW also supplied data on the shielded population list. As contact tracing was established, DHCW provided weekly data on the activity and performance of the service. In late 2020, as the vaccination programme began to roll out, data was provided by DHCW on vaccination doses unsuitable for use.
342. Data on personal protective equipment was obtained from NHS Wales Shared Services Partnership.
343. Timely data and insight were provided by Welsh police forces and the Violence Prevention Unit on hate crimes and violent crimes. HM Prison and Probation Service provided data on Covid-19 cases and self-isolation rates in staff in prisons situated in Wales.
344. KAS worked collaboratively with a range of government departments to obtain data (both published and unpublished) to monitor the impact of the pandemic in Wales. Data on Universal Credit was provided by the Department of Work and Pensions (“DWP”), and used data published by Her Majesty’s Revenue and Customs (“HMRC”) on schemes such as the Coronavirus Job Retention (furlough) Scheme.
345. KAS also utilised already established sources from the Office for National Statistics (for example, on mortality, the economy, labour market), or new sources like the Covid-19 Infection Survey, the business insights survey and card spending data.

*Third sector organisations*

346. Potential data sources from third sector organisations were scoped, and information was obtained from Citizens Advice, Volunteering Wales and Victim Support.

*Private sector*

347. Cardiff Airport provided data on flights, and KAS worked with statisticians in the UK Government Department for Transport to obtain timely data from transport providers on public transport use. Supermarkets provided data to the Welsh Government on grocery orders for the shielded population. Google also began publishing reports on community mobility, which were collated and used by KAS.

*New data analysis during the pandemic*

348. Many of the data sources set out above were used for analysis which resulted in published statistical reports. A full list of published outputs from these sources is provided in **Exhibit AGM2BWG01/051 - INQ000066085** (dated October 2022) and the latest release of the data was at the time of making this statement available on the Welsh Government website.
349. These data sources were also used to produce internal analysis for Welsh Government officials and Ministers to monitor the progress of the pandemic, assess impacts (e.g., equality impacts) and inform decision-making. In most cases this analysis was requested by policy officials or Ministers. On the occasion internal analysis would be used publicly by Ministers, to support decisions or in response to ad-hoc requests, the analysis was published transparently in accordance with guidance set out by the Office for Statistics Regulation.
350. Examples of analysis produced for internal purposes include:
- 350.1. Collection and analysis of weekly data on the status of Local Authority social services.
  - 350.2. Estimates of the number of children of key workers.
  - 350.3. Analysis on businesses and employment by sector, to inform choices on business support and understand the impact of regulations on business sectors.



- 350.4. Estimating the size of vulnerable groups outside of the shielded patient list.
- 350.5. Retrospective analysis on testing prior to discharge to care homes.
- 350.6. Modelling for the Self Isolation Support Scheme.
- 350.7. Monitoring a range of impacts on children and young people.
- 350.8. Monitoring local Covid-19 prevalence to inform “risk levels” used in the NHS Covid-19 app.
- 350.9. Monitoring vaccination take-up across the four UK nations.

#### *Administrative Data Research Wales*

- 351. The Chief Statistician for Wales is the co-director of Administrative Data Research (“ADR”) Wales, an ESRC-funded collaboration between the Welsh Government, Swansea University and Cardiff University. During the specified period, the work programme of ADR Wales pivoted to support pandemic priorities. Welsh Government analysts, via ADR Wales, were part of the “One Wales” cross-organisational research response to informing Covid-19 decision making across a wide range of sectors and at various levels.
- 352. During the pandemic, the Welsh Government made available a number of its own datasets via the Secure Anonymised Information Linkage (“SAIL”) Databank to ensure they could be used by academic researchers. The SAIL Databank was established by the Population Data Science group at Swansea University (Wales, UK) in 2007 with core funding from Health and Care Research Wales (HCRW) of the Welsh Government. The data set shared included education attendance data and the School Workforce Annual Census. A number of other datasets that were already available in SAIL have been refreshed throughout the pandemic, including the Pupil Level Annual School Census which has been used extensively in pandemic-related research. Data from the 2011 Census was also deposited in SAIL, following discussions with the ONS led by the Chief Statistician. This has been especially important for analysis and research on protected characteristics such as ethnicity.

353. Welsh Government analysts working as part of ADR Wales produced an analytical series investigating the experiences and circumstances of people on the shielded patient list. The analyses of shielded teachers and teaching assistants and children living in households with a shielded person were shared with local authority education contacts to help inform planning at a local level. In addition, in March 2022, analysis was carried out on vaccination uptake in school staff, by linking together vaccination records and data from the School Workforce Annual Census.

#### *Spatial data and analysis*

354. The geography team within the Welsh Government created new spatial datasets ranging from temporary hospital sites, equipment and stores nodes, vaccination and test centres and lockdown areas. The geography team also provided drive time analysis of test and vaccination centres, and property-level analysis of the number of households in cross-border regions. The data was displayed and distributed through Data Map Wales to a wide variety of users from Local Resilience Forums to Joint Military Command Wales.

#### *Use of Data and Statistics in Decision-Making*

355. Throughout the pandemic, KAS officials worked collaboratively with policy officials and advisers to ensure that data and statistics are available to inform decision-making.
356. From early April 2020, statisticians in KAS compiled a regular “data monitor”. This was developed as early response structures to the pandemic were being formed, and the need was identified for a single document containing a rounded view of data covering all aspects of the pandemic to support multiple audiences. The monitor brought together the latest data on the pandemic and provided a concise and timely way to advise Ministers and senior officials on the latest figures and trends. The monitor drew on a wide range of the data sources set out in the earlier part of this statement and covered the following themes:
- 356.1. Cases, deaths and vaccinations.
- 356.2. Health and social care.
- 356.3. Shielded and vulnerable people.

356.4. Attitudes and behaviours.

356.5. Economy and labour market.

356.6. Public services.

357. The monitor was circulated to Ministers, the Chief Medical Officer, officials in the Technical Advisory Cell and a large number of other officials. The monitor was also shared with Police and Crime Commissioners and the Joint Military Command Wales Intelligence Cell, with any data that could not be shared outside the Welsh Government removed. The monitor was updated on a weekly basis, although this frequency changed at times throughout the course of the pandemic (in its initial weeks, it was updated multiple times a week). The Chief Statistician was invited to give a weekly update using the data monitor at ExCovid. A statistician also presented the latest trends from the data monitor at the Covid-19 Preparedness Bird Table which was an informal information sharing forum for Welsh Government policy officials. This was initially weekly but then reduced to fortnightly then every three weeks. Attendance at the Bird Table also allowed statisticians to identify new opportunities to inform the work of policy teams.
358. Producing the monitor was a substantial undertaking, with improvements made over time to make the process more efficient. The internal data monitor pack was replaced by a public-facing dashboard from May 2021, which continued to be shared with Ministers and officials.
359. Statisticians provided regular and frequent written briefings to Ministers and officials on data and statistics, as well as taking direct commissions for analysis as noted above. As well as briefing on the data held by the Welsh Government, briefings were provided on statistics produced by other government departments, most notably those produced by ONS.
360. Verbal briefings were also provided to Ministers, especially where new statistics were produced or professional advice was needed to interpret data (for example, in the early days of the vaccination roll out). Sometimes this would request as part of regular meetings policy officials had with Ministers, for example on Test Trace Protect or vaccinations. Other times requests for verbal updates would be ad hoc. This provided opportunities for Ministers and officials to ask questions to ensure that the data was

understood. The Chief Statistician also met regularly with the Chief Medical Officer to brief him on latest statistical developments.

361. The TAC was a key user of the data and statistics produced by KAS. KAS officials met regularly with officials from TAC in order to share plans and priorities and identify new data requirements. The Chief Statistician was a member of TAG and statisticians sat on a number of the sub-groups. This enabled statisticians to provide professional statistical advice to TAC and TAG, as well as understand their requirements for further data and analysis. TAC and KAS worked especially closely on work related to mortality and excess deaths. Three TAG reports on excess mortality were produced, two of which were led by KAS statisticians.
362. KAS statisticians were also members of the Covid-19 Intelligence Cell which helped to ensure that the latest data fed into intelligence gathering and decision-making, and that it was interpreted correctly (for example, in the compilation of the Covid-19 Situational Reports which was led by TAC).
363. As well as the mechanisms set out above, there were a vast number of individual policy areas where statisticians worked alongside policy officials. Some of these built on existing relationships (for example, on economy and labour market, schools, homelessness) and others were established at pace (such as vaccination). Two statisticians provided analytical support to the 21-day reviews, to ensure evidence of impacts was identified as part of this process. The evidence provided by the two statisticians was included as part of Ministerial Advice and papers submitted to Cabinet. There was a significant range and use of operational NHS data to inform planning and operational actions, including the need to understand available NHS capacity, the system impact of the pandemic and the monitoring of the progress of the disease.

#### Professional standards

364. Statisticians in the Welsh Government are recruited using the Government Statistical Services' professional competency framework, which is common across the UK Civil Service.
365. Standards for statistics in the Welsh Government are published online. Welsh Government statistics adhere to the principles and practices set out in the Code of

Practice for Statistics. The principles of the Code were applied, as far as were practicable, to the wide range of new statistics produced during the pandemic, even if they were not formally classed as Official Statistics.

366. Quality is one of the three central pillars of the Code of Practice. Throughout the pandemic, statisticians drew on a range of guidance on quality assurance, especially in the context of using the vast number of new, evolving data sources and the rapid turnaround times required. The UK Statistics Authority's guidance on Quality Assurance of Administrative Data and associated toolkit provided a framework for assessing the quality of new administrative data sources. ONS's Data Quality Hub also published advice during the pandemic on urgent quality assurance of statistical analysis and data. These sources helped prioritise approaches to assurance when working at pace. In addition, the Statistical Quality Management Strategy sets out the Welsh Government's objectives on statistical quality and how these are implemented. Our quarterly Statistical Quality Committee was used to discuss the effect of the pandemic on statistical quality, to share best practice and consider how best to communicate quality issues. Over the course of the pandemic, committee agendas also featured items on specific sources which allowed more in more depth discussion (for example, on new monthly management information on homelessness).
367. An example of how quality assurance standards and methods were applied, and its importance can be seen in relation to the NHS management information on Covid-19 related activity which was published weekly and then daily during the specified period. This data was collected by DHCW from health boards. Statisticians worked with DHCW and expert teams in the Welsh Government to develop a good awareness of how the data was collected, including understanding the definitions and processes used, and how these compared to other parts of the UK. When the data was received by KAS, automated quality checks were carried out on the datasets in order to identify potential errors and anomalies. These were then followed up with data providers. Examples of the kind of errors identified include missing data such as hospital names, or data provided in the wrong format. Particular scrutiny was given to the introduction of the "recovering" category for Covid-19 patients in May 2020 and how this was implemented in the data collection.
368. The daily NHS management information collection was complex and was being completed by health boards at pace. It is inevitable that some issues would be identified through quality assurance. Robust processes were in place to identify and

resolve these, and to arrange for data to be resubmitted where appropriate. This ensured the data was of suitable quality for the uses to which it was being put. The quality of the data was communicated to users through public reports and a blog which focused on quality of NHS management information. The data was published in a way that was accessible to all, according to a pre-announced timetable.

369. Statistics in the Welsh Government are independently regulated by the Office for Statistics Regulation (“OSR”). Throughout the pandemic, the OSR has carried out a range of reviews and reports which include recognition of good practice by the Welsh Government and areas for improvement or future consideration. When the National Survey for Wales switched to providing monthly indicators, OSR provided a rapid review of compliance with the Code of Practice for Statistics.

#### Professional leadership

370. The role of Chief Statistician is a statutorily independent role, set out in the Code of Practice for Statistics. They are the Welsh Government’s principal adviser on official statistics, with overall responsibility for the implementation and co-ordination of professional statistical standards and for ensuring adherence with the Code.
371. The Chief Statistician provides professional leadership and advice for the statistics profession within the Welsh Government and across the official statistics producer community in Wales. Ensuring collaboration and co-ordination across this network, and in particular providing professional guidance and support in the area of official statistics has been an important role carried out by analysts within Welsh Government, including the Chief Statistician. This has involved especially close working with PHW and DHCW during the pandemic.
372. Six monthly meetings were held to bring together lead officials from official statistics producers in Wales. During the pandemic, these meetings and other mechanisms were used to share priorities and plans, and to support each other in the delivery of statistics. This included the sharing of staff across organisations to support teams that were facing high demand for analysis.
373. The Chief Statistician’s role in the leadership and oversight of statistics in Wales was particularly highlighted in April 2020 when, following notification to Welsh Government via Public Health Wales of under-reporting of Covid-19 related deaths by two local

health boards in Wales, a review was conducted to obtain assurance of the reporting system. As a result of the review the then Chief Statistician was asked by the First Minister to provide whole-system oversight of the reporting of rapid surveillance mortality data to Public Health Wales. A copy of the outcome of the review and agreed actions is provided in **Exhibit AGM2BWG01/052 - INQ000066087** (dated 27 April 2020). In carrying out this role, the Chief Statistician applied the principles of the Code of Practice for Statistics and standards on Quality Assurance of Administrative Data.

374. Throughout the pandemic, the Chief Statistician provided professional leadership and advice on a wide range of statistical issues, including:

374.1. Advising Public Health Wales on statistical matters such as the presentation of data, including how to communicate revisions to data series (for example, when new streams of testing data became available from Lighthouse Labs).

374.2. Explaining the differences between sources of mortality data and their impact on interpretation of trends. This was especially important early on in the pandemic when there was a lack of familiarity with the range of data available and their relative strengths and weaknesses.

374.3. Leading discussions on the proactive publication of care homes data from Care Inspectorate Wales.

374.4. Producing a guide to explain differences between sources of testing data and why different metrics were used in the testing process (for example, specimen collected date was used for epidemiological purposes and the authorisation date used for lab capacity/operational purposes).

374.5. Advising on the implementation of the Code of Practice and the balance between timeliness, quality and transparency. For example, providing advice on the exceptional use of unpublished data in press conferences where it had been used to inform significant decisions (such as announcing “local lockdowns”).

374.6. Leading the annual assurance exercise of business-critical models in use by the Welsh Government. This is part of the Welsh Government’s framework on analytical modelling, which adheres to the guidance set out in The Aqua Book.

The Covid-19 models were included in the assurance exercise from 2020-21 onwards.

### Communication and Transparency of Data and Statistics

375. Transparency is a key theme of the Code of Practice for Statistics. Throughout the pandemic, statisticians have sought to be transparent with the data used to inform pandemic decision-making. This was achieved through the publication of a substantial amount of timely data and analysis on the Welsh Government website, including the StatsWales site which enables data to be downloaded for reuse. The full list of publications is available online, but the following paragraphs provide a high level timeline of some key outputs.

#### *Statistical publications*

376. Some of the earliest statistical publications were related to hospital activity and care homes. It took a number of days and weeks to understand the demand for data, the insight required on NHS activity and care homes, and the regular cadence of press conferences and Ministerial statements. Once this was established, KAS responded with new statistical outputs. From April 2020 a weekly, and then daily, update of data related to NHS beds, admissions and hospitalisations was published in order to meet intense demand for this information. Data from Care Inspectorate Wales on deaths of care home residents began to be published from May and was later expanded to cover Covid-19 cases, as well as deaths.

377. Prior to the pandemic, school attendance data was collected and published annually. From April 2020, daily and then weekly data was collected and published in order to understand the attendance of children at Local Authority settings during the first lockdown, and then to monitor the ongoing impact of the pandemic on attendance once schools had reopened.

378. In Spring 2020, new publications were introduced on testing (May 2020) and contact tracing (June 2020). The publications monitored activity and performance of these services, including key metrics on turnaround times for testing and time to reach contacts and cases, for which there was considerable public interest.



379. In August 2020, the Welsh Government published the first weekly results for Wales from the Covid-19 Infection Survey. The Welsh Government worked with the Office for National Statistics on the development of the survey in Wales, following its launch in England in Spring 2020.
380. One of the new data collections stood up during the pandemic was on homelessness services, with data provided by Local Authorities. From November 2020, the Welsh Government began to publish this data as monthly management information. This included data on temporary accommodation and provision of long-term accommodation for people who present to local authorities for housing support as they are at risk of homelessness, as well as information about rough sleeping.
381. From January 2021, statistics on vaccination stock and wastage began to be published, after reaching an agreement with the UK Department for Health and Social Care and the Department for Business, Energy and Industrial Strategy.
382. From May 2021, the Covid-19 interactive dashboard brought together in one place key statistics on Covid-19 along with a range of data that helped monitor a number of the harms related to the pandemic.
383. A wide range of other ad hoc analysis has been published throughout the pandemic covering topics such as the impact of the pandemic on different ethnic groups and on disabled people, analysis of furloughed apprentices, the impact on the tourism sector, and more. This is alongside regular statistical publications which carried on throughout the pandemic, for example, on regular labour market statistics.
384. Statistical publications have varied in regularity of publication, with some daily, weekly, fortnightly and others monthly. This was a marked shift from pre-pandemic statistical practices, where most publications were quarterly or annual. The frequency of any individual publication has varied over time, mirroring the trajectory of the pandemic and the public interest in the topic.
385. The user need for statistical information and future plans for publication were considered as part of the Covid-19 transition plan and a blog post outlining publication plans was published in April 2022. Some outputs continued on their existing basis, others became less frequent, and others stopped altogether.

386. The OSR expects that public statements made by Ministers are based on statistics and data that are equally available to all. Statisticians worked with communications teams and special advisers to provide quality assurance of data used in Ministerial statements. Slides for the regular Welsh Government televised press briefings were usually produced by statisticians to ensure that they were based on publicly available sources, and that messages were communicated accurately and clearly. The source of any data used was clearly noted on the slides. Following an intervention from the OSR, all press conference slides were published on the Welsh Government website from December 2020.

#### *Publication of ad-hoc request*

387. Responses to any ad-hoc requests are published on a fortnightly basis, so that the information is available to be re-used by other. During the specified period this was used where necessary to put previously unpublished data into the public domain if it was used in a public statement, or where there was public interest in doing so.

#### *Chief Statistician's Blog Posts*

388. Chief Statistician's updates on the Welsh Government's Digital and Data blog have also been used throughout the pandemic to provide independent expert analysis and discussion on statistical matters. Blog posts have been used to communicate changing statistical priorities and workplans as the course of the pandemic evolved. The blog has also been used to offer explanation and insight on statistical issues where there was the potential for confusion or misuse. Examples include explaining the quality of NHS management information, the different methods for calculating vaccination uptake, and the impact of testing policy changes on data. The blog has regularly been praised by the OSR as a good practice example of clear, transparent communication.

#### *Technical briefings for the media*

389. On a number of occasions throughout the pandemic, statisticians contributed to technical media briefings to help ensure that statistics were understood and used appropriately by the media. Examples technical briefings include:

389.1. The first publication of timeliness measure on contact tracing.

389.2. Vaccination statistics.

389.3. The impact of testing policy changes on data.

389.4. The reintroduction of statistics on NHS performance.

389.5. Monthly homelessness management information.

KAS Engagement and coordination with the UK Government and other Devolved Governments

*Engagement with the UK Government*

390. From late March 2020, KAS led engagement with the UK Government's Civil Contingencies Secretariat (CCS) on data-related matters. This included coordinating a number of daily (7-day-a-week) data returns to the UK Government:

390.1. A daily return to populate the UK Government's internal CCS dashboard.

390.2. A daily return to the UK Department for Health and Social Care (DHSC) on NHS activity related to Covid-19.

390.3. Daily notification of Covid-19 deaths to DHSC.

391. The scope of the daily dashboard return was varied and grew considerably over time. It initially covered topics such as testing, cases, deaths, ventilators and hospital activity. It grew to include a range of metrics on care homes, staff absence, shielding, food parcels, school attendance, cancer referrals and more. The dashboard had a very senior audience in the UK Government and was used extensively in the Welsh Government in the early months of the pandemic, before products such as the data monitor became established.

392. It took considerable effort to understand the definitions that should be used in the data returns, identify appropriate data sources, collate the data into a suitable format and quality assure the content. In addition, CCS commissioned further ad hoc requests, for example on non-Covid-19 NHS activity.

393. The daily dashboard data return was also used by the UK Government to develop the slides for its daily press briefings. KAS colleagues provided considerable advice and quality assurance to the UK Government officials producing these slides to ensure the data for Wales was presented and used accurately.

#### *UK Coherence*

394. Coherence of UK statistics was a feature throughout the pandemic. The Concordat on Statistics sets out the framework for cooperation between the four nations of the UK on statistical matters. The Inter-Administration Committee – a meeting of the National Statistician and Chief Statisticians in Wales, Scotland and Northern Ireland – promotes coherence across the four nations. This group continued to meet quarterly throughout the pandemic.

395. Data collections were developed locally to meet the needs and ways of working of each nation. This inevitably led to some differences in scope and methods for some key metrics throughout the pandemic which affected cross-UK comparability. Statisticians have sought to understand and promote UK coherence by working collaboratively with statistical counterparts across the UK during the pandemic.

396. For example, from July 2020, the daily CCS data return was also used to populate the public facing Covid-19 dashboard – [coronavirus.data.gov.uk](https://coronavirus.data.gov.uk) – to enable people to access data for all UK nations from one place. Statisticians in KAS considered the most suitable measures to include in the dashboard which ensured comparability with other parts of the UK. Statisticians also provided advice on the presentation and description of this data.

397. Building on the learning from earlier in the pandemic, in December 2020 ahead of the mass roll-out of vaccinations, statisticians from each nation formed a working group to share plans and priorities and identify any issues with coherence early on. This rapidly improved understanding of the methods used by each nation. A regular item for discussion amongst this group was how to calculate the percentage of people vaccinated, with different denominators used across the UK. This was the driver for a Chief Statistician's blog on this topic to explain the approach used in Wales and why these choices were made.

398. In the wake of considerable public interest in vaccination stocks, the Chief Statisticians of Wales and Scotland led discussions with UK Government policy officials to improve transparency of data on this topic. This involved considerable negotiation with senior UK Government officials to agree an approach to publishing vaccination stocks data. Following this agreement, the Welsh and Scottish Governments went on to publish this data, but the UK Government and Northern Ireland Executive did not.

*Engagement with the Office for National Statistics*

399. ONS has been responsible for a range of pandemic-related statistics for Wales, most notably mortality data. KAS, PHW, ONS and statisticians from other UK nations have met regularly throughout the pandemic to coordinate work in this area. The ONS has regularly responded to data requests from the Welsh Government on mortality (for example, deaths by ethnic group or by occupation) which has helped to monitor the impact of the pandemic.
400. Recognising ONS's expertise in mortality analysis and their privileged position on access to a wide range of data sources, the Chief Medical Officer for Wales wrote to the National Statistician in July 2020 to request analysis of the first wave of the pandemic which explored the factors that may have influenced excess mortality. This could help inform responses to future waves of the pandemic. This analysis (titled 'A comparison of excess deaths by UK country and region during the first year of the COVID-19 pandemic') was published in October 2023. The findings are being considered by officials in the Welsh Government who have the appropriate level of expertise.
401. The Covid-19 Infection Survey has been a key source of data on Covid-19 prevalence in Wales, providing data that is not biased by testing behaviour or policy changes. When the Covid-19 Infection Survey was established in England in April 2020, ONS engaged with statisticians in the Welsh Government to extend the survey to Wales. The Chief Statistician was involved early on in ONS's steering group on the survey and statisticians have been involved in working groups throughout its development. This has helped to ensure that the methodology and analysis addressed requirements in Wales (for example, the need for bilingual materials and interviewers). The survey fieldwork began in Wales on 29 June, with the first results published on 7 August 2020. This has been an example of good collaborative working across the UK statistical system at a time of national crisis.

402. ONS was a key source of intelligence on business, economy and the labour market during the pandemic. KAS statisticians worked collaboratively with ONS on the development of questions and analysis on the Business Impact of Coronavirus Survey. This included the addition of questions requested by Welsh Government statisticians on receipt of business support from Devolved Governments. ONS also shared aggregate sensitive data with the Welsh Government on card spending in Wales, which provided a timely indicator of economic changes.
403. Throughout the specified period KAS have played a significant role in collecting, analysing, disseminating and advising on data and statistics and, in doing so built strong working relationships with policy officials throughout Welsh Government. Looking forwards, KAS has been asked to contribute to reflections or reviews on the work undertaken during the pandemic and to identify ways in which it may continue to support the organisation in the future.

### **Strategic Communications**

404. The Welsh Government maintains a modern, multidisciplinary communications function. The Head of Strategic Communications, Toby Mason, has overall responsibility for supporting, and advising upon, all communications activity across Welsh Government and leads the Central Communications Division which provides services for the whole organisation. Toby Mason was line managed by (then) Director General, Office of the First Minister, Des Clifford. The Division is structured as follows:
- 404.1. **Press Office** - The team provides press support for the First Minister, Counsel General and other Government Ministers. It covers all aspects of proactive and reactive media planning, interviews, briefing, and handling advice.
- 404.2. **Corporate Digital Team** – The team is responsible for the operation and content production of the Welsh Government's corporate digital channels, including the GOV.WALES website and corporate social media channels.
- 404.3. **Cabinet Communications** - The team delivers major national events such as Remembrance Sunday and Holocaust Memorial Day as well as the St David Awards and other significant events as required.

- 404.4. **Central Design Team** – Services delivered by the team include graphic design, typesetting, animation, print procurement and accessible formats, communications contract management and Welsh Government branding.
405. There are also a number of Departmental Communication Teams covering major specific portfolios such as Climate Change, Health and Social Services, Education, Economy, and Social Justice & Communities. These teams deliver a broad range of communications activities to Ministers and departments, including strategic communications planning and other services.
406. As of September 2022, there were 144 posts within the Welsh Government which are part of the communications profession, either within the Central Communications Division or working to departmental heads of communication. The number of staff supporting this function in March 2020 was of a similar number.
407. In March 2020 virtually the entire communications operation within the Welsh Government was refocused to support the collective effort across the organisation in responding to the crisis. The communications team structure under the Covid-19 operating model, which was in place following this refocussing exercise, is produced here as **Exhibit AGM2BWG01/053 - INQ000066088** (dated 4 June 2020).
408. Whenever the ECC(W) is “stood up” to deal with an emergency, communication staff resource is provided from within the broader Welsh Government team to enable a communications “desk” to be established within the ECC(W). However, the communications response to an emergency is not led from that “desk”. The desk officer fulfils more of a liaison role linking in the work of ECC(W) to the wider communications operation which provides the operational communications response. This is the approach that was followed in the context of the Covid-19 pandemic.
409. Toby Mason was the lead communications official who attended Cabinet to provide advice and guidance to Ministers in connection with the decisions that they took across all aspects of pandemic management communication and messaging. He also attended ExCovid, HPAG and other senior meetings within the government structure to advise officials and provide feedback from media monitoring, social listening and focus groups in order to inform recommendations to Ministers.

410. The Welsh Government's approach to public health communications throughout the pandemic was governed by the principles of clarity, transparency, honesty and giving people all the key information needed to keep themselves and their families safe at every stage. By way of example, the 'The Keep Wales Safe' message was adopted following positive feedback within message testing focus group.
411. The Welsh Government communicated with the people of Wales through every channel available to it, emphasising the values of community and solidarity in overcoming the challenges faced by the entire nation whilst utilising its bilingual communications capability covering press/media, campaigns, digital and design, across all Ministerial portfolios. During 2019, a significant programme of improvement was undertaken, particularly focused on modernising the use of digital channels and content and growing the Government's reach to communicate directly with the Welsh public. This enhanced capacity was deployed in full during the pandemic.
412. These channels, along with a strengthened gov.wales platform, were essential in communicating public health messages throughout the pandemic, and their reach grew even further as people turned to the Welsh Government as a first and trusted source of information and guidance.

#### **Arrangements for public health messaging in the event of a pandemic**

413. The UK-wide Pandemic Flu Communications Strategy 2012 ("the Strategy") was developed jointly between the UK and Devolved Governments over several years using learning from the experience of Swine Flu and drawing on testing through Operation Cygnus in 2015. The Strategy is produced as **Exhibit AGM2BWG01/054 - INQ000066089** (dated December 2012). A Wales "Annex" to the Strategy ("the Annex"), was developed and then updated in 2017-18 as a consequence of participation, by Welsh Government officials, in contingency exercises and as members of in the National Pandemic Flu Services Subgroup which was established by Department for Health under the auspices of the Pandemic Influenza Communications Network. The Wales "Annex" is produced as **Exhibit AGM2BWG01/055 - INQ000066090** (dated 2018), and the Terms of Reference of the "NPFS Subgroup" are produced as **Exhibit AGM2BWG01/056 - INQ000066091** (dated March 2016). I should add that I have been advised by Toby Mason that where the Wales "Annex" makes reference to the "Pandemic Influenza Communications Plan



for England 2018”, this document and the 2012 Strategy are in fact the same thing. I am advised that the Strategy was updated on several occasions, latterly in 2018.

414. The processes and principles of the Strategy and the Annex were followed, where relevant, as the virus emerged, and these were adapted and developed by the Health and Social Services (HSS) Communications team to address the specific challenges posed by Coronavirus. However, the Covid-19 pandemic did present different challenges not covered by the existing Strategy and Annex, for example, the initial absence of a vaccine. Examples of elements of the Strategy there were implemented include: the use of regular media briefings and other channels to communicate with the public; translation into Welsh and to other languages; the operating relationship between the Local Health Boards and the HSS Communications team; the use of NHS clinicians to support communication; the strategy for explaining the outbreak; establishing confidence; and minimising the risk of infection using tracking surveys.
415. Further to my comments above the communication roles of Public Health Wales, the Welsh Government and Local Health Boards were guided by the Strategy and the Annex, with the Annex designating the lead organisation for the discharge of specified communication functions.
416. Protocols associated with the Strategy and the Annex were used to inform the handling of the announcements of first cases and deaths and the ongoing reporting as numbers increased, as well as the emphasis on clinically led and informed public health messaging. The “First Death Protocol” is produced as **Exhibit AGM2BWG01/057 - INQ000066092** (dated 5 March 2020) and the “Announcement of Confirmed Case Protocol” is produced as **Exhibit AGM2BWG01/058 - INQ000066093** (dated 4 March 2020).
417. There were strong existing networks in place between the Welsh Government HSS communications team and Local Health Board communications teams but these were stepped up and the existing Wales Warning and Informing Group of public sector communicators, was fully mobilised in early 2020 to provide a single means of disseminating clear and consistent information to the public, amplified through all our partners’ channels, including Local Authorities, police forces, Local Resilience Fora and other public sector and third sector organisations.

418. The membership of the Wales Warning and Informing Group comprised (in February 2020): -

418.1. Local Resilience Forum Warning and Informing Group Chairs:

418.1.1. Dyfed Powys Chair (Sian George, Senior Corporate Communications Officer) and Deputy Chair (Emma Northcote, Head of Communications).

418.1.2. Gwent Chair (Neil Jones, Head of Communications, Engagement & Civil Contingencies) and Deputy Chair (Abigail Barton, Communications, Marketing & Engagement Manager).

418.1.3. North Wales Chair (Carwyn Meredydd, Communications Officer) and Deputy Chair (Tracey Williams, Corporate Communications Manager).

418.1.4. South Wales Chair (Debbie Sparge, Principal Civil Protection Officer).

418.2. Fire and Rescue Service: Rebecca Meredith, Media and Communications Manager.

418.3. Public Health Wales: Daniel Owens, Interim Communications Manager for Media Relations and Public Affairs.

418.4. Welsh Ambulance Service: Lois Hough, Head of Communications.

418.5. British Transport Police: Catrin Hallett, Communications Manager.

418.6. Welsh Local Government Association: Dilwyn Jones, Communications Officer.

418.7. Natural Resources Wales.

418.8. Police: Catherine Llewellyn, Head of Communications.

418.9. Ministry of Defence: Gavin O'Connor, Press Officer, Wales.

418.10. Welsh Government:

418.10.1. NR Resilience Team.

418.10.2. NR Head of Emergencies.

418.10.3. Toby Mason, Director of Communications.

418.11. British Red Cross: Irina Perry, Media Officer.

418.12. Civil Contingencies members:

418.12.1. North Wales Local Resilience Forum: Anne Evans, North Wales LRF Coordinator.

418.12.2. South Wales Local Resilience Forum: Melanie Haman, Business Continuity & Resilience Officer.

418.12.3. Dyfed Powys Local Resilience Forum: Peter Nicholas, Civil Contingencies Coordinator.

418.12.4. Gwent Local Resilience Forum: Natalie Phillips, Gwent LRF Coordinator.

419. During some periods of the pandemic, this group met daily, chaired by the Welsh Government, and continued to meet regularly throughout. The Welsh Government also led Operational Planning Workshops for this group. Members of the Wales Warning and Informing Group were given advance warning of changes to regulations on a trusted basis, and these relationships were critical in ensuring consistent messages to the public from the Welsh public sector. To illustrate the work of this group, I produce a note of an operational planning workshop on 19/08/20, a meeting note of 23/03/20 and minute of a meeting on dated 06/04/20. These are produced as **Exhibit AGM2BWG01/059 - INQ000066094** (dated 19 August 2020); **Exhibit AGM2BWG01/060 - INQ000066095** (dated 23 March 2020) and **Exhibit AGM2BWG01/061 - INQ000066096** (dated 6 April 2020).

420. From January 2020 onwards, the HSS communications team established a 24/7 rota as the potential impact of the virus for Wales became clearer and the team worked closely with Public Health Wales to communicate the developing position in Wales to the public, based on the principles of the Strategy and the Annex. Strong working relationships with stakeholders across the NHS in Wales enabled Welsh Government communications to share health messages and latest information on the virus, and to prepare for the identification of the first cases.
421. This strengthened communications structure, referred to in paragraph 404 above, included a covid communications group. The communication group was established to lead and coordinate communications activities related to the Welsh Government's response to the pandemic, in particular pandemic related legislation. The communication group worked alongside the HSS communications team, who continued to lead on public health messaging. The aim was to ensure consistent, trusted content and messaging across all Welsh Government channels, devolved bodies and the wider public sector.
422. Volunteers from Visit Wales, the National Museum of Wales and other devolved bodies were deployed to ensure as much resource as possible was focused on the public communications efforts. By way of example, volunteers from the Visit Wales marketing came in to work on the set up of the Test Trace Protect programme. They were able to utilise their marketing skills to promote it to the public, this was invaluable as an additional communications resource which allowed others in the established communication team to focus on the regulations and public health messaging.
423. A "Core Brief" was updated and maintained on a daily basis to provide a consistent reference point for all those working within the Welsh Government on communications, policy and guidance. The "Core Brief" was also submitted to Ministers. Its aim was to ensure consistency of messaging, outline the latest restrictions and communicate Welsh Government decisions. For illustrative purposes, an example of the "Core Brief" is produced as **Exhibit AGM2BWG01/062 - INQ000066098** (dated 8 May 2020).
424. The organisation also developed and maintained new and bespoke means of disseminating public health messages from early in the first lockdown via a daily email to more than 200 stakeholders. These included all of Wales's Members of Parliament and Members of the Senedd. The daily email covered the latest Welsh Government pandemic news, guidance and public health advice and its circulation continued for

more than two-and-a-half-years. For illustrative purposes, an example of this daily email update is produced as **Exhibit AGM2BWG01/063 - INQ000066099** (dated 19 December 2020).

425. Communications advice was provided for all decision-making Covid-19 Cabinet meetings and as I have stated above a senior communications official, normally Toby Mason, would also attend Cabinet meetings. Public and stakeholder communication was also a standing item at key senior official level meetings such as ExCovid and HPAG. These meetings were also attended by a senior communications official. The communications role at the ExCovid and HPAG meetings was to brief senior officials on communication activity and any emerging issues, provide feedback from focus groups and social listening, and consider proposals against the likely public and media reaction. Following the meetings, communication colleagues would be updated with decisions or steers arising from those meetings.

#### **Campaigns, social media, press conferences, and digital media**

426. The objective of the Welsh Ministers was to provide information as openly, honestly and transparently as possible. The televised press conferences were intended to be a trusted source of information for people in Wales. The FM and the MHSS would provide information about the current status of the virus and the action being taken to protect the public.
427. More than 230 press conferences were held over the course of the pandemic, led by the FM, the MHSS, the Minister for Education, and supported by senior officials, including the Chief Executive of NHS Wales, the Chief Medical Officer for Wales, the Deputy Chief Medical Officer for Wales and the head of the Welsh vaccination programme.
428. Every press conference was livestreamed on Welsh Government social media channels and was broadcast on BBC Wales. Significant announcements frequently drew viewing figures in excess of 200,000 people in Wales.
429. Journalists representing hyper-local, local, Welsh and national media organisations participated in the press conferences via Zoom. The press conferences were also open to student journalists and, as an example, football pundit Robbie Savage was present

at one press conference to ask about the impact of Covid restrictions on grassroots football in Wales.

430. Ministers also took part in hundreds of media interviews to explain the latest developments in the pandemic and coronavirus restrictions. The FM, in particular, undertook a high-profile media round every three weeks to coincide with the review cycle of the coronavirus regulations.
431. The press office held regular technical briefings to explain key developments, statistics and decisions to the media. Facilitated by press office, the technical briefings were held by officials, including the Chief Medical Officer for Wales, Chief Scientific Advisor for Health and the head of Wales's vaccination programme.
432. The centrepiece of the Welsh Government campaign activity was the overarching "*Keep Wales Safe*" campaign which is detailed below. It enabled the Welsh Government to communicate Wales-specific issues in a way which was distinctive and differentiated from the UK Government's campaign activity.
433. When looking at the public communications campaign activity and health messaging undertaken by the Welsh Government and its partners during this period, particularly where they related to Welsh-specific issues, it is helpful to divide such activity into phases.

#### **Early phase (January- late March 2020)**

434. The Welsh Government's approach evolved from January to March – and was initially a four-nations approach with common branding and messaging.
435. Funding for advertising was secured and, working closely with Public Health Wales, the Welsh Government produced joint branded campaign materials, adapting those produced by UK Government and Public Health England. This included radio, digital, social and press advertising, as well as information posters for a range of settings.
436. The adaptations included branding, creating the materials bilingually to ensure Welsh Language standards were adhered to, and ensuring signposting to information on the Public Health Wales website. At this early stage much of the public information advertising was bought at UK level by the UK Government. However, by working

closely with the UK Government, the Welsh Government, in conjunction with Public Health Wales, supplemented the advertising in Wales by purchasing media space in local and regional publications and local and community radio stations to amplify reach in Welsh communities. Public Health Wales and the Welsh Government hosted information on their websites, ensuring it was tailored, where necessary, to be relevant to a Welsh audience.

437. The Welsh Government's primary focus during this period was on public health information. This included communications via trusted clinicians including the Chief Medical Officer, the Chief Scientific Adviser and officials from Public Health Wales, to inform and reassure the public.
438. The Welsh Government also began the production of Public Information Films, initially adapting those produced by Public Health England with the Chief Medical Officer for England, for use in Wales with the Chief Medical Officer for Wales and to be provided to BBC Wales for broadcast. This approach to the production and distribution of public information films became regular practice throughout the pandemic with content tailored to the current public health situation, supplementing our paid-for advertising work.

#### **Lockdown / Stay Home from late March 2020**

439. The introduction of stay-at-home/lockdown restrictions across the UK on 23 March 2020, marked a significant new phase in communications which focused on the public's understanding of the regulations and the support available to them.
440. The FM and members of the Cabinet took an even more prominent leadership role in the management of the pandemic in Wales, with daily press conferences and media interviews.
441. Welsh Government channels, including our social media, carried a wide variety of content, advising people about the support available to them and promoting public understanding of, and compliance with, the rules.
442. Given the similarity of the messaging and restrictions in place across the four nations of the UK during this period, a four-nations approach was maintained, and all nations adopted the "*Stay Home, Protect the NHS, Save Lives*" campaign messaging. This

was regularly reviewed through a four-nations Covid marketing group established in February 2020 which HSS communications colleagues attended, and through a group attended by the Directors of Communications for each of the four nations.

443. In April 2020, whilst the “*Stay Home, Protect the NHS, Saves Lives*” messaging remained consistent across the four nations, the Welsh Government and Welsh Ministers chose not to adopt, for use in Wales, a new style of campaign materials produced by the UK Government. This was because the new campaign used an urgent / emergency style and tone which was not consistent with that set by Welsh Ministers in press conferences and in government communications, where the efforts of the Welsh population were recognised and thanked.

#### **Keep Wales Safe (May 2020 onwards)**

444. In May 2020, there was policy divergence between England and the other three UK nations when the stay-at-home rule was lifted in England. It was retained in Wales, Scotland and Northern Ireland, and in light of this, England’s “*stay alert*” messaging was not adopted.
445. This policy divergence necessitated an immediate need for more distinctive Welsh public health messaging to ensure that people in Wales were aware of the specific rules which applied to them.
446. The significant proportion of people in Wales consuming London-based UK media, whose focus remained primarily on regulations made for England by the UK Government, was an additional challenge.
447. Significant work was undertaken by the Welsh Government communications team to ensure accurate reporting by UK media, which properly reflected the rules in each of the four UK nations. The Keep Wales Safe campaign was ramped up further in order to boost reach and awareness of the Welsh specific messaging and rules, as set out below. Public health marketing was also increased, with specific work targeting different audiences in Wales.
448. The “*Keep Wales Safe*” campaign was developed by the Welsh Government as a distinctively Welsh brand and identity to communicate the rules in Wales and this remains our key overarching approach for Covid-related communications. A “*Keep*



*Wales Safe*” brand development document is produced as **Exhibit AGM2BWG01/064 - INQ000066100** (dated May 2020). This sets out the objectives of the campaign that the brand was intended to support. Also produced as **Exhibit AGM2BWG01/065 - INQ000066101** (dated June 2020), is a presentation of the brand development material that was shared with stakeholders.

449. The brand and messaging were devised following focus group and polling insight where it was clear that, broadly, the Welsh public’s primary aim was to be kept safe from the virus and wanted to do what they could to protect themselves and others from infection.
450. The “*Keep Wales Safe*” umbrella brand has been applied across a wide range of areas, including workplace safety, vaccination, retail, health and care settings, education, transport, local authorities, tourism, ports of entry. “*Keep Wales Safe*” content was provided in a format that allowed partner organisations, like local authorities and health boards, to co-brand with their own logos, for use locally.
451. The campaign’s approach was always on promoting the actions that everyone should take to protect themselves, keep themselves safe, keep Wales safe and to help slow the spread of the virus.
452. Throughout the pandemic the campaign focused on the following areas of messaging:
  - 452.1. The Covid-related restrictions in place in Wales at a particular point in time.
  - 452.2. Preventative behaviours to help slow the spread of the virus.
  - 452.3. Testing and self-isolation.
  - 452.4. Vaccination.
453. The four key audience groups for the “*Keep Wales Safe*” campaign were: all adults in Wales, young people, lower socio-economic groups (C2DE) and black and Asian minority ethnic communities. Every possible channel was used to reach all audiences supported by a more targeted approach to reinforce relevant behaviours amongst the specific audience groups.

454. Provision within the campaign was retained throughout for a more reactive approach which was used to address significant policy or regulation changes, regional outbreaks or challenging audience behaviours.

### **Dealing with Disinformation and Misinformation**

455. A disinformation and misinformation specialist, Stefan Rollnick, was recruited on a freelance basis during the pandemic to inform and develop the Welsh Government's strategy. This official evaluated and reviewed existing approaches and developed guidance and training materials for frontline social media and communications staff. An example of such guidance is produced as **Exhibit AGM2BWG01/066 - INQ000066102** (dated 9 June 2021).
456. The team moved away from confronting and amplifying negative or false information and instead developed content and approaches to educate audiences, enabling them to identify false or misleading content.
457. The team used specialist software to monitor conversations around relevant topics to identify false or misleading narratives which may have been gaining traction. This information was used to inform a hot issues daily report which was shared with senior officials.
458. The team also published a set of house rules, outlining acceptable behaviour on Welsh Government social media channels and the implications for those who frequently abused these. This resulted in a significant drop in those using these channels to reach a wide audience with false or misleading information. Work was also undertaken to identify websites or online sources which were frequently used as reference material for those spreading disinformation.

### **Evaluating the effectiveness of the Welsh Government communication.**

459. The Communications team undertook regular focus groups, opinion polling and social listening throughout the pandemic in order to monitor public sentiment and inform the Government's messaging and tone. This was shared with Ministers and senior officials' groups in order to inform policy advice and options. Produced as **Exhibit AGM2BWG01/067 - INQ000066103** (dated 13 May 2020) and **Exhibit AGM2BWG01/068 - INQ000066104** (dated 13 November 2020) are examples of the

“Findings” derived from focus groups. Also exhibited as **Exhibit AGM2BWG01/069 - INQ000066105** (dated May 2022) is an example of a Wales Coronavirus report from Ipsos Mori in May 2022 which presented data on the views of the Welsh public in connection with the management of the pandemic.

460. Focus group findings showed a strong degree of ongoing support for the Welsh Government’s approach, messaging and policies, and in particular, trust in the FM. There was evidence that showed that even where groups disagreed with particular decisions around restrictions, there was frequently a sense that these were extremely difficult circumstances to balance competing harms.
461. Polling also played an important role in our approach, and a series of fortnightly tracker polls from Ipsos-MORI were commissioned by the KAS team in order to follow trends in public sentiment which were shared widely across the organisation. These showed a consistently strong level of awareness of the regulations in place and the percentage responding, that the Welsh Government was doing a good or very good job in managing the pandemic. See, by way of example, reports provided by Ipsos-MORI on surveys undertaken during the pandemic period exhibited here **Exhibits AGM2BWG01/070 - INQ000282123**, dated 2 to 4 April 2020, **AGM2BWG01/071 - INQ000281775**, dated 10 to 13 July 2020, **AGM2BWG01/072 - INQ000281936**, dated 6 to 9 November 2020, and **AGM2BWG01/073 - INQ000282043**, dated 18 to 21 June 2021. I also refer to **Exhibit AGM2BWG01/069 - INQ000066105**, Ipsos-MORI’s report on surveys undertaken from 29 April to 2 May 2022.
462. Social listening was developed during the pandemic as an additional means of providing immediate feedback on issues of particular concern to the public, recognising that social media sentiment is not always fully representative of public opinion as a whole.
463. The reach, of the “*Keep Wales Safe*” campaign was significant – for example, between April and September 2021, it reached the following percentages of the Welsh population:
- 463.1. All adults: 99.73%
- 463.2. Black and Asian Minority Ethnic groups: 97.17%

463.3. C2DE: 93.45%

463.4. Young Adults - 16–30-year-olds: 98.44%

464. In the tracker poll in mid-August 2021 (Wave 10) awareness of Keep Wales Safe peaked at 81% of all adults in Wales. This increased slightly with 16–24-year-olds at 87%. TV and social media were the key drivers of awareness. “Reach” and awareness” are different concepts, with “awareness” representing the number of people who will recall seeing campaign messaging. Essentially, “reach” relates to quantitative assessment and “awareness” to qualitative assessment.

### **Challenge of different messaging across the UK**

465. Communicating policy divergences between Wales and the other nations of the UK, particularly England, was a challenging element of the work of our communications team. As set out above, during the initial lockdown in March 2020, all four nations pursued the same ‘*Stay Home*’ policy, which meant that messaging and campaigns could be run on a UK-wide basis, and adapted by Welsh Government for a Welsh audience, including translating and amplifying materials.
466. This changed in May 2020, when the UK Government took the policy decision to lift, in England, the ‘*Stay Home*’ injunction and replace the campaign with ‘*Stay Alert*’. Both Wales and Scotland retained the policy position of ‘*Stay Home*’ and therefore the Welsh Government continued with this messaging in Wales. The UK Government agreed not to run ‘*Stay Alert*’ in Wales, although this was complex due to the wide circulation of London-based newspapers in Wales.
467. As it was clear that there was the potential for ongoing policy divergence between Wales and the rest of the UK, the Welsh Government, as stated above, undertook focus group testing for a more distinctively Welsh message, and the “*Keep Wales Safe*” campaign was introduced.
468. Throughout the rest of 2020, there were ongoing discussions at official level about how UK Government campaign materials should run in Wales. Content was not routinely shared in advance with the Welsh Government’s communications team during this period which made it challenging to influence, at the last minute, when its presentation

would have led to inconsistency with the Welsh Government's policy position and accordingly a risk of confusion with the public.

469. From early 2021, the UK Government's Cabinet Office Covid Communications team secured agreement for earlier sharing of proposed material on a four nations basis. This enabled much greater co-operation and greater consistency, although it remained difficult when, for example, a "Rule of 6" was in place in one nation and not others.
470. The issue of UK Government Ministers (and communications material) announcing changes to regulations in England without making clear that they did not apply in the other nations of the UK, was raised on a regular basis at both Ministerial and official level throughout the pandemic.
471. In the course of the pandemic, and in the light of the intensive communications activity undertaken by the Welsh Government, awareness of the devolved regulations grew significantly. However, it remained challenging when the public and media were confused about whether announcements in London related to England only or to the whole of the UK.

#### **Maintenance of public confidence**

472. The Welsh Government sought to maintain public confidence by approaching all communications with the public in a spirit of honesty, transparency and the clear presentation of data. The approach of the Welsh Ministers in their press conferences, and in interviews, was to communicate in a clear, straightforward and understandable manner.
473. The objective was to be open about the difficulty of decisions and the extent to which the Cabinet had to balance competing harms in coming to a conclusion. Evidence from focus groups repeatedly indicated that there was an appreciation amongst the public of the difficulty of such decision making and that in there was confidence that the FM and other Ministers were weighing up these decisions with great care.
474. When necessary, the FM and other Ministers appeared at weekday press conferences alongside the Chief Medical Officer or the Deputy Chief Medical Officer to communicate and explain Welsh Government decisions. Moreover, in addition to attending press conferences in support of Ministers, both I and the Chief Medical

Officer undertook a number of press conferences in our own right, reflecting our roles in the pandemic responses,

475. Announcements on significant decisions were supported by the publication of statements from the Chief Medical Officer for Wales and from the Welsh Government's Technical Advisory Cell. Data was quality assured by senior colleagues from the Welsh Government's Knowledge and Analytical Services Division, and presented in a way that was consistent, with the aim that people could have confidence that they were being shown an accurate picture of the pandemic's trajectory, what that meant for them and the potential need and rationale, for regulation.

### **Alleged breaches of rules and standards by Ministers, officials or senior advisors**

476. As far as I am aware, there were no significant allegations of breaches of rules and standards made against Welsh Government Ministers or senior advisers during the pandemic.
477. On 12 May 2020, the Sun newspaper ran an article alleging that the then Minister for Health and Social Services had been seen eating chips with his wife and son on a bench in Cardiff Bay, and that this was a breach of the restrictions then in force. Produced here, as **Exhibit AGM2BWG01/074 – INQ000282319**, is a copy of that article. On 13 May 2020, the BBC ran an article which repeated allegations made by others that there was a link between the contents of the Sun news article and changes to the Welsh Government's guidance on exercising away from the home during the pandemic. Produced here, as **Exhibit AGM2BWG01/075 – INQ000282320**, is a copy of that article.
478. The Welsh Government's guidance on exercising outdoors, titled 'Coronavirus: Welsh Government guidance on exercise away from the home' was updated on 11 May 2020 (**Exhibit AGM2BWG01/076 – INQ000281687** refers), prior to publication of the Sun news article the following evening. That guidance, including the section headed 'Doing other things while exercising', had in fact been finalised in draft form on 8 May 2020, subject to consultation with the police prior to publication. Produced here, as **Exhibit AGM2BWG01/077 – INQ000281685**, is a working copy of the guidance as it stood at 10:05 am on 8 May 2020.

### **Differentiated communication**

479. Through the “*Keep Wales Safe*” campaign, specific activity to reach Black and Asian Minority Ethnic communities was an important feature of the work of the communications team. This was vital to ensure vaccination take up and to ensure all communities were able to access testing, as well as accessing information on other ways to keep communities safe and prevent the spread of the virus.
480. As the campaign became more established, a specialist agency was contracted to provide advice on the most appropriate way to engage different communities.
481. Activity included online and in person Q&A events where experts answered the direct concerns of various communities, co-production of communication content which were used as part of targeted online and radio advertising, regular two-way engagement with key groups, use of micro-influencers within relevant communities, use of trusted voices who were briefed and equipped to help tackle misinformation, cascading information via pre-existing equality and diversity stakeholder groups.
482. In addition, multicultural and multilingual street teams were engaged in areas with a high ethnic minority population, to engage with people, businesses, community, education and religious facilities in the targeted area to help ease concerns, and answer questions that may have arisen due to misinformation.
483. Key materials were provided in 28 different languages, as well as easy-read versions of the most important documents and strategies. All our press conferences were undertaken with BSL translation from May 2020 onwards.

### **Use of Behavioural Insights**

484. Behavioural Insights played an important role in informing the Welsh Government’s response to the pandemic including the approach to communicating with the public.
485. The Welsh Government’s Technical Advisory Group (“TAG”) established a “Risk Communication and Behavioural Insights” subgroup to provide advice and inform the work of senior Welsh Government advisers and decision makers.
486. The subgroup assessed the existing and potential risks, impacts and harms associated with the behaviours of people across Wales in relation to Covid-19. An official from the

communications team was a member of this subgroup which also included officials who were members of the SPI-B subgroup of SAGE.

487. Produced as **Exhibit AGM2BWG01/078 - INQ000066106** (dated 21 July 2020) are the Terms of Reference of this subgroup. The work of the subgroup can be illustrated by producing as **Exhibit AGM2BWG01/079 - INQ000066107** (dated 17 December 2020) an example of one its regular updates. Also produced, to illustrate the nature of its work are the following Notes and Reports:

487.1. **Exhibit AGM2BWG01/080 - INQ000066116** (dated 1 October 2020) – Note: Behavioural Insights for Contact Tracing Systems & Young People.

487.2. **Exhibit AGM2BWG01/081 - INQ000066117** (dated 29 October 2020) – Note: Behavioural Insights to support a post firebreak in Wales.

487.3. **Exhibit AGM2BWG01/082 - INQ000066118** (dated 26 January 2021) – Note: Pandemic and beyond - using behavioural science to inform policy and practice.

487.4. **Exhibit AGM2BWG01/083 - INQ000066119** (dated 3 August 2021) – Report: Moral Injury in health care workers during the Covid-19 pandemic.

487.5. **Exhibit AGM2BWG01/084 - INQ000066120** (dated 13 August 2021) – Report: Sustaining Covid-safe behaviours in Wales.

487.6. **Exhibit AGM2BWG01/085 - INQ000066121** (dated March 2022) – Note: Living Safely with Covid-19 in Wales: Risk communication and behavioural science perspectives.

### **Recovery planning**

488. As noted, and exhibited above, the Welsh Government published its first recovery document on 24 April 2020. *‘Leading Wales out of the pandemic: A framework for recovery’* set out the Welsh Government’s proposals for a recovery framework based upon three pillars.



489. The publication of the framework was intended to form part of a conversation with the people of Wales, through which the Welsh Government could explain how it would take decisions and how it would weigh up the risks and benefits of easing the lockdown measures. The framework noted that all parts of the UK had entered lockdown together, and that the Welsh Government's preference was for all four nations to retain a common approach to the lifting of restrictions. However, the framework was clear that the Welsh Government would take decisions in the best interests of the people of Wales.
490. As referred to above, on 15 May 2020, the Welsh Government published '*Unlocking our society and economy: continuing the conversation*', which built upon the three pillars approach set out in *Leading Wales out of the pandemic: A framework for recovery*'.
491. The publication of '*Unlocking our society and economy*' followed the publication on 11 May of the UK Government's Covid-19 Recovery Strategy, and the Welsh Government again emphasised its strong support for a four-nation approach to easing lockdown measures, given that all four nations of the UK were facing the same set of challenges. However, the Welsh Government again stressed the importance of respect for the responsibilities of each Government to determine the speed at which it began to lift restrictions.
492. '*Unlocking our society and economy*' provided more detail about the way in which possible easements would be assessed and described a 'traffic light' guide to the Welsh Government's thinking about how to move out of lockdown. It described four phases – Lockdown, Red, Amber and Green – and what these would look like across a range of areas, including education and care for children, getting around, working or running a business, and using public services. It also included a commitment to develop guidance across a range of sectors, as well as the Welsh Government's intention to consult widely on that guidance before people were asked to adopt and follow it.
493. The Welsh Government emphasised in '*Unlocking our society and economy*' that this document was not the 'final word' on how it intended to ease restrictions; rather it was intended to be part of a continuing conversation with stakeholders and the people of Wales, in the same way as had been the case for '*Leading Wales out of the Pandemic*'.

494. 'Unlocking our society and economy' and 'Leading Wales out of the pandemic' were focused on how Wales could emerge from the public health protections in place at the time, and as such focused on the steps that could be taken in the weeks and months that followed their publication, whilst a wider conversation about longer-term recovery could take place.
495. As part of that wider conversation, the Welsh Government asked people to tell it what mattered to them and how they wanted their future Wales to look, through an 'Our Future Wales' consultation. The Counsel General and Minister for European Transition, who had a short-term role during summer 2020 coordinating the response to the pandemic, described the objectives of the consultation in a statement to the Senedd on 6 May 2020. In his statement he drew attention to the challenges of Covid-19, the expected impact on the economy when the UK/EU Transition Period ended on 31 December 2020, and the need to respond to the climate emergency, and said that the Welsh Government wanted to hear the views of experts, stakeholders and the people of Wales on how these challenges should be addressed. **Exhibit AGM2BWG01/086 - INQ000066122** (dated 6 May 2020) refers.
496. The responses to the 'Our Future Wales' conversation fed into the development of the Welsh Government's October 2020 recovery plan, '*Covid-19 Reconstruction: Challenges and Priorities*'. Whilst recognising that the virus was still present, that at the time of publication transmission rates were rising, and that everyone in Wales needed to play their part in preventing the spread of Covid-19, '*Covid-19 Reconstruction*' asserted that thinking and planning for the future also needed to be part of Wales's response to the pandemic, recognising that Wales's future would look different because of Coronavirus. '*Covid-19 Reconstruction*' therefore set out the Welsh Government's ambition to reconstruct Wales by bringing the values of economic, social, and environmental justice to bear, and by reflecting the principles of the Well-being of Future Generations Act. **Exhibit AGM2BWG01/087 - INQ000066123** (dated October 2020) refers.
497. The document reflected the results of the 'Our Future Wales', for which the Welsh Government had received over 2000 submissions from individuals, activists, charities, businesses and representative bodies. The Welsh Government was assisted in the analysis of these responses by the Welsh Centre for Public Policy. The Wales Centre for Public Policy works to address key economic and societal challenges through the

use of evidence. It is funded by the Economic and Social Research Council and the Welsh Government and is based at Cardiff University.

498. The WCPP also published the analysis of responses. It identified six key areas which respondents focused on: Society; Economy; Health, Social Care and Well-being; Political engagement; and Digital technology. It also highlighted two cross-cutting issues: inequalities, and the future of work. **Exhibit AGM2BWG01/088 - INQ000066124** (dated September 2020) refers.
499. Drawing on the WCPP's analysis, on the Welsh Government's values and principles, and on the priorities set out in its 2016-2021 Programme for Government (a document which sets out the Welsh Government's priorities over the term of its office). '*Covid-19 Reconstruction*' identified a series of priorities for the remainder of the 2016-2021 Senedd term, these included:
- 499.1. Reducing unemployment and giving people the best chance to find and keep decent work with long term prospects.
  - 499.2. Ensuring that young people do not lose out educationally or economically through the effects of the Coronavirus or because of any economic downturn that is not of their making.
  - 499.3. Stepping up construction of council and social housing and improving existing housing stock.
  - 499.4. Stepping up investment in Wales's local town centres.
  - 499.5. Continuing to respond to the climate emergency through its decarbonisation agenda.
  - 499.6. Building on trials of demand-responsive public transport and putting a clear emphasis on reducing need for travel, spreading demand for public transport more evenly across the day, and enabling active travel.
  - 499.7. Focusing on the 'everyday'/foundational economy.

- 499.8. Supporting the NHS to make up lost ground on treatment of non-Coronavirus conditions.
500. *'Covid-19 Reconstruction'* also included a commitment that across these priorities, the Welsh Government would focus its efforts on those who had been most adversely affected by the pandemic, including children and young people, women, those in low paid jobs, Black, Asian and Minority Ethnic people and disabled people.
501. In addition to the 'Our Future Wales' conversation, the development of *'Covid-19 Reconstruction'* was informed by a series of round tables with individuals from community groups, the third sector, local authorities, businesses, academics, young people and representative organisations from Wales, other parts of the UK and internationally. These roundtable events were managed by the WCPP, who provided secretariat functions, supplied papers where required, and produced a summary report. **Exhibit AGM2BWG01/089 - INQ000066125** (dated 20 July 2020) refers. Also produced as **Exhibits AGM2BWG01/090 – INQ000282315, AGM2BWG01/091 – INQ000282316, AGM2BWG01/092 – INQ000282317 and AGM2BWG01/093 – INQ000282318** (all dated 20 July 2020) are the substantive report, and annexes 1 (green recovery), 2 (vulnerable groups) and 3 (public services) to that report.
502. The Welsh Government also established a small Advisory Recovery Group to help identify the key areas on which the Welsh Government should focus. **Exhibit AGM2BWG01/094 - INQ000066127** (dated 17 June 2020) refers.
503. In addition, the Welsh Government established an internal Continuity and Recovery Board, which was chaired by the Counsel General and Minister for European Transition and attended by civil servants from across the Welsh Government. The Board was established to provide a forum for considering the complex and cross-cutting issues that arose as Wales emerged from the first wave of the pandemic. and prepared for the end of the UK/EU Transition Period on 31 December 2020, following the UK's exit from the European Union on 31 January 2020.
504. From Autumn 2020 and throughout 2021, the principles and processes by which the Welsh Government would introduce or remove restrictions in response to the pandemic were set out in the Coronavirus Control Plans and to which are referred above.

505. In March 2022, the Welsh Government published '*Together for a safer future: Wales' long-term Covid-19 transition from pandemic to endemic*', which is already exhibited above. This described how, with high levels of vaccination in the population and fewer hospitalisations and deaths from Covid, it was the right time for the Welsh Government to refocus its resources and efforts on the transition from an emergency footing to the management of Covid-19 alongside other respiratory infections and vaccine-preventable diseases.
506. The planning for this transition was based upon two core scenarios, which built upon the autumn and winter 2021 update to the Coronavirus Control plan:
- 506.1. Covid Stable: where there are additional waves of infection and the emergence of new variants, but these will not put unsustainable pressure on the Health and Social Care system, because vaccines and other pharmaceutical interventions are expected to remain effective in preventing serious illness. This is considered the most likely scenario.
- 506.2. Covid Urgent: the emergence of a new variant with a high level of vaccine escape or other advantages that put large numbers of people at risk of severe illness. This is recognised and a possibility which needs to be planned for.
507. '*Together for a safer future*' identified a series of principles which would guide the transition from pandemic to endemic:
- 507.1. Moving towards a more targeted response to manage the transition to endemic Covid-19, prioritising protecting the most vulnerable and on maintaining relevant surveillance systems.
- 507.2. Continuing a gradual, phased and evidence-based approach to adapting our response, demonstrating transparency and acting in line with the clear scientific advice and public health consensus.
- 507.3. Continuing to assess the proportionality of Welsh Government response, so that resources can quickly be reallocated to the many non-Covid challenges across Wales, without putting hard-fought gains at risk.

- 507.4. Building on the strengthened partnership working that has developed over the pandemic.
- 507.5. Continuing to prioritise the protection of children's rights and the education of children and young people.
- 507.6. Renewing the focus on tackling inequalities, including those exacerbated by the pandemic.
- 507.7. Learning from the experience of the pandemic response, building lessons learned into business-as-usual activities and strengthening capability for responding to any future crises or public health emergencies.
- 507.8. Continuing to promote and support protective behaviours and environmental adaptations, to help keep individuals and communities safe.
508. Underpinned by these principles, '*Together for a safer future*' sets out how the Welsh Government's responses will change under each of the Covid scenarios, in relation to the public health response, the vaccination programme, testing and contact tracing, adaptations by public services, and wider support including for businesses and vulnerable people. It also includes a section on equalities, which includes a commitment to continue to apply the principles used to inform the emergency phase to any future actions taken and any future guidance produced, including to address future outbreaks and variants. These principles, as identified in *Together for a safer future* are:
- 508.1. Does the measure have a high positive equality impact?
- 508.2. Is the measure consistent with the requirements of the Future Generations Act and other legislation?
- 508.3. Does the measure have any biases to the detriment of vulnerable and marginalised groups?
- 508.4. Does the measure provide any opportunities for widening participation and a more inclusive society?

509. The Welsh Government also produced and published a summary impact assessment of *'Together for a Safer Future'*. **Exhibit AGM2BWG01/095 - INQ000066128** (dated 14 April 2022) refers.
510. In addition to the cross-Welsh Government recovery plans described above, we produced sector-specific recovery plans, which described in more detail our plans for recovery in these sectors.
511. For example, in March 2021 we published *'Health and Social Care in Wales – Covid19: Looking Forward'* (**AGM2BWG01/096 - INQ000066129**, dated March 2021). This document set out the road to recovery that lay ahead, underpinned by *'A Healthier Wales'* (which describes the Welsh Government's long-term vision for a 'whole system approach to health and social care, focussed on health and wellbeing, and on preventing illness (**AGM2BWG01/097 - INQ000066130**, dated 8 June 2018)), and recognising that COVID-19 was still present in Wales at that time.
512. *'Covid-19: Looking forward'* set out the pillars on which a whole system for recovery would be built, including primary and community care; effective hospital services; seamless social care; supportive mental health services, and the wellbeing of the health and social care workforce. In July 2021, we published *'Improving Health and Social Care (Covid-19 Looking Forward – social care recovery framework, which provided an overarching structure to support the social care sector to plan for recovery. (**AGM2BWG01/098 - INQ000066131**, dated 22 March 2021).*
513. Similarly, in June 2021 we published *'Renew and reform: supporting learners' wellbeing and progression'*, our education Covid-19 recovery plan (**AGM2BWG01/099 - INQ000066132**, dated 16 June 2021). This plan set out how we would support learners and practitioners in the education sector as Wales managed its recovery from the pandemic. This followed the establishment by our Education department of a Renew and Reform Programme, the overarching aim of which was to address the effects of the disruption caused by the pandemic on well-being and learner progression, and to improve outcomes (due to pandemic impacts) for learners of all ages.
514. Given the impact of the pandemic across all the Welsh Government's policy responsibilities, recovery from the pandemic is now a core part of the Welsh Government's strategic priorities for the 2021-2026 Senedd term. These priorities are

described in Welsh Government's Programme for Government 2021-2026. Delivery of the Programme for Government is the responsibility of the Welsh Government as a whole. **Exhibit AGM2BWG01/100 - INQ000066133** (dated December 2021) refers.

515. The Well-being of Future Generations Act 2015 sets out seven well-being goals for the Welsh Government, local government, local health boards and other specified public bodies. The Programme for Government 2021-2026 sets out ten well-being objectives that the Welsh Government will use to maximise its contribution to these seven long-term well-being goals, and the steps the Welsh Government will take to deliver them.
516. Each year, the Welsh Government reviews its well-being objectives and publishes an Annual Report on the progress it has made towards delivering the steps and meeting its well-being objectives, including those which contribute towards the implementation of Wales's recovery from the pandemic. Exhibits **AGM2BWG01/101 - INQ000066134** (dated 5 July 2022) and **AGM2BWG01/102 - INQ000066136** (dated 5 July 2022) refer.
517. Strategic progress towards delivery of the Programme for Government is discussed at Cabinet on a half-termly basis. The Programme for Government Cabinet Sub Committee chaired by the FM meets monthly to oversee the operational delivery of the Programme for Government. Within the civil service the Programme for Government is monitored on a monthly basis by Executive Committee and the Welsh Government Board.

### **Lessons learnt**

518. A significant amount of review, evaluation and lessons learnt activity has taken place both within Welsh Government and by relevant external bodies and organisations in response to the Covid-19 pandemic. This work broadly falls into six categories, as follows:
  - 518.1. Strategic / organisational.
  - 518.2. Senedd Cymru Committees.
  - 518.3. Audit Wales.



518.4. Regulators, Inspectorates and Ombudsmen – for example Estyn, Health Inspectorate Wales, Care Inspectorate Wales and the Equality and Human Rights Commission.

518.5. Internal Audit.

518.6. Internal Lessons Learned, review and evaluation activity by policy teams and divisions, including documents created as part of the cross Government Stocktake and Lessons Learned exercise commissioned in the Autumn of 2020.

519. I attach as **Exhibit AGM2BWG01/103 - INQ000066138** a table which sets out the reports, reviews and lessons learned exercises which have taken place in response to the Covid-19 pandemic. The table was manually compiled by officials working in the Welsh Government in November 2022.

520. The process of learning from the pandemic is ongoing. This will allow the Welsh Government to learn valuable lessons for the future.

### **Statement of Truth**

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

**Signed:**

**Personal Data**

Andrew Goodall

**Dated: 21/09/2023**