

Wednesday, 6 March 2024

1
2 (10.00 am)
3 **LADY HALLETT:** Ms Jung.
4 **MS JUNG:** My Lady, the first witness today is
5 Dr Quentin Sandifer.
6 **LADY HALLETT:** I'm sorry that you I think came yesterday and
7 then we had to ask you to go away. I'm sorry to muck
8 you about.
9 **THE WITNESS:** I'm very grateful, my Lady, that you've
10 allowed me to start this morning, rather than yesterday.
11 **DR QUENTIN SANDIFER (sworn)**
12 **Questions from COUNSEL TO THE INQUIRY**
13 **MS JUNG:** Good morning, Dr Sandifer, thank you very much for
14 coming again to assist the Inquiry.
15 Could you start by giving us your full name, please.
16 **A.** Quentin Sandifer.
17 **Q.** Thank you. And is it right that you have provided
18 a witness statement to assist this module, which is at
19 INQ000267867, dated 4 September 2023?
20 **A.** That is correct.
21 **Q.** You also provided a corporate witness statement in
22 Module 1 at INQ000192266; is that right?
23 **A.** That is correct.
24 **Q.** You also gave evidence in Module 1.
25 **A.** Yes.

1

1 **Q.** Between 1997 and 2004 you worked for a health authority
2 local health board in Swansea, first as a consultant in
3 public health medicine, and then as a director of public
4 health?
5 **A.** That's right.
6 **Q.** Between 2004 and 2012, you worked for strategic health
7 authorities, primary care trusts and local authorities
8 in south east England and London in public health
9 leadership roles?
10 **A.** That's right.
11 **Q.** You then returned to Wales in October 2012 to take up
12 the post of executive director of public health services
13 and medical director at Public Health Wales?
14 **A.** That's right.
15 **Q.** And you were in that role from October 2012 until
16 27 November 2020, which is when you retired?
17 **A.** That's right.
18 **Q.** During the pandemic, were you also the lead strategic
19 director in Public Health Wales?
20 **A.** I was, yes.
21 **Q.** And it's right that after you retired in November 2020,
22 you didn't have any more involvement in the response?
23 **A.** That is right.
24 **Q.** For completeness, is it right that following your
25 retirement that you were re-approached by Public Health

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1 **Q.** Thank you. Are both of those statements true to the
2 best of your knowledge and belief?
3 **A.** Yes.
4 **Q.** Could I start, please, by asking you about your
5 qualifications. Is it right that you qualified as
6 a medical doctor in 1985, and that you've been a fully
7 registered medical practitioner since 1986?
8 **A.** That is correct.
9 **Q.** You're also a registered specialist in public health
10 medicine and have a Master's degree in public health
11 from the University of Wales, Cardiff?
12 **A.** Yes.
13 **Q.** You hold a certificate in leadership in multi-agency
14 emergency response and recovery command and
15 co-ordination, following completion of an exercise gold
16 in March 2015?
17 **A.** That's right.
18 **Q.** You also hold other degrees, awards and fellowships that
19 I won't go into.
20 Is it right that, as far as your past career is
21 concerned, that you trained in general practice in
22 the UK, you worked in Canada as a family practitioner
23 between 1990 and 1992, you then returned to the UK and
24 undertook public health training in Cardiff?
25 **A.** Yes.

2

1 Wales and that since January 2021 you've been working as
2 a part-time consultant, with the title Consultant
3 Adviser on Pandemic and International Health?
4 **A.** That's correct, and you will see in my statement that
5 I've explained what each of those roles involved.
6 **Q.** Thank you, Dr Sandifer.
7 I would like this morning to deal mainly with the
8 initial few months of the pandemic, going into the
9 detail of what was happening in that crucial period.
10 Before I do, there's just a couple of short matters
11 I'd like to ask you some questions on.
12 You say in your statement that you attended very few
13 decision-making committees, groups or forums dealing
14 with or impacting upon the Welsh Government's response
15 to Covid-19. You also say that you attended very few
16 ministerial meetings during the pandemic.
17 **A.** That's correct. Oh, sorry.
18 **Q.** Sorry. So the question is: bearing in mind your role as
19 lead strategic director leading an unprecedented
20 response to this pandemic, do you think you should have
21 been more involved in decision-making forums and have
22 attended more ministerial meetings?
23 **A.** I don't. I think the important point to remember is
24 that I had direct communication and very regular
25 communication throughout the pandemic response with the

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1 Chief Medical Officer, and where relevant I was brought
2 into discussions. For example, in May, about the
3 setting up of the Test, Trace, Protect programme, which
4 might have been attended by ministers, or, for example,
5 the meetings that took place in September and early
6 October about local restrictions.

7 Public Health Wales is separate from the Welsh
8 Government, it's not a part of government, it's not
9 an executive agency of the Welsh Government. So it is
10 entirely appropriate that I should provide my advice
11 through someone like the Chief Medical Officer, rather
12 than directly to the minister, unless the minister
13 expressly asked me to do so.

14 **Q.** But in a pandemic such as this, do you see any benefit
15 in either yourself or the chief executive of Public
16 Health Wales having a direct line to ministers, sitting
17 around the table with them answering questions as and
18 when they arise?

19 **A.** Well, the chief executive, as she explained yesterday,
20 does have a direct line of communication to ministers,
21 usually in the company of the chair. So -- but to
22 answer your question, I don't think that's absolutely
23 necessary. I make the point that my responsibility, as
24 I saw it, was to give strategic leadership, professional
25 strategic leadership, within Public Health Wales to the

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1 preferable, if we could, to record the discussions that
2 were taking place. But by the end of January I was in
3 my office at 7 o'clock in the morning and, with most of
4 my team, rarely left before about 9 or 10 o'clock at
5 night. It was absolutely frantic, and I barely had
6 a moment to stop and take breath. I simply didn't have
7 the time, myself, to record and, to be honest, there was
8 so much going on I didn't think that it was the most
9 appropriate use of people's time for me to re-direct
10 staff that we were already mobilising for other
11 activities in order to simply take notes. That's not to
12 diminish their importance, but to try to communicate
13 across to this Inquiry the extent of the work and the
14 activities we were undertaking.

15 **Q.** In relation to that, whilst it's understandable that you
16 were seeking to deploy resources as best you could, is
17 it right that the Public Health Wales emergency response
18 plan did envisage that there would be a logger who would
19 make a record of all key decisions and discussions?

20 **A.** That is true, and we applied that loggist, that's the
21 correct title, to our silver group and, indeed, to our
22 incident management team that we established from
23 the 23rd. And those were the meetings that I felt were
24 the ones that we really needed to record.

25 **Q.** Thank you.

7

1 response and to communicate my advice accordingly to
2 Welsh Government, and the appropriate forum for doing
3 that was through the Chief Medical Officer.

4 **Q.** Thank you.

5 We heard through Dr Cooper yesterday that a lot of
6 the communications with the Chief Medical Officer were
7 in the form of informal quick catch-ups, I think she
8 said about half an hour, and that those were not always
9 recorded. Do you think that there should have been
10 a more formalised structure for your meetings with the
11 Chief Medical Officer for Wales?

12 **A.** Well, as you are seeking to understand exactly what was
13 happening in those early weeks, allow me to just share
14 some context.

15 So the meetings that Dr Cooper referred to that
16 you've just referenced were purposely intended to be
17 informal quick catch-ups, and they were established from
18 Monday 27 January, held two or three times a week, and
19 it was essentially an exchange of information: where
20 were we, what were we going to do next, and how could
21 we, Chief Medical Officer, assist you?

22 But I was in direct communication with the Chief
23 Medical Officer right from the very beginning.

24 Now, to come to your particular point about
25 recording of those, well, of course it would always be

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1 Can I ask you about the Health Protection Advisory
2 Group, please. This was another vehicle through which
3 you had contact with the Welsh Government that we didn't
4 cover with Dr Cooper yesterday.

5 Is it right that this group was a non-statutory
6 committee that was established and chaired by the Chief
7 Medical Officer for Wales?

8 **A.** It was, yes.

9 **Q.** Is it also right that that group went into abeyance and
10 then was re-established during the pandemic?

11 **A.** Yes, and I clarified the reasons for that in my Module 1
12 testimony, but for the record we had a change of CMO in
13 2016, the then CMO retired and Dr Frank Atherton was
14 appointed in the August. The HPAG, the Health
15 Protection Advisory Group, which the CMO had established
16 many years earlier, simply was suspended and then when
17 Dr Atherton had, I think, fully established himself in
18 his role, he recognised the need for it and
19 re-established it in 2018, as we describe in my
20 statement.

21 **Q.** Is it right that members of HPAG, prior to the pandemic,
22 included officials from the Welsh Government, health
23 boards, local authority, Public Health Wales, the Health
24 and Safety Executive, and other bodies?

25 **A.** Yes.

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1 **Q.** When it reconvened during the pandemic, the membership
 2 expanded, didn't it?
 3 **A.** It did. It's worth perhaps noting that it was
 4 reconvened on 7 July 2020.
 5 **Q.** That's right. Do you think that, bearing in mind what
 6 was happening prior to that date, that it should have
 7 been reconvened earlier?
 8 **A.** I'll be honest with you, I was surprised that it wasn't
 9 reconvened earlier. We held a meeting on 17 December,
 10 2019 that is, and I would have normally expected it to
 11 have met again in about three months' time, but I don't
 12 know why it wasn't reconvened, but that was a surprise
 13 to me.
 14 **Q.** We heard yesterday about lots of different groups that
 15 Public Health Wales and the government were involved
 16 with. What did HPAG add to the other structures?
 17 **A.** Well, what it added -- what it could have added is it
 18 would have brought together a wide range of statutory
 19 partners with a common interest in public health
 20 protection, not just the emergency response but public
 21 health protection broadly, around the table for
 22 a discussion. The fact that it didn't meet until
 23 7 January, I don't think in any way impeded our response
 24 through those first six months.
 25 **LADY HALLETT:** 7 July?

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1 place, to have supported them properly as individual
 2 organisations.
 3 The Welsh Government were entirely happy for us to
 4 reactivate a tested process that we'd used during Ebola
 5 and that's what we did from 23 March.
 6 **Q.** Thank you.
 7 Can we move on, then, please, to the initial period
 8 of the pandemic.
 9 Can we display INQ000147237, please.
 10 Is this the first briefing that Public Health Wales
 11 sent out in relation to, at the time, an unknown
 12 pneumonia from Wuhan City, and this was based on
 13 a similar briefing that had been received from Public
 14 Health England; is that right?
 15 **A.** That's correct.
 16 **Q.** Can we see there the intended audience included Public
 17 Health Wales protection teams, CDSC consultants,
 18 scientists, and microbiologists, health board directors
 19 of public health, medical directors and also -- that was
 20 for dissemination to emergency departments and leads of
 21 infection prevention and control, and, at the bottom,
 22 also the Welsh Government.
 23 **A.** That's correct.
 24 **Q.** Was that briefing circulated to everyone on that list?
 25 **A.** Yes, it was.

11

1 **A.** Sorry, 7 July, my Lady, I apologise.
 2 **LADY HALLETT:** Okay.
 3 **MS JUNG:** So prior to that date, then, was there a different
 4 forum in which all of those statutory partners could
 5 come together in a similar way?
 6 **A.** Yes. So, again, I explain this in my statement. We
 7 convened the Public Health Wales public health strategic
 8 co-ordinating support group -- I know it's a rather
 9 clunky title, but --
 10 **Q.** Yes.
 11 **A.** -- what I agreed back in 2014 during Ebola represented
 12 the best characterisation of its intent.
 13 Now, the purpose of that group was effectively to
 14 enable us to bring together all the strategic partners
 15 involved in an emergency response, who would otherwise
 16 be convening in separate strategic co-ordination --
 17 co-ordinating groups, bring them all together in one
 18 room and then we could discharge the responsibilities
 19 and the requests of us in one place rather than in four
 20 places.
 21 The practicalities for a small public health team of
 22 servicing four strategic co-ordinating groups in the
 23 midst of an emergency of the scale that we were dealing
 24 with just meant that it was untenable by even the middle
 25 of March for us, by which time all four SCGs were in

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1 **Q.** Can we see, then, below, please, in the background
 2 information section, that:
 3 "On 31 December 2019, [the World Health
 4 Organisation] was informed by the People's Republic of
 5 China of cases of pneumonia of unknown microbial
 6 aetiology associated with Wuhan City ... China ... At
 7 the last report to WHO on 03 January 2020, there were
 8 44 cases of which 11 were reported as severely ill."
 9 In the next paragraph we can see that on
 10 5 January 2020, 59 cases were reported, including seven
 11 critically ill patients, but no deaths:
 12 "The first case became unwell on 12 December 2019
 13 [with] the onset date of the last case [being on]
 14 29 December 2019."
 15 And it says:
 16 "Current reports describe no evidence of significant
 17 human-to-human transmission, including no infections of
 18 healthcare workers."
 19 What was the significance, if anything, of that?
 20 **A.** Okay, well, I think the key point is the absence at that
 21 time of evidence of significant human-to-human
 22 transmission. So we had a new infection, unknown
 23 aetiology, and it had not, apparently, transmitted from
 24 one person to another.
 25 **Q.** It also says that:

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1 "... influenza, adenovirus, SARS CoV and MERS CoV
2 [had] been ruled out."

3 But it says:

4 "It [was] possible that this cluster [represented]
5 the emergence of a novel pathogen."

6 What was the significance of that, please?

7 **A.** Well, clearly in East Asia, with its past history of
8 infections, particularly avian influenza, SARS-CoV-1,
9 MERS, those were the obvious candidates that needed to
10 be investigated first, and of course those had been, by
11 that time, ruled out.

12 Investigations, as it says, into other pathogen
13 causes were ongoing, and that suggested that the
14 emergence of this new cluster was caused by a new
15 pathogen.

16 **Q.** The fact that it may have been a novel pathogen, did
17 that mean that it was possible that we wouldn't have any
18 existing medication or vaccinations available for it,
19 and that it was likely that there wouldn't be any
20 existing immunity in the population?

21 **A.** That's correct. I mean, we had at that stage yet to
22 characterise what that new pathogen was, but a working
23 assumption is that if you don't know what it is, it is
24 a new pathogen, then it is very likely that existing
25 therapies might not work, that you won't have a vaccine

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1 **Q.** In Module 1 we heard that pre-pandemic Wales did not
2 have, itself, any isolation units. As at 8 January, can
3 you tell us, had that situation changed?

4 **A.** Sorry, just to make absolutely clear, we did not have in
5 Wales a high-consequence infectious diseases --

6 **Q.** Thank you.

7 **A.** -- unit. All our acute hospitals had isolation
8 facilities, but, as you will also recall from my
9 Module 1 evidence, an audit conducted in 2017 had
10 suggested that not all of those isolation units
11 satisfied our expectations.

12 So I guess the key point here is we were treating
13 this as a new high-consequence infectious disease, and
14 we would respond accordingly within Wales, which meant
15 that we would normally move the patient, if that was our
16 suspicion, to a unit in England.

17 **Q.** So just to be absolutely clear, Dr Sandifer, is it the
18 case that, as at 8 January 2020, first of all there were
19 no HCID units within Wales?

20 **A.** That's correct.

21 **Q.** And secondly, that there were no satisfactory isolation
22 units in Wales?

23 **A.** No, that second point is not correct. What I'm perhaps
24 not saying very clearly is we had isolation facilities
25 in all acute hospitals, but our audit had suggested that

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1 and that the population could be naive to this pathogen.

2 **Q.** Thank you.

3 Over the page, please, is it right that whilst the
4 cluster was not thought to be avian influenza, that had
5 been reported in the region, and so there were some
6 recommendations of how to treat cases if avian influenza
7 risk factors were present. But below that, it says that
8 if those factors were not present, that:

9 "The patient should be managed in respiratory
10 isolation, using the local personal protective equipment
11 protocol for airborne infections, incorporating
12 a fit tested FFP3 mask and eye protection."

13 And it goes on to say testing was to be undertaken
14 in containment level 3.

15 So is it the case that from the very beginning,
16 whilst it was not known what kind of virus this was, out
17 of an abundance of caution it was being treated as if it
18 was an airborne high-consequence infectious disease?

19 **A.** Yes, and that's what you would expect to be the case.
20 And what you see there is a clear statement, what we
21 would expect in infection prevention and control terms
22 from any NHS organisation in the UK -- this was
23 obviously taken from a Public Health England document --
24 anywhere in Wales and the UK, should that -- should this
25 disease present itself.

14

1 further work was required in some of those settings to
2 achieve, for example, a level of negative pressure
3 isolation within the room that one would expect.

4 **Q.** So, just to amend my question in that case, there were
5 no isolation units that were satisfactory to be able to
6 house HCID patients?

7 **A.** I would put it this way: that we would not -- that we
8 might temporarily place a patient in an isolation unit
9 in an acute hospital in Wales, but with the expectation
10 that they would move to an appropriately equipped
11 high-consequence infectious diseases unit elsewhere.

12 **Q.** And how many level 3 containment laboratories were in
13 Wales at that time?

14 **A.** The exact number I'm not sure, but containment level 3
15 was in most of our principal laboratories, so I know
16 that for certain Cardiff, Swansea and Rhyl in
17 North Wales had containment level 3 laboratory
18 facilities.

19 **Q.** Page 3 of this document provides further information
20 about Chinese New Year falling on 25 January. I don't
21 believe that information was contained in the Public
22 Health England briefing. Why did you think that that
23 was significant enough to include in the Public Health
24 Wales briefing?

25 **A.** Because I was well aware, personally, and I think it's

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1 generally well known, that within China you will see
2 a very large movement of people returning home for the
3 Chinese New Year, and that likewise could also be
4 associated with very large international travel.

5 **Q.** Thank you.

6 Can we move on to 9 January, please, and display
7 INQ000147259, please.

8 Is this an email that you received, Dr Sandifer,
9 from Dr Giri Shankar, who was the professional lead
10 consultant for health protection at Public Health Wales,
11 and this email included a summary of an incident
12 management team meeting convened by Public Health
13 England that he had attended earlier that day?

14 **A.** That's correct.

15 **Q.** Did that email set out the main points arising from that
16 meeting, which I'll just take you through? At
17 paragraph 1b is it right that WHO had reported that
18 morning that a novel coronavirus had been isolated from
19 one of the affected cases?

20 **A.** Yes, that was the new information, and we now understood
21 that this novel virus appeared to be of the coronavirus
22 family.

23 **Q.** And it was potentially zoonotic?

24 **A.** Yes.

25 **Q.** At that time there was still no evidence of

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1 **A.** I think I just simply noted what the situation was at
2 that time. Clearly I was thinking: well, is this
3 a variant of the SARS or a MERS? We were all thinking
4 that. But I don't actually think that would have
5 fundamentally changed any of the decisions or actions we
6 were taking then. What we were doing is reporting what
7 we were observing. It should be said we were still
8 dealing with something in one city in one province in
9 China, reporting that, here, in the context of the
10 United Kingdom, and specifically here in Wales.

11 **Q.** The Inquiry heard that very few cases of SARS and MERS
12 reached the UK during those outbreaks. Are you able to
13 assist us as to how many cases, if any, reached Wales?

14 **A.** I don't think there were any SARS-CoV-1 cases in Wales,
15 I'm not absolutely sure on that point, I wasn't working
16 in Wales at that time.

17 With the 2015 outbreak of MERS CoV in South Korea,
18 and indeed through the period since MERS CoV was first
19 identified, I think from memory we had two contacts,
20 suspected contacts, in Wales during those years, and
21 those I believe were ruled out as confirmed cases.

22 **Q.** Thank you.

23 At paragraph 6 of this document, can we see there
24 under "Diagnostics" it says:

25 "PHE's Respiratory Virus Unit have a well-developed

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1 human-to-human transmission or evidence of transmission
2 to healthcare workers; is that correct?

3 **A.** That's right.

4 **Q.** At paragraph 2, can we see that Public Health England
5 had decided to respond to this as an "enhanced incident"
6 because of it being a novel coronavirus, with as yet
7 unknown consequences?

8 **A.** Yes.

9 **Q.** And it says that the agent and incident was being
10 managed as a high-consequence infectious disease --

11 **A.** That's correct.

12 **Q.** -- which I think you say was an appropriate approach?

13 **A.** Yes.

14 **Q.** Just pausing there, so we have now the identification of
15 a novel coronavirus. The Inquiry heard in Module 1 that
16 coronaviruses generally were known to cause mild
17 respiratory illness, also known as the common cold,
18 however it's right, isn't it, that there had been two
19 past global outbreaks caused by coronaviruses,
20 SARS-CoV-1 and MERS CoV, which had caused severe disease
21 which was transmissible from person-to-person and which
22 were both classified as HCIDs; is that correct?

23 **A.** That's correct.

24 **Q.** So how much of a concern was it to you to learn that
25 a novel coronavirus had been identified?

18

1 and well-tested Pan-coronavirus assay that should detect
2 most coronaviruses."

3 Am I right in understanding that your evidence is
4 that Wales did have at this time level 3 labs which
5 would also be able to test for coronaviruses --

6 **A.** Yes.

7 **Q.** -- once PHE had developed that assay?

8 **A.** Sorry, so we just need to separate out. PHE had the
9 assay at that date --

10 **Q.** Yes.

11 **A.** -- 9 January. We had laboratories that could conduct
12 this test, but we didn't have the assay for this -- for
13 coronavirus here in Wales at that time.

14 **LADY HALLETT:** Could you just explain what you mean by
15 assay?

16 **A.** So this is the test itself, if you like, the diagnostic
17 test, my Lady.

18 **LADY HALLETT:** Thank you.

19 **MS JUNG:** Over the page, can we see there a reference to the
20 situation being "rapidly evolving"?

21 "... there will be lots of changes to guidance,
22 [advice], documents etc. [Public Health England] have
23 asked for co-operation from [the devolved
24 administrations] on this and offer quick turnaround on
25 issues that require 4 nation agreement."

20

1 Is that right?
 2 **A.** That's right. And it might be just worth us all -- me
 3 just reminding us here, Public Health England were
 4 designated the national focal point for
 5 the UK Government under the International Health
 6 Regulations (2005), so they would have received any
 7 notification to the WHO, and they, therefore, would have
 8 taken the lead in sharing that information and any
 9 immediate action that arose from that within the
 10 United Kingdom.

11 **Q.** Thank you.

12 Can we then display, please, INQ000147262.

13 This was the briefing note on 10 January 2020 where
 14 Public Health Wales was relaying the information that
 15 had been passed on the previous day by Dr Shankar; is
 16 that right?

17 **A.** That's correct, yes.

18 **Q.** On page 2, the last paragraph, can we see there the
 19 advice on what to do with patients with respiratory
 20 symptoms and the reference to transferring them to
 21 a single occupancy room, preferably a respiratory
 22 isolation room, ideally under negative pressure.

23 So is it right that, as at this date, patients were
 24 being transferred to England to be held in HCID units?
 25 Do you think that the briefing at this time should have

21

1 to take notice of what was happening and be aware that
 2 they might need to use those isolation rooms.

3 **Q.** Is it right that the -- sorry -- the first suspected
 4 case in Wales was on 16 January 2020?

5 **A.** That's correct.

6 **Q.** You provided a briefing note to the Public Health Wales
 7 board on that day. In fact, I think -- sorry, let me
 8 just correct that: the suspected case was on the 15th,
 9 and you reported it on the 16th; is that right?

10 **A.** That's correct, and at that time --

11 **Q.** Yes, and that patient was a 67-year old female Welsh
 12 resident in North Wales whose husband worked in
 13 Wuhan City, and she was in fact transferred from
 14 a hospital in Wales to specialist facilities in
 15 Liverpool; is that right?

16 **A.** She was transferred, yes, to a specialist facility in
 17 Liverpool.

18 **Q.** And you're right to say that that was negative.

19 **A.** The test was negative, yes.

20 **Q.** Yes.

21 You had or Public Health Wales had its first meeting
 22 with the Chief Medical Officer of Wales on
 23 21 January 2020. That was 12 days after the novel
 24 coronavirus had been discovered. Do you think that was
 25 soon enough?

23

1 advised health boards to start preparing their own
 2 isolation units which would have been sufficient to
 3 house HCID patients?

4 **A.** Sorry, could I just correct something you said?

5 **Q.** Yes, of course.

6 **A.** The UK Government was not asking for patients to be
 7 transferred from China. What this statement --

8 **Q.** No, no, sorry, this is in relation to patients from --
 9 in Wales.

10 **A.** Yes.

11 **Q.** So you are advising, aren't you, that if there are any
 12 patients in Wales who have symptoms --

13 **A.** Yes.

14 **Q.** -- that they should be held in isolation units,
 15 preferably negative pressure ones, and you've told us
 16 that those patients would have had to have been
 17 transferred from Wales to England --

18 **A.** Yes.

19 **Q.** -- is that right? So my question was: do you think, at
 20 this time, you should have been advising health boards
 21 to start getting ready to have their own satisfactory
 22 units to be able to house HCID patients?

23 **A.** So this briefing was intended to alert the health boards
 24 to the fact that the isolation rooms which would have
 25 met the requirements we were asking for, that they ought

22

1 **A.** So just to wind back a little bit, the UK IMT,
 2 established and chaired by Public Health England from
 3 9 January, was attended by members of my team,
 4 Dr Giri Shankar, whom you've referred to, as well as
 5 a senior medical officer from Welsh Government. We were
 6 having daily conversations at that and from that time
 7 with the Welsh Government senior medical officer and
 8 other senior officials in the Chief Medical Officer's
 9 team, and those were happening on a daily basis.

10 Now, I can't remember the first time I spoke to the
 11 Chief Medical Officer about this, but in case there's
 12 any misunderstanding from your question, there was
 13 regular daily communications already taking place
 14 between my senior team and the Chief Medical Officer's
 15 team.

16 **Q.** Thank you.

17 It's right, isn't it, that on 22 January 2020 Public
 18 Health Wales invoked its emergency plan at an enhanced
 19 level?

20 **A.** Yes.

21 **Q.** We know that Public Health England had been responding
 22 to this at an enhanced level since 9 January. Do you
 23 think that Public Health Wales should have moved to that
 24 sooner?

25 **A.** No, I don't think necessarily. Public Health England,

24

1 you know, in the face of a potential high-consequence
2 infectious disease alert, it was entirely correct that
3 they would immediately go to an enhanced level.
4 As I say, we were in daily contact, not just -- we were
5 in -- attended the daily IMTs, the incident management
6 teams, with Public Health England, and the reason we
7 stood up our public health emergency response plan on
8 the 22nd is because the sheer volume of work that had by
9 then arisen from that engagement as a member of the
10 four nations IMT necessitated us to start thinking
11 beyond the immediate resources of our public health
12 protection service.

13 **Q.** The Public Health Wales response plan had envisaged
14 a silver group being established at the same time as --

15 **A.** Yep.

16 **Q.** -- an enhanced level response being invoked. Why wasn't
17 that done on the same day?

18 **A.** So, I don't think that there's -- any particular
19 significance should be attached to a six-day difference.
20 What we were doing, as I say -- apologies if I keep
21 repeating myself -- is we were in daily contact with
22 Public Health England, we were in daily contact with the
23 Welsh Government, work was building up, we necessitated
24 therefore additional -- well, envisaged additional
25 resources would be required to support us, we invoked

25

1 set up to assess and manage the information and
2 consequential actions arising from the Public Health
3 England-led IMT, and to undertake Welsh-specific
4 surveillance and risk assessment and to provide public
5 health technical advice on plans for responding to
6 possible cases in Wales? Do you think that it would
7 have been helpful to set up this Wales-specific IMT
8 prior to 23 January, and had it been, would there have
9 been a bit more of a head start on making Wales specific
10 plans?

11 **A.** No, and no to both, to be quite frank. The point that
12 I'm repeatedly trying to make is that we were
13 undertaking all the actions that I think were required,
14 and that an IMT in due course formalised, right from the
15 beginning. So I don't think it would have made any
16 difference to have declared an IMT at the same time,
17 for example, as Public Health England. We were doing
18 what we needed to do already.

19 **Q.** Thank you.

20 Can we look at another briefing that was sent out on
21 the same day, 23 January.

22 This is INQ000147265.

23 We'll just wait for that to come up.

24 Can we see there the intended audience, as well as
25 the previous intended recipients, this time also

27

1 the emergency response plan, we established our own IMT
2 on the 23rd, again at enhanced, consistent with Public
3 Health England, but we could see that that group itself
4 would necessitate additional tactical level support.
5 And so, you know, we were talking about, over the period
6 of the weekend, bringing together additional support,
7 and that was established in the form of the silver
8 group.

9 So the fact that silver group didn't actually --
10 wasn't established until Tuesday, as far as I'm
11 concerned, had no material impact on our response. We
12 were delivering the response. The silver group was
13 an additional element that would assist us with that,
14 and it was better to make sure that we could establish
15 that.

16 And just to be clear, when you establish something
17 like a silver group, it's not just a case of convening
18 a meeting, we have to put human resource behind that,
19 and that resource has to be rostered in a way that it's
20 sustainable for it to be able to deliver the functions
21 set for that group. So this was not just the case that,
22 "Oh, we just better convene a group", it doesn't work
23 like that.

24 **Q.** You mention there the Public Health Wales IMT, which was
25 established on 23 January, and is it right that that was

26

1 included GPs, health boards, the Welsh ambulance service
2 trust and port health authorities, as well as the Welsh
3 Government? Can you see that?

4 **A.** I can, yes.

5 **Q.** If we look at the last paragraph of that page, we can
6 see there it says:

7 "Due to the enlarging geographic area affected, and
8 evidence of human-to-human transmission, it is
9 increasingly likely that suspected cases (those with
10 an appropriate clinical picture and travel or contact
11 exposure) will be identified in the UK, including
12 Wales."

13 Is that right?

14 **A.** That's correct.

15 **Q.** On page 2, can we see a section titled "Recommendations
16 and actions":

17 "Health boards should ensure their preparedness for
18 a possible case of [this novel coronavirus], including
19 provision, training and appropriate use of personal
20 protective equipment, and isolation facilities. The
21 current guidance is for assessment in an airborne
22 isolation unit in hospital, followed by testing and
23 a period of isolation (at home or in hospital) whilst
24 awaiting the results."

25 Was this the first time that Public Health Wales had

28

1 formally asked health boards to start preparing these
 2 isolation facilities in Wales?
 3 **A.** I go back to my previous comment, with reference to the
 4 briefing on the 10th, by drawing attention to the need
 5 for any patients with -- suspected of having this
 6 infection to be cared for or housed in, as you put it,
 7 an isolation room. We were already signalling that
 8 intent two weeks earlier. All we were doing is
 9 providing additional clarification to that.
 10 **Q.** At ...
 11 **A.** I mean, could I just again reference my Module 1 --
 12 remind you that we had conducted training, an update
 13 refresher training for the health boards and the
 14 ambulance trust in September 2019, on managing
 15 high-consequence infectious diseases and the use of
 16 personal protective equipment. And so, if you like,
 17 this paragraph is just simply to remind them that there
 18 were a large number of people in health boards that
 19 could deal with these cases, pending their transfer,
 20 of course, to another facility, and to start to prepare
 21 themselves accordingly.
 22 **Q.** Could I just refer back, please, to your evidence in
 23 Module 1.
 24 If we could bring up the transcript at PHT000000 --
 25 I think it's eight 0s -- PHT0000000014. It's the
 29

1 supported by access to reserve workforce, including
 2 volunteers, that can be mobilised quickly."
 3 Is it right that, without the national strategic
 4 leadership in place at this time, that Public Health
 5 Wales was not in a position to direct the NHS or local
 6 health boards to prepare in the way that they needed to
 7 be doing?
 8 **A.** I mean, let me just start by stating that paragraph 157
 9 is obviously a reflection after the event, so this is me
 10 looking back and summarising what I strongly believe
 11 now, but even at the time.
 12 The challenge we were facing, the previous point
 13 that you highlighted, the "authority to direct" comment,
 14 was with reference to the fact that during the week
 15 beginning 27 January we were asking, asking directly,
 16 health boards to begin to prepare themselves so that if
 17 we had a suspected case they were able to appropriately
 18 sample, assess and sample that patient, hold them whilst
 19 the sample was taken, tested by our laboratories, and
 20 then if we confirmed the infection we would have
 21 arranged for the transfer of that patient to
 22 a high-consequence infectious disease unit.
 23 Now, in order to do that, we were having discussions
 24 and we were asking them to do that, but at that stage by
 25 the end of January we were becoming very, very
 31

1 transcript from 4 July 2023, at page 78.
 2 Can we see there that you say that:
 3 "... in January 2020, as it became clear to us in
 4 Public Health Wales the novel coronavirus represented
 5 a very serious threat, we as an organisation entered
 6 into discussions with the Welsh Government and -- with
 7 one of our local health boards, to discuss how we could
 8 establish very quickly a high-consequence infectious
 9 disease unit at that hospital, in advance of and in
 10 readiness for potential patients if novel coronavirus
 11 came to Wales."
 12 So in your Module 1 evidence you were saying that
 13 you had entered discussions with one health board; is
 14 that right?
 15 **A.** That's right, the University Hospital of Wales, just
 16 down the road from here.
 17 **Q.** Can we turn to your statement in this module at page 35,
 18 paragraph 145, three lines up from the bottom you say:
 19 "... I was acutely aware that we lacked the
 20 authority to direct the NHS in Wales ... to establish
 21 capacity and capability to support initial assessment
 22 and sampling of suspected cases."
 23 Then at page 38, paragraph 157, you refer to:
 24 "Rapid scaling up [requiring] a system response
 25 under national leadership, with authority to direct,
 30

1 concerned, we'd had by then a second suspected case,
 2 also tested negative, and I was looking for some
 3 urgency. And quite frankly I can't tell the chief exec
 4 of a health board or an NHS Trust in Wales what they
 5 must do, and what was in my mind was that that was
 6 a function that the director general/chief exec of the
 7 NHS in Wales could have done, and that is what I'm
 8 referring to by national leadership, is from the Welsh
 9 Government's Health and Social Services Group.
 10 **Q.** Thank you.
 11 Can we look at INQ000147264, please.
 12 This is a written report that was presented in
 13 private session to the Public Health Wales board the day
 14 after the briefing that we looked at before. At page 4,
 15 paragraph --
 16 **A.** I'm sorry, if I could just correct that.
 17 **Q.** Yes.
 18 **A.** A quirk of the Word processing software is that it was
 19 actually written on the 22nd for the board meeting on
 20 the 23rd, but unfortunately, by the time it was captured
 21 by my board secretary, it had auto-dated to the 24th in
 22 the top right of the document. So just to be clear --
 23 **Q.** I see, so it's written on the 22nd --
 24 **A.** For a board meeting on the 23rd.
 25 **Q.** Thank you for that clarification. So this was presented
 32

1 to the board on the 24th. If we look at page 4,
 2 please --
 3 **A.** On the 23rd.
 4 **Q.** On the 23rd, sorry.
 5 On page 4, paragraph 5, can we see there that
 6 there's reference to there being no confirmed cases in
 7 the UK, but there had been five possible cases in the
 8 UK, including Wales, at that time; is that right? Two
 9 had tested negative and three, the tests were awaited
 10 for?
 11 **A.** That's correct.
 12 **Q.** So when the briefing went out, then, the day after you
 13 had written this, to the Welsh Government, why didn't
 14 you include the information that there had already been
 15 five suspected cases including some in Wales? Do you
 16 think that that information would have been significant
 17 information to include in the briefing to the
 18 government?
 19 **A.** The government already knew that, we were in discussion
 20 with them at the time.
 21 **Q.** What about the NHS and the health boards?
 22 **A.** I guess we could have added, I don't think there was
 23 a -- quite frankly, I'm not quite sure what the
 24 additional significance of adding that in, but clearly
 25 we -- if we didn't add it in then that's an oversight,

33

1 health emergency planning adviser; is that right?
 2 **A.** That's correct.
 3 **Q.** And at the bottom of page 1, can we see there that he
 4 says:
 5 "Public Health Wales is part of the LRF structure
 6 and have in the past arranged a Wales briefing of LRF
 7 partners, facilitated by Quentin. This was at the
 8 height of the EBOLA risk and I don't think we are at
 9 that point. If necessary, [Public Health Wales] could
 10 consider a similar approach to briefing LRF
 11 representatives."
 12 At the top of the page, can we see another email
 13 where he says:
 14 "Hi Quentin
 15 "See attached emails. I don't think we are at the
 16 point of needing a meeting, similar to what you did
 17 before but thought to alert you to the possibility."
 18 Following this email, did you have a meeting with
 19 the local resilience forums?
 20 **A.** Okay, so we just need to unpack a few things and what
 21 was happening at the time.
 22 So first of all, this email from David Goulding was
 23 prompted by an approach that I -- my deputy made to him
 24 at my request. My deputy was acting as a direct liaison
 25 between Public Health Wales and Welsh Government.

35

1 but I don't think it was a material matter.
 2 **Q.** Do you think that they might have acted with any more
 3 urgency if they thought that there were already cases in
 4 Wales that were suspected?
 5 **A.** So there was one case, suspected case, that had already
 6 been tested negative as of this date. The second case
 7 was on the 25th, so after this date. I don't think it
 8 would have made any significant difference. I mean, as
 9 I said, we were meeting with the health boards the
 10 following week, and we were trying to explain to them
 11 what the -- what we then thought they should be doing,
 12 and I don't think that simply adding that line in would
 13 have made any difference to those conversations.
 14 **Q.** Thank you.
 15 **A.** We didn't hold any information back, to be absolutely
 16 clear here, we didn't withhold any information from the
 17 health boards.
 18 **Q.** Thank you, and I'm not suggesting that you deliberately
 19 withheld any information.
 20 Is it right that on 24 January 2020 there was the
 21 first confirmed case in Europe?
 22 **A.** Yes, in France.
 23 **Q.** And if we display INQ000147245, please.
 24 On 24 January 2020 you received an email from
 25 a Welsh Government official, David Goulding, who was the

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1 Essentially I asked him to embed himself part-time in
 2 Welsh Government so he could, in real time, keep them
 3 abreast of what we were doing and feed back to us in
 4 turn what Welsh Government, Chief Medical Officer's team
 5 were doing.
 6 As of the 24th, as you correctly pointed out, France
 7 had reported the first case in Europe, and it occurred
 8 to me that we might want at that stage to start thinking
 9 about public health emergency planning, using civil
 10 contingencies. So my deputy had approached David, and
 11 I got a response back, as you see in this email.
 12 Now, that paragraph in bold at the bottom references
 13 the structure that we talked about earlier, the Public
 14 Health Wales public health strategic co-ordinating
 15 support group, which we did establish in due course, as
 16 I explained.
 17 We were already briefing the LRF co-ordinators
 18 directly, however, by this time.
 19 **Q.** Thank you.
 20 If we look at page 2, can we see there it says:
 21 "The 4 nations is treating this as an enhanced
 22 public health incident and arrangements are in hand for
 23 dealing with potential cases and the NHS has plans for
 24 high consequence infectious disease. The risk to the UK
 25 is assessed as low.

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1 "I don't see this event as it is currently moving
2 from being in the public health outbreak management
3 space and into civil contingency/multi-agency emergency
4 response."

5 Did you agree with Mr Goulding's view that this
6 event was unlikely to move into becoming a civil
7 emergency?

8 **A.** Well, as I say, this email was prompted by the fact that
9 I was asking him, as the health emergency planning lead,
10 whether, in light of the events elsewhere in Europe, we
11 ought to start thinking about civil contingencies and
12 emergency response, and this was his opinion.

13 I think it was at 8.04 in the morning on 24 January,
14 we could have had a debate around that, but, you know,
15 my mind was already in the space of perhaps we needed to
16 start thinking about civil contingency, and this is the
17 response he gave me. I don't think it was as black and
18 white as: okay, there's a case in France, stand up our
19 emergency plans in Wales.

20 **Q.** This email in the first line refers to the four nations
21 treating this at this stage, 24 January, as an enhanced
22 public health incident.

23 Do you think that if Public Health Wales at this
24 stage had escalated it to a major incident, as far as
25 Public Health Wales was concerned, that the government

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1 with them, that they were taking the necessary actions,
2 as we've discussed in reference to the paper the
3 previous day before the briefing that I had sent out.

4 **Q.** Thank you.

5 The very next day there was the second suspected
6 case in Wales; is that right? At that time, was the
7 testing for that being done in England or in Wales?

8 **A.** It was in England at that stage. All the test samples
9 were going from Wales to Colindale laboratory in
10 North London.

11 **Q.** So by this stage Public Health England had the assay;
12 why wasn't it being done in Wales at this time?

13 **A.** Well, as has, I think, already been covered, but I'll
14 happily just remind everyone, we got the genomic
15 sequence for this virus, new virus, in late January. We
16 also ordered primers and probes, which are the necessary
17 elements that you need, my Lady, to make a test.

18 We ordered those on 16 January and the laboratory in
19 Cardiff was already starting to develop a Welsh assay,
20 and that process continued through till the 31st, by
21 which time we were then using that as a test alongside
22 the Public Health England test, so at the same time as
23 we were sending a test to Colindale we were undertaking
24 the same test in our laboratory.

25 But the previous week we had approached the Chief

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1 might have taken it more seriously?

2 **A.** I don't think so. I think Dr Cooper addressed this
3 question yesterday. A Public Health Wales response plan
4 directs our internal Public Health Wales actions. If we
5 had gone to a major incident, we were just simply saying
6 we desperately need to mobilise more resources
7 internally. Well, we were doing that anyway, and
8 I don't think that that would have signalled to anyone
9 outside the organisation that they in turn ought to take
10 different action. I think it would only simply have
11 confused the situation.

12 We were responding, consistent with Public Health
13 England, at enhanced level, mobilising rapidly within
14 Public Health Wales, engaging with, directly with Welsh
15 Government, and engaging, by then, also with health
16 boards. I'm not sure it would have made any difference.

17 **Q.** How would it have confused the situation?

18 **A.** Well, because if one organisation, at this stage, with
19 one case, that might not actually be generally known to
20 people, one case in Europe, confirmed that earlier in
21 that same day, they would have perhaps asked themselves:
22 well, what's Public Health Wales doing suddenly
23 activating its emergency response plan at a major
24 incident level? What I needed really was, if you like,
25 a clearer signal that what we were discussing already

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1 Medical Officer and said: look, we've started to develop
2 a Welsh test, it's not clear to us how quickly the UK
3 test will be rolled out across the UK, turnaround times
4 for getting test results was now approaching about
5 48 hours, so therefore could we use this test that we
6 have developed -- which was giving us the same results
7 by the way, as we applied it, from the end of January,
8 to those received from Public Health England -- could we
9 start to apply that?

10 And as the Chief Medical Officer explained on
11 Monday, he sought some assurances from us. Some of
12 those assurances were basic actions that we would have
13 taken anyway. We produced a full set of standard
14 operating procedures, we would do that for any
15 introduced new test. But we agreed and indeed did
16 submit a paper to NERVTAG, which was considered on
17 3 February, and then by the end of that week,
18 7 February, the Chief Medical Officer was satisfied that
19 the Welsh test was okay, and he approved it in a letter
20 to the Chief Medical Officer, and we therefore stopped
21 sending tests to England at that point, and immediately
22 our turnaround time fell from 48 hours to a few hours,
23 depending on how quickly the sample got to the lab.

24 **Q.** So from 7 February you were conducting tests in Wales?

25 **A.** Yes.

40

1 **Q.** In your view, could that process that you've just
2 described have been done any faster?
3 **A.** Not really. I mean, there's an awful lot of work
4 starting from a sequence provided by the World Health
5 Organisation to developing the actual test itself, and
6 our consultant clinical scientists who led this I think
7 did an absolutely cracking job pulling this together in
8 less than a fortnight.

9 **Q.** Thank you.
10 Sticking to 25 January for now, on this day the
11 World Health Organisation issued a statement outlining
12 the importance of being ready at local and national
13 levels for detecting cases, testing samples and clinical
14 management. From your point of view, how ready was
15 Wales at the local and national levels?

16 **A.** Sorry, at what date are we now?

17 **Q.** This is 25 January.

18 **A.** At 25 January we were, as an organisation, Public Health
19 Wales, you know, fully engaged in the preparatory work
20 for this, and we had -- and the following week we were,
21 as I say, engaged in the discussions. So if a case had
22 arrived we would have managed it, I am very confident,
23 in an appropriate and effective way. But as regards to
24 the overall state of readiness, that was still work in
25 progress.

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1 anticipated that that would increase significantly the
2 number of suspected cases in Wales and in the UK
3 generally?

4 **A.** Yes, so the case definitions are discussed at a UK
5 level, led by Public Health England, and that in turn,
6 on the basis of information that was coming out of the
7 WHO. So, yes, the answer to your question is every case
8 definition invariably expanded the potential numbers of
9 people that could present as suspected cases.

10 **Q.** Thank you.

11 At page 5, at the top of the page, can we see that:
12 "Any confirmed case would be expected to be managed
13 outside of Wales as guided by the Imported Fever Service
14 to HCID units."

15 So at this time any positive cases were still being
16 sent outside of Wales?

17 **A.** Would have been sent, any confirmed cases would have
18 been sent outside of Wales to an HCID unit in England.

19 **Q.** Can we see in the middle of the page it says:

20 "Cross Government not meeting over [the] weekend."

21 Bearing in mind that this was a rapidly evolving
22 situation, you've told us the hours that you and your
23 colleagues were working, do you think it was appropriate
24 for that meeting not to have taken place over the
25 weekend?

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1 **Q.** Thank you.

2 Can we move on to 26 January, please, the next day.
3 And INQ000252016.

4 These are the minutes from a meeting that Public
5 Health Wales had with the Welsh Government on this day
6 to agree strategic aims and actions; is that right?

7 **A.** Yeah, this is Sunday 26 January, and I suggested to the
8 Chief Medical Officer that we got together now and
9 agreed our overall strategic approach to what we were
10 observing elsewhere still at this stage. I emphasise
11 that last point. So he brought a couple of his senior
12 colleagues, I had a couple of my senior team, and we sat
13 round the table and asked ourselves: well, what were the
14 strategic aims we should be aiming for at this stage?

15 **Q.** Thank you.

16 If we look at agenda item 2, we can see that at this
17 time there had been 52 cases tested in England, all
18 negative, and two tested cases in Wales, also negative.
19 Is that right?

20 **A.** That's right. The second negative case result had only
21 just come through that morning.

22 **Q.** If we look at page 2, in the first section, can we see
23 there that there was a discussion about a proposal being
24 circulated for the case definition to be amended to
25 expand the affected geographical area? So was it

42

1 **A.** I think this is a matter, as you say, it's an update
2 from Welsh Government, it's a matter for Welsh
3 Government to answer.

4 **Q.** Page 6, item 6, can we see there that it's stated that
5 this is an "NHS incident at present ... can be
6 strategically managed accordingly and doesn't currently
7 require Civil Contingencies response"? So at this stage
8 the government still did not think that it was a civil
9 emergency?

10 **A.** That's correct.

11 **Q.** At page 7, action log item 2, which was in relation to
12 testing and isolation capacity and so on:

13 "Agreed to remain with reactive approach."

14 Do you think that at this stage the decision to
15 remain with a reactive approach was the right one?

16 **A.** I mean, with hindsight and reading these notes again,
17 I'm not quite sure I understand what we're saying. I'm
18 assuming what this refers to is that we need to be alert
19 to and respond to suspected cases in the way that we had
20 already been doing for a fortnight by that -- almost
21 a fortnight by that stage, and I'm assuming that is what
22 we're referring to.

23 I mean, I had already enquired, as you know and
24 we've discussed, with Welsh Government whether we ought
25 to start thinking about civil contingencies, and I -- as

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1 we've already discussed -- had received a response.

2 **Q.** Do you think you and the government should have been
3 more proactive at this stage?

4 **A.** So, absolutely, my point being that we were proactive.
5 There is nothing else that Public Health Wales could or
6 needed to have done at this stage. The decision to have
7 activated civil contingencies was a decision for Welsh
8 Government.

9 **Q.** It's right, isn't it, that on 27 January 2020, and this
10 is after you say the momentum had started changing, that
11 two additional backup strategic directors were appointed
12 and you became the lead strategic director at that
13 stage, and it was the next day, 28 January 2020, when
14 the silver group was established? You've told us that
15 you don't think that would have -- establishing that any
16 sooner would have made any difference; is that right?

17 **A.** That was, if you like, an action that we needed, that we
18 took internally in order to support -- tactically to
19 support the response that we were already mobilising
20 within the organisation. The fact that we got that
21 process in place, properly established, at that date,
22 I think is neither -- you know, even with reflection,
23 I don't think it would have made any difference if we
24 had simply convened that immediately when we invoked the
25 plan.

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1 Medical Officer.

2 **Q.** How seriously do you think the Welsh Government was
3 taking this threat at this time?

4 **A.** I think 31 January, even at the time, it really felt
5 like a seminal moment. I mean, the Chief Medical
6 Officer of the United Kingdom standing up and saying
7 "We've got the first two cases in the UK" just about
8 a month after it was first reported by China to the WHO,
9 it just felt to me like this was an inflection point in
10 the whole, as we would subsequently call it, the
11 pandemic, in the emergence of this outbreak.

12 And I personally was starting to get very concerned
13 now about the extent to which I could see, beyond the
14 Chief Medical Officer, a response from Welsh Government.

15 **Q.** You've told us that the testing in Wales was established
16 on 7 February --

17 **A.** It was approved on the 7th.

18 **Q.** Sorry, approved on the 7th --

19 **A.** We were already applying the test from 31 January in
20 parallel with the test in --

21 **Q.** Thank you, so after that date it was done exclusively in
22 Wales?

23 **A.** After 7 February it was done exclusively in Wales.

24 **Q.** And in your statement you say that at that point the
25 challenge then returned to community sampling. Could

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1 **Q.** It's right, isn't it, that on 30 January the World
2 Health Organisation declared a public health emergency
3 of international concern, and the UK had its first two
4 cases of Covid-19, which were announced on 31 January?

5 **A.** That's correct.

6 **Q.** Can we look at, please, INQ000147267.
7 This was you updating the board about the WHO
8 declaring a PHEIC, and the UK risk level being raised
9 from low to moderate, and you were expecting the case
10 definition to change; is that right?

11 **A.** That's correct.

12 **Q.** If we look at section 2, the first paragraph, can we see
13 that it was agreed, it's towards the bottom of the first
14 paragraph:

15 "It is agreed that, at the present time, this is
16 a 'health led incident' and Public Health Wales,
17 alongside Welsh Government, is leading the response."

18 So even after Covid-19 has been declared to be
19 a public health emergency of international concern, is
20 it right that the government was still seeing this as
21 a health-led incident and was not taking charge of
22 leading the national response?

23 **A.** It is the case that Welsh Government was considering
24 this a health-led incident, and that the principal
25 leadership, as I could see it, was coming from the Chief

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1 you just briefly explain what that challenge was,
2 please.

3 **A.** Yeah, so I think Dr Cooper described this really well.
4 It's an end-to-end process, somebody has to take
5 a sample, a microbiological sample, our laboratory would
6 conduct the test, and then that result needs to get back
7 to the clinician who ordered the test.

8 Now, that front end requires clinicians in health
9 boards to take a sample, and, as I've already said in my
10 evidence this morning, we had begun that discussion
11 earlier in that week, the week commencing 27 January,
12 with health boards, in order to try to get them to take
13 on that responsibility.

14 Now, the significance of that is that the first two
15 cases or suspected cases, sorry, to correct myself, the
16 first two suspected cases were attended by senior staff
17 from the health protection service in Public Health
18 Wales. And indeed, whilst we were having those
19 discussions with health boards, the whole of Wales, the
20 whole geography of Wales, was dependent on a handful of
21 senior consultants from my team being able, in response
22 to concerns about a suspected case, attending the
23 patient, anywhere in Wales, clinically assessing them,
24 taking a sample, and getting that sample back to
25 Cardiff.

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1 It was that front end of the process -- which was
2 unsustainable. You know, a handful of people could
3 never do that if this was to start now increasing in any
4 numbers in Wales. And we had no idea how quickly this
5 might spread, even at that stage.

6 So that's the reference that I made before and now
7 to the mobilisation of testing -- sorry, sampling
8 capability.

9 **Q.** Thank you.

10 Is it right that on 10 February 2020 the Chief
11 Medical Officer for Wales issued a letter to health
12 board chief executives requesting that every health
13 board develop community assessment and testing plans,
14 and that each health board must have coronavirus testing
15 units separate from emergency departments, and that
16 those arrangements were to be operational as soon as
17 practically possible, and by no later than Friday 14
18 February?

19 **A.** Yes, and that was in response to our frustration and
20 concern at the pace at which the health boards were
21 putting together their sampling capacity. And, if you
22 like, the Chief Medical Officer's letter represented the
23 direction which I thought he had the authority to give
24 rather than me.

25 **Q.** Should that have been issued earlier than it was?

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1 and other things was to remain with a reactive approach.
2 I'm told that that specific action was in relation to
3 communications, but the agenda item also related -- also
4 was in relation to diagnostics and case management. Do
5 you know what the actions were in relation to those?

6 **A.** So, thank you for that clarification. That would make
7 sense, reactive communication, and I'm assuming that the
8 second part is with reference to the fact that our
9 laboratories were ready to respond to test any suspected
10 cases.

11 **Q.** Thank you.

12 Is it right that the gold group was set up on
13 25 February, and that was two days before the first
14 confirmed case in Wales?

15 **A.** That's correct.

16 **Q.** Do you think that should have been set up earlier?

17 **A.** I don't think so, at the time, as strategic director,
18 it's the discretion of the strategic director when to
19 establish the gold group. The reason that I hadn't was
20 that I was discharging all the functions of the
21 strategic director sufficiently without necessitating
22 convening a gold group. But by 25 February, the sheer
23 scale and volume of the actions and activities we were
24 involved in prompted me at that stage to convene the
25 group when I did. So I didn't think it was necessary

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1 **A.** It might have been helpful if that had been issued at
2 the beginning of February. Or even, if I had decided
3 not to bother to try to have a conversation and see if
4 we can get this by negotiation with the health boards,
5 we could have done it the previous week. But I think,
6 frankly, that would have been inappropriate. Certainly
7 after the 31st, when we'd had the first two cases,
8 I think that did represent a turning point, and maybe
9 the following week, some direction at that stage would
10 have been really helpful.

11 **MS JUNG:** Thank you.

12 My Lady, would that be a convenient point?

13 **LADY HALLETT:** It would, certainly. 11.30-ish, 11.31.

14 (11.16 am)

(A short break)

15 (11.31 am)

16 **LADY HALLETT:** Ms Jung.

17 **MS JUNG:** Thank you, my Lady.

18 Dr Sandifer, could I start, please, with
19 a correction. When we were discussing the meeting that
20 took place between you and the Chief Medical Officer for
21 Wales on 26 January, do you remember we looked at the
22 minutes for that meeting?

23 **A.** Yes.

24 **Q.** And I put to you that the action in relation to testing

50

1 beforehand because I was pretty well doing that
2 full-time anyway.

3 **Q.** Thank you.

4 Can we look at INQ000252365, please.

5 This is an email thread that was put to
6 Dr Chris Williams last Friday, and it's an email thread
7 regarding PHE modelling work between Dr Williams,
8 Andrew Jones, yourself and Rob Orford.

9 Can we see there it says, in the middle of the page,
10 this is in fact you saying:

11 "We should avoid calling it a STAC -- it isn't --
12 and what we need is the same level of urgency as it
13 seems is happening in PHE/DHSC."

14 What did you mean by that?

15 **A.** Okay, so the first part is, I'm afraid, me being
16 a little pedantic. STAC stands for a scientific
17 technical advisory cell. It's a construct described in
18 emergency planning guidance to support strategic
19 co-ordinating groups. Those were being established at
20 this time, but what I understood Welsh Government was
21 doing was establishing what came to be known as TAC and
22 TAG. So I was being a little pedantic in making that --

23 **LADY HALLETT:** Like myself.

24 **A.** The second part is probably the more relevant here.
25 Below that you will see reference to work that was being

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1 undertaken in Public Health England, and I just felt
2 that the response that I was seeing in Wales at that
3 time to the specific actions that Public Health England
4 were taking was not commensurate and that we needed more
5 urgency.

6 **MS JUNG:** Thank you.

7 Can we look at INQ000309871, please.

8 This is an email that you sent to Dr Rob Orford and
9 Dr Tracey Cooper on 23 March 2020 regarding testing, and
10 you said:

11 "Above all else I am really worry that National
12 politics could trump public safety and need in Wales and
13 we end up losing out badly in Wales."

14 What did you mean by that? What was your concern
15 about national politics trumping public safety?

16 **A.** So this was around the time that we were in discussion
17 with Public Health England about access to tests from
18 Roche. I had been party to some of the discussions with
19 Dr Cooper, and I had been copied in to most of the
20 emails, and at this date I had thought that there was
21 an agreement for 5,000 tests to come to Wales. However,
22 as a little bit further down you'll see, we didn't have
23 that in writing.

24 Now, my concern at this stage was that we were going
25 to lose those tests, which of course subsequently events

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1 were telling us that they didn't think we were
2 approaching, if we weren't already there, a civil
3 emergency.

4 **Q.** Do you know why they were taking that approach?

5 **A.** I think that question needs to be directed to Welsh
6 Government. What they will point out, because I've read
7 others' statements, is that they had convened the --
8 a Civil Contingencies Group on 4 February. We hadn't
9 received notice of that meeting in advance, but
10 Dr Jones -- sorry, Mr Jones, who was my liaison, just
11 happened to be there when that invitation came in, and
12 he joined Chief Medical Officer's staff at that meeting.
13 So we knew that there had been a first meeting, which
14 would have suggested a level 1 activation of the
15 pan-Wales response plan.

16 We subsequently learned that ECC(W) apparently had
17 been stood up, although over time, through February, it
18 appeared to us that appeared to be operating more as
19 a health desk and not in terms of the functions, as
20 I read them, in the pan-Wales response plan, and the
21 purpose for that email chain was that I asked Andrew to
22 go back and say: hang on, are we in? Are we actually
23 using civil emergency powers at this moment? And here
24 is the response.

25 **Q.** Can we look, please, at a document that was produced by

55

1 showed we did and we got about 500 tests, and I was
2 probably stepping out of line by speculating whether
3 there was anything at UK Government level that might be
4 behind that, and emphasising my concern about the
5 implications of losing that test capacity on public
6 safety and need in Wales.

7 **Q.** Thank you.

8 Could I ask you about the Emergency Coordination
9 Centre (Wales), please. Is it right that you asked the
10 Welsh Government in January 2020 whether they were going
11 to stand one up?

12 **A.** Yes, on 24 January, we've discussed that point, we would
13 have been the first signal that perhaps they were
14 invoking civil contingencies.

15 **Q.** Can we look, please, at INQ000255778.

16 On 3 March 2020 did you receive this email from
17 Andrew Jones which sets out:

18 "This is not a civil emergency situation but ECC(W)
19 is operating in support of the health agenda. This is
20 being kept under review and any change in activation
21 arrangements will be shared as a matter of urgency."

22 This email was then forwarded to you and Dr Shankar
23 the same day, and it said the same thing; is that right?

24 **A.** Yeah, I was astonished at this. I mean, we're at the
25 beginning of March, and Welsh Government resilience team

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1 Public Health Wales, INQ000147246.

2 This is called "Covid-19 as a 'major (health
3 incident': Points to consider". If we look over the
4 page, we can see that at the top it says:

5 "This paper summarises the current situation of
6 Covid-19 in Wales and provides an evidential summary of
7 considerations to guide Welsh Government in any decision
8 on the declaration of a Major Incident for Health in
9 Wales.

10 "In preparing this paper and before declaring
11 a major incident two essential questions need to be
12 answered and this paper considers each in turn.

13 "1. Why declare a 'major incident' and why now?"

14 "2. What would we expect from making a declaration
15 of a 'major incident'."

16 You go on, don't you, in this paper, to deal with
17 three questions? We can see the first question there:
18 why declare a major incident and why now? And you set
19 out the factors that need to be considered.

20 Firstly, the current epidemiological situation, and
21 you set out that the summary of confirmed cases in Wales
22 as at 9 am on 11 March 2020 was that there was 19 cases
23 confirmed from five different health boards. Two, a
24 summary of contact tracing/monitoring as at the same
25 time and date:

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1 "109 individuals were under contact monitoring ..."
 2 Over the page. And of the 13 cases in Wales who
 3 have contacts under surveillance, the mean number of
 4 contacts per case was six, but this ranged from zero
 5 to 27.
 6 Then factor 2, characteristics of the population
 7 exposed, you set out there that, in terms of demography,
 8 Wales has a higher proportion of the population aged 65
 9 or over compared to the UK.
 10 Over the page:
 11 "Wales has a slightly higher proportion of the
 12 population aged 85 [or over] compared to the UK ...
 13 "Wales has 30,000 men aged 85 [or over] and 52,400
 14 women aged 85 [or over]."
 15 In terms of health status:
 16 "Wales has a higher proportion of Census respondents
 17 reporting their health to be NOT good or very good
 18 compared to England ...
 19 "Wales has a higher proportion of Census respondents
 20 reporting having a limiting long-term illness compared
 21 to England ...
 22 "Wales has a high proportion of patients on a number
 23 of QoF registers including asthma and COPD, diabetes,
 24 coronary heart disease and stroke compared to the UK as
 25 a whole ..."

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1 Is that right?
 2 **A.** That's correct.
 3 **Q.** Factor 3, you deal with, later on in that page, state of
 4 the health system in Wales to respond to Covid-19, and
 5 you say in the last paragraph:
 6 "The predictions for the population of Wales are for
 7 over 1.5 million symptomatic cases ... with 200,000
 8 requiring hospital admission ... An estimated 18,000
 9 will require mechanical ventilation at some point ...
 10 with 25,000 predicted deaths."
 11 Over the page:
 12 "Older people and those with comorbidities have
 13 higher estimated hospitalisation and mortality
 14 proportions, so the estimates for Wales referred to
 15 above may be higher than the above under the [reasonable
 16 worst-case] scenario."
 17 You go on to say that:
 18 "Behavioural interventions are planned, including
 19 home isolation and household quarantine and cocooning of
 20 vulnerable people."
 21 And in the next paragraph:
 22 "Nevertheless, and quite apart from any consider of
 23 a major incident declaration, given the demography and
 24 health status of the population of Wales, Public Health
 25 Wales strongly advocates early implementation of these

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1 Economic status:
 2 "Wales has a lower proportion of people in
 3 employment compared to the UK as a whole ...
 4 "Wales has a higher proportion of people on short
 5 and long-term sickness absence compared to the UK as
 6 a whole ...
 7 "Wales has a higher proportion of people in Wales
 8 employed in service or sales roles compared to the UK as
 9 a whole ...
 10 "Wales has a higher proportion of lone parent
 11 families compared to the UK as a whole ..."
 12 And then dependency:
 13 "Wales has a higher proportion of the adult
 14 population that provide care compared to England ..."
 15 Over the page, you say:
 16 "This gives rise to an important question: Is the
 17 Welsh population more vulnerable than comparator
 18 populations that would necessitate earlier/different
 19 interventions?
 20 "Objectively the demographic characteristics of the
 21 Welsh population and specifically the age profile of the
 22 population over 65/75, health and economic status, and
 23 dependency responsibilities are such that Wales may
 24 experience disproportionate levels of impact from
 25 Covid-19."

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1 three behavioural interventions and specifically
 2 commends urgent attention directed at the elderly
 3 population cared for in residential and nursing homes in
 4 Wales."
 5 Can we see that below that, on the same page, you go
 6 on to ask the second question:
 7 "What would we expect from making a declaration of
 8 a 'major incident'?"
 9 You go on to give the definition of a major incident
 10 under the Civil Contingencies Act; is that right?
 11 **A.** Mm-hm.
 12 **Q.** Over the page, you say:
 13 "Declaration of a major incident in Wales would lead
 14 to the establishment of the Emergency Committee (Wales)
 15 and the establishment of 4 Strategic Coordinating
 16 Groups ... across Wales."
 17 You explain that:
 18 "At the time of writing all LRFs have started to
 19 form SCGs and Public Health Wales has attended or will
 20 attend all meetings arranged during the week commencing
 21 9 March ..."
 22 Then you set out, don't you, the benefits of
 23 declaring a major incident in response to Covid-19, and
 24 explain that:
 25 "A recurring theme of lessons identified in

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1 multi-agency debriefs is that Major Incidents are not
 2 declared soon enough. Timely/early declaration would
 3 apply previous lessons."
 4 2, you say that in the middle of that paragraph:
 5 "The response structures that support SCG decision
 6 making, [would be] made available. Examples include
 7 Tactical Coordinating Group, Multi-Agency Media Cell,
 8 [the] Mass Fatalities Coordinating Group, Logistical
 9 Preparedness Group and Recovery Coordinating Group. All
 10 these supporting structures and groups can benefit the
 11 response to COVID-19."

12 Formal decision logs of actions would be kept,
 13 that's paragraph 3.

14 And 4:

15 "SCGs would be able to make multi-agency decisions
 16 and use partnership networks on key areas such as
 17 'Communications' and 'Mutual Aid' in a more effective
 18 manner than existing arrangements.

19 "Specific areas could include ..."

20 And then you give some examples, such as domiciliary
 21 care and care of the vulnerable, closures of specific
 22 schools and events, consistent and effective use of PPE
 23 across agencies, and managing public anxiety, addressing
 24 any panic buying.

25 Over the page:

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1 Following our first case, on the 27th, announced on
 2 28 February, we began to see case numbers rise, and by
 3 this week, of 11 March, those case numbers were rising
 4 exponentially.

5 What I didn't know, I don't think any of us knew, in
 6 fact I'm pretty sure none of us knew at that time, is
 7 that COBR had discussed the legislative basis for the
 8 response by then, I think on 2 March, and had decided
 9 against using civil contingencies legislation in favour
 10 of public health legislation. That quickly became
 11 apparent to us in the coming days, as we saw the
 12 Coronavirus Bill being developed, but at this stage, and
 13 in response to what we had been told by Welsh Government
 14 in the email we referred to earlier, I just felt we need
 15 to put our -- lay our cards on the table and say to
 16 Welsh Government "This is how we see it, are you going
 17 to use emergency legislation?"

18 **Q.** Was this your way of trying to persuade the Welsh
 19 Government to take its own course?

20 **A.** Yes.

21 **Q.** Is it right that the feedback that you received from the
 22 Welsh Government was that such a declaration would not
 23 be helpful?

24 **A.** That was given to me verbally via Dr Tracey, who had
 25 I think received a communication from Welsh Government.

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1 "Ensuring multi-agency consistency of
 2 communication/messaging on health, welfare, prevention
 3 and delay of the spread of COVID-19."

4 At the bottom of this section:

5 "Set against this there are costs and consequences
 6 of setting up the above support infrastructure, which
 7 will require resource capacity ... and may deflect or
 8 impact on the undertaking of necessary actions. It is
 9 assumed that the necessity to declare a major incident
 10 overrides these considerations."

11 Then in conclusion, you say:

12 "Wales ... is confronted by a pandemic ... The known
 13 characteristics of Covid-19 and the known
 14 characteristics of the population of Wales suggest that
 15 the impact in Wales could be significant. Considerable
 16 preparatory work has occurred in Wales in the
 17 'containment' phase but as we approach the 'delay' phase
 18 this will need to be expanded and accelerated."

19 So does that document set out why Public Health
 20 Wales thought that the government should be treating
 21 this as a civil emergency?

22 **A.** Yeah, I mean, we wrote this paper. It might be just
 23 helpful to just make a couple of points just to locate
 24 this in the narrative here.

25 So the WHO declared a pandemic on 11 March.

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1 **Q.** Thank you.

2 Can I ask you, please, about the development of
 3 local plans.

4 **A.** Mm-hm.

5 **Q.** Is it right that Public Health Wales was asked to
 6 produce some guidance in relation to those, and those
 7 were received on 21 August 2020?

8 **A.** We'd sort of asked ourselves. I mean, what I was
 9 looking at during the summer was at the state of
 10 preparedness of the health boards for what we could
 11 expect in the autumn and the winter. And I personally
 12 felt there was a mixed level of preparedness, so I put
 13 it to the Chief Medical Officer: we probably ought to
 14 ask the health boards for these prevention and response
 15 plans, and we'll write the guidance for you. Which is
 16 what we did.

17 **Q.** So in your view they were not all satisfactory?

18 **A.** They were not all satisfactory. Some -- there were
 19 a couple who actually, doing a very good job. But there
 20 were a few that were causing us concern.

21 **Q.** And is it right that the Welsh Government had said that
 22 they would write to the health boards in relation to
 23 those plans, and then you were surprised to read
 24 a letter from the government.

25 Which is at INQ000147256.

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1 **A.** Yep, so this is about seven weeks later. So Welsh
2 Government wrote out, asked for the plans, we received
3 the plans in mid-August. At the Health Protection
4 Advisory Group on 24 August my deputy presented -- I and
5 my deputy had reviewed those plans, he presented our
6 findings to that HPAG meeting. It was quite clear that
7 further work was required, by all of the health boards,
8 some much more than others, and so I was surprised then,
9 you know, three weeks, four weeks later, that apparently
10 the Welsh Government seemed to have stepped away from
11 that plan --

12 **Q.** From -- and we can see that -- I'm sorry.

13 **A.** Apologies.

14 **Q.** We can see that in the second paragraph, where they say
15 that:

16 "Events have moved on rapidly since then. We had
17 anticipated providing further feedback ... however it
18 has not been possibly to finalise that."

19 Then it goes on to say:

20 "As such, we will not be providing formal feedback
21 on your ... plans. We are sorry for any inconvenience
22 this might have caused."

23 What's the importance of having satisfactory local
24 plans in the response to a pandemic such as this?

25 **A.** Right. I'm not quite sure where I begin to answer that
65

1 statement, as do other -- as has Dr Cooper. I don't
2 think I've anything to add to what I've already said.

3 **Q.** In your statement you specifically mention the
4 challenges that you faced in mobilising and expanding
5 staff; is that right?

6 **A.** That's correct, and I was interested in the
7 discussion -- or, rather, the questions you were putting
8 to Dr Cooper yesterday about that.

9 We are now in a much stronger position than we were,
10 but I think this is more than just simply about resource
11 in Public Health Wales, grateful as we are to Welsh
12 Government for the additional investment; this is also
13 about a system wide preparedness for the future.
14 I allude to that in paragraph 157 with some reflection.
15 I still think there's more work to do to ensure that
16 Wales and its system, public health system, is ready for
17 a future pandemic.

18 **MS JUNG:** Thank you, Dr Sandifer.

19 My Lady, those are all my questions.

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

21 I think, Ms Foubister, you've got some questions,
22 and then Mr Gardner.

23 **Questions from MS FOUBISTER**

24 **MS FOUBISTER:** My Lady.

25 Good morning, Dr Sandifer. I represent
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1 one, to be honest. I --

2 **Q.** We've only got a few minutes left.

3 **A.** Okay. Well, I think I'd already set the context in the
4 summer. We were looking ahead to almost certainly
5 a second wave in the autumn/winter. I mean, I think, to
6 give some acknowledgement to Welsh Government, we were
7 by then in the thick of it with all these local
8 protection arrangements being put in place around Wales.
9 But nevertheless, we were looking ahead, and I was just
10 concerned that our health boards' public health
11 functions were not necessarily geared up for what might
12 come in the winter.

13 **Q.** In your statement, you say that what you think was
14 missing in the first few weeks from 8 January until
15 20 February was national strategic leadership and
16 co-ordination from Welsh Government. Do you stand by
17 that?

18 **A.** I do stand by that.

19 **Q.** And are there any other reflections that you would like
20 to tell us about?

21 **A.** I don't think so.

22 **Q.** Is there anything else that you think Public Health
23 Wales could have done better or earlier?

24 **A.** I'm sure we could have done quite a few things better
25 and earlier, and I set out some of my reflections in my
66

1 John's Campaign and Care Rights UK. I'm going to refer
2 to your witness statement, if it's possible to bring
3 that up.

4 That's INQ000267867, and I'm going to look at
5 page 12, paragraph 50.

6 You say in the bullet point in paragraph 50 that you
7 chaired a gold meeting on 13 March 2020 to discuss
8 stopping routine community testing, and closing down
9 contact tracing in a managed way so as not to leave
10 vulnerable people exposed.

11 Can I ask, what did you mean by a "managed way"?

12 **A.** So those people that were already, if you like, in the
13 system, that had been made known to us and we were
14 conducting contact tracing, we needed to make sure we
15 concluded that process for those individuals. As this
16 is the containment to delay, and our response to the
17 UK Government's decision to move from containment to
18 delay and what that practically would mean, essentially
19 in response to the letter that the -- or the link letter
20 the CMO had produced on that.

21 **Q.** And what factors were considered in relation to how this
22 might impact vulnerable people?

23 **A.** So, what we recognised is that, as we moved to hospital
24 test -- hospital testing, that we would therefore be
25 stepping away from our community testing process and
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1 that we would therefore need to engage with the
2 community through a broader range of activities through
3 our professional communications, through the local
4 health boards and their directors of public health, and
5 of course we never withdrew contact tracing entirely
6 because, in response to any local outbreaks or
7 incidents, we would have responded to those as we would
8 in any other public health -- at any other time in
9 a public health way.

10 **Q.** I'm going to refer next to your paragraph 117, which is
11 on page 28 of your witness statement. This kind of goes
12 over towards the bottom. I'm going to look at the next
13 page and paragraph 118 as well.

14 So in 117 you refer to a Public Health Wales advice
15 note dated 24 October 2020, of which you were
16 a contributory author, which was to inform Welsh
17 Government decisions about steps to be taken after the
18 firebreak.

19 Then over the page, looking at paragraph 118, you
20 explain about halfway through this paragraph that:

21 "The ... note acknowledged the harms from
22 restrictions ([including] on personal mental health,
23 [and] access to healthcare ..."

24 So if we can turn to the advice note itself, which
25 is INQ000147260.

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1 Public Health Wales, which was examining the wider
2 impacts of Covid on the population, and this was, as
3 I recall it, a suggestion from the work of that group
4 that we should clarify our expectations around this.

5 **Q.** And was there ever a thorough calculation of the harms
6 caused by restrictions on those --

7 **A.** I don't know.

8 **Q.** -- needing care?

9 **A.** To be honest, I don't know, but that might have been
10 undertaking by the Population Health Group, but I don't
11 know for certain.

12 **Q.** And if we wanted to find out, who would you recommend
13 asking?

14 **A.** I guess we could get that information from within Public
15 Health Wales, so I'm happy to take that away as
16 an action from this Inquiry, if you wish.

17 **MS FOUBISTER:** Thank you.

18 Thank you, my Lady.

19 **LADY HALLETT:** Thank you, Ms Foubister.

20 Mr Gardner.

21 Questions from MR GARDNER

22 **MR GARDNER:** Dr Sandifer, I ask questions on behalf of the
23 Children's Commissioner for Wales.

24 You briefly discussed your actions and the actions
25 of Public Health Wales in the post lockdown, post first

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1 And I'm going to look primarily at page 3 but it
2 might be helpful to just look at the beginning of the
3 section, which is at the bottom of page 2, if it's
4 possible to get the kind of split between those pages
5 up.

6 Essentially, this note is talking about
7 recommendations for post-firebreak, and what's said at
8 the bottom of page 2 is that whilst some regulation may
9 still be required, this should only be used where, and
10 then there's three bullet points.

11 Looking at the final bullet point, this says:

12 "The harms arising from regulatory impacts on
13 actions to health care, mental health, unemployment and
14 consequent ill health and mortality have been calculated
15 and the population health benefits of the regulations
16 have been shown to exceed the harms caused on
17 a Disability Adjusted Life Years ... basis."

18 So do you agree that this note recommends that
19 further restrictions should only be imposed if those
20 calculations have taken place?

21 **A.** Yes, I mean, it's worth I think saying at this point
22 a range of people were involved in the drafting of this,
23 including Professor Mark Bellis, whose name was
24 mentioned by Dr Cooper yesterday, and at that stage we
25 had established our Population Health Group within

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1 lockdown period, I just have two quick questions
2 relating to those and to school closures and re-openings
3 in particular.

4 So firstly can I ask: ahead of schools re-openings
5 on 29 June 2020 what advice, if any, was requested and
6 given by Public Health Wales?

7 **A.** I'm not sure, I wasn't closely involved in the work
8 that, any work that Public Health Wales might have been
9 doing in that area, so I don't know, sorry.

10 **Q.** I'm grateful.

11 The second one perhaps follows on from questions
12 just being asked in relation to the firebreak. In the
13 statement, in your statement, just ahead of that, at
14 paragraph 116, I don't need you to turn to it, but you
15 note that Public Health Wales did give advice on the
16 firebreak.

17 For the benefit of the Inquiry, that advice is dated
18 12 October 2020, and is INQ000147258.

19 In that advice, it appears that it is recommended
20 that a number of actions are taken, but it doesn't
21 appear that it is recommended that schools are closed,
22 just universities. Do you remember that advice?

23 **A.** I remember that advice.

24 **Q.** And can I ask, as schools were closed on 23 October 2020
25 for those Year 8 and above, would you suggest that that

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1 action was taken in line with Public Health Wales'
2 advice?
3 **A.** I don't know if we provided specific advice on school
4 closures in respect of this advisory note. I note that
5 that was the date of the start of the school half term,
6 and I think that was a consideration that TAC or TAG had
7 given in advance of introducing the firebreak. I'm not
8 sure if Public Health Wales was asked or indeed gave any
9 particular advice on that specific point.
10 **Q.** I see, so it was simply just a -- it wasn't an omission
11 or a deliberate address, it was --
12 **A.** Not at all. The issue of the universities had been
13 brought to our attention specifically with regards to --
14 we had -- a lot of students, obviously, had arrived in
15 Cardiff, many of them perhaps as freshers, and, looking
16 through the course of that term, what would be the
17 position that we would recommend with regards to the
18 universities, and that was what prompted us to put in
19 the advice as set out in that advisory note.
20 **MR GARDNER:** I'm grateful, my Lady.
21 **LADY HALLETT:** Thank you, Mr Gardner.
22 I think that completes the questions for you,
23 Dr Sandifer. Thank you again for your assistance, and
24 I do understand the long and very demanding hours that
25 people like you spent trying to serve the public in

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1 Ms Taj, you are the general secretary of the Wales
2 Trades Union Congress. You explain in your witness
3 statement that the Trades Union Congress brings together
4 5.5 million working people that make up its 48 member
5 unions drawn from all parts of the UK.
6 You go on to note that the Wales TUC is part of the
7 TUC, and that it represents 400,000 workers in Wales
8 through its affiliated unions.
9 The Wales TUC has devolved responsibility within the
10 TUC for matters which are within the powers of the Welsh
11 Government and the Senedd, matters that are wholly
12 specific to Wales, and developing policy on matters
13 which impact substantially differently on Wales than
14 elsewhere in the UK; is that right?
15 **A.** That's correct.
16 **Q.** Thank you.
17 In your witness statement, you provide a detailed
18 summary of the general role of the Wales TUC, and
19 the Inquiry will have regard to the matters that you
20 there set out. But is the role of the Wales TUC perhaps
21 best captured in your own words from your statement
22 where you state that the purpose of the Wales TUC is to
23 "improve the economic and social conditions of workers
24 in Wales"?
25 **A.** Correct.

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1 responding to the pandemic, and please rest assured
2 I shall very much bear the context in mind when I come
3 to produce the reports.
4 But in the meantime, thank you again for all you and
5 your colleagues did.
6 **THE WITNESS:** Thank you very much, my Lady.
7 **(The witness withdrew)**
8 **LADY HALLETT:** Yes, Ms Cowen.
9 **MS COWEN:** My Lady, may I please call Shavanah Taj.
10 **MS SHAVANAH TAJ (affirmed)**
11 **Questions from COUNSEL TO THE INQUIRY**
12 **LADY HALLETT:** I hope we haven't kept you waiting, Ms Taj.
13 **MS COWEN:** Ms Taj, could you please state your full name.
14 **A.** Shavanah Taj.
15 **Q.** Thank you for assisting the Inquiry, both in terms of
16 providing your witness statement and for your attendance
17 here today. Can I please remind you to keep your voice
18 up and to speak slowly and clearly so our stenographer
19 is able to take a record of your evidence.
20 Your witness statement prepared for this module may
21 be found at INQ000273633. We can see that that
22 statement is signed on 8 September of 2023. Is that
23 statement true to the best of your knowledge and belief?
24 **A.** Yes.
25 **Q.** Thank you.

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1 **Q.** Thank you.
2 You explain in your witness statement that
3 throughout the pandemic the Wales TUC had frequent
4 communications and liaison with the Welsh Government.
5 You explain in your statement that the context for that
6 communication was the approach in Wales to social
7 partnership.
8 Can I please ask you to explain what's meant by the
9 term "social partnership"?
10 **A.** So social partnership is what we often refer to as the
11 Welsh way of working, it's a long-standing tradition in
12 terms of how the Welsh Government has always operated.
13 The pandemic meant that a Shadow Social Partnership
14 Council was then set up, and that meant that trade union
15 representatives, the Wales TUC leading on behalf of our
16 affiliates, with them there with us as well, employer
17 organisations and the government, were able to be in the
18 same space together, but the pandemic allowed us the
19 opportunity then to expand that tripartite model and
20 bring in others, including many of the commissioners
21 too.
22 **Q.** Thank you.
23 **LADY HALLETT:** You speak very quickly, Ms Taj. Sorry, it's
24 a failing I have too. Try to slow down.
25 **A.** Sorry, it's a Cardiff thing, I'll try and --

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1 **LADY HALLETT:** Don't worry.

2 **MS COWEN:** You may have touched on this already, but can I
3 just ask you to explain how the approach to social
4 partnership that you have just set out affected the
5 Wales TUC's engagement with the Welsh Government during
6 the pandemic?

7 **A.** Yeah. So in some instances it's probably useful for me
8 to reference some of the things that we were able to do
9 that led to -- directly to decisions which improved
10 conditions for workers during the pandemic. Examples of
11 this can be specifically in relation to some of the
12 tightening up of regulations, workplace regulations in
13 early 2021, the improvement of the administration of the
14 Welsh Government's isolation support payments, and other
15 financial supports as well, and particularly important
16 was the issues around communications with workers on PPE
17 provision and also workplace guidance as well.

18 In Wales the -- some of the differences here
19 specifically was that the Welsh Government made sure
20 that in their Covid guidance that it was made clear that
21 employers should be consulting with their trade unions
22 when it came to workplace risk assessments.

23 **Q.** Thank you very much.

24 I'm now going to ask you some questions about the
25 engagement that the Wales TUC had with the Welsh

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1 beneath it. So we have a health sector forum, we
2 have -- we then established a social care forum as well,
3 because, again, as the pandemic progressed we knew that
4 there were big issues in that area, there's an education
5 forum, but there were some gaps.

6 So some of the gaps that existed, particularly as
7 things progressed, were in relation to hospitality and
8 retail, and some of the unions that organised workers in
9 those areas, including unions such as Equity, which
10 represents a lot of the creative sector workers, were,
11 we made sure that they equally had a voice and a direct
12 channel into the Welsh Government.

13 And so the sort of sectoral engagement ended up
14 expanding, and led to some, you know, good decisions
15 being taken. So, for example, there one of the
16 differences here in Wales was the creative sector unions
17 were then able to access a special fund that was set up
18 specifically for them, and individuals, workers
19 sometimes who could kind of fall between the cracks,
20 for example, people such as taxi drivers, we were able
21 to ensure that they also had a voice when decisions were
22 being taken around hospitality. So, yes.

23 **Q.** Thank you.

24 Before I go any further, and I'm sorry to come back
25 to this, I am going to have to ask you to slow down

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1 Government during the pandemic. I'm going to ask you to
2 outline the specific mechanisms that were in place to
3 facilitate communication between the Wales TUC and the
4 Welsh Government.

5 If I may begin with the Workforce Partnership
6 Council.

7 **A.** Yep.

8 **Q.** In your witness statement you cite the Workforce
9 Partnership Council as a forum for social partnership.
10 You describe the Workforce Partnership Council as
11 a tripartite social partnership structure that included
12 the trade unions, employers and the Welsh Government; is
13 that correct?

14 **A.** That's correct.

15 **Q.** You also explain in your witness statement that the
16 remit of the Workforce Partnership Council was to cover
17 the devolved public services in Wales.

18 **A.** Yes.

19 **Q.** Do you think membership of the Workforce Partnership
20 Council facilitated the Wales TUC's engagement with the
21 Welsh Government during the pandemic, and if so can you
22 say how, please?

23 **A.** Yes, absolutely.

24 So in terms of the Workforce Partnership Council,
25 there are also a number of different groups that sit

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1 a little bit. I know it's very difficult, but if you
2 can please just try to do your best in that regard,
3 thank you.

4 I'm now going to ask you about the Shadow Social
5 Partnership Council. In your witness statement, you
6 describe that the first iteration of this council was
7 established in 2019, and that this council served to
8 bring together Welsh ministers, employers and trade
9 union representatives.

10 The Inquiry understands that membership of the
11 Shadow Social Partnership Council was extended during
12 the pandemic and the First Minister convened fortnightly
13 meetings of the Shadow Social Partnership Council. Is
14 that correct?

15 **A.** That's correct.

16 **Q.** In your statement, you say that meetings of the SSPC
17 typically took the form of an update from the
18 First Minister regarding the Covid-19 situation, and
19 then there would be two further updates which were
20 usually from other ministers or the Chief Medical
21 Officer regarding the Welsh Government's response to the
22 pandemic.

23 You state that the council would typically meet
24 after Cabinet had taken decisions, and this provided
25 an opportunity to advise on how decisions would be

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1 implemented.

2 If it's right that the Shadow Social Partnership
3 Council would typically meet after Cabinet had taken
4 decisions, does that mean that the work of that council
5 didn't actually influence decisions or become involved
6 in decisions?

7 **A.** The opportunity that we had was whilst those Cabinet
8 meetings had already been taken, those meetings had
9 taken place, the discussions that we would be having
10 through the Shadow Social Partnership Council would take
11 place before any public announcements were being made.
12 And so there was an opportunity then for us to be able
13 to influence some of the messaging, for example, or also
14 to point out where there might be some gaps,
15 particularly around some of the Covid guidance, some of
16 the changes that might be coming up, and the need to
17 make sure that every worker was able to access that
18 guidance in a way that was understandable for that
19 particular sector or for that particular worker.

20 **Q.** Yes, thank you.

21 I'm now going to ask you about the regular briefings
22 that the Wales TUC provided to the Welsh Government.

23 You explain in your witness statement that early in
24 the pandemic an arrangement was agreed for the TUC to
25 provide regular briefing documents summarising for the

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1 it wasn't necessary at that stage. There wasn't enough
2 understanding. We were able -- and she ended up in
3 an altercation with a patient who ended up having Covid.
4 He was -- she had messaged her husband, her husband then
5 went on to our website, fed this in, and we were able to
6 pass on that information in real time to the minister
7 through the Welsh Government advisers, and through some
8 of the Welsh Government staff, and quite quickly that
9 matter was then dealt with, and the union representative
10 also contacted on site as well.

11 **Q.** Thank you.

12 I'm now going to ask about the liaison that the
13 Wales TUC had with the Welsh Government in the early
14 period of the pandemic.

15 You set out in your witness statement that the first
16 significant liaison the Wales TUC had with the Welsh
17 Government was on 12 March 2020, when the minister for
18 health and social care and the Minister for Housing and
19 Local Government held a conference call with the
20 Wales TUC.

21 In your view, did this engagement take place
22 sufficiently early?

23 **A.** I think it took place as quickly as it could do at that
24 stage. Of course, you know, when you look back, you
25 think: was Wales actually prepared? Could things have

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1 Welsh Government the key and current issues being raised
2 by the range of unions.

3 The Inquiry will have regard to the examples of
4 issues raised by the Wales TUC in these regular
5 briefings which are set out at paragraph 31 of your
6 witness statement.

7 But can I ask you, do you consider that these
8 briefings were an effective means to communicate the
9 issues that were being raised by your members to the
10 Welsh Government?

11 **A.** I would say yes. So some of the things that we did do
12 through some of those arrangements was, in real time,
13 raise matters that were being brought to our attention.
14 So from our perspective, you know, we were very clear as
15 the Wales TUC that not -- our responsibility wasn't just
16 to people who were members of a union but was to also
17 make sure that all workers, regardless of whether or not
18 they were in a union or not, were being protected.

19 So we, for example, set up very quickly a Covid
20 helpline through our website. People who weren't
21 necessarily either directly impacted could feed in. We
22 had examples of where one man contacted us in relation
23 to his wife who was a mental health nurse, and she was
24 in a situation working in a ward where PPE hadn't been
25 provided because the assumption was that everything --

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1 been different? I think, yes, absolutely, things could
2 have been different, but I think some of the
3 difficulties perhaps are around the fact that the Welsh
4 Government, you know, don't have, even now, a direct
5 responsibility for employment rights, they don't have
6 direct responsibility for enforcement, so --

7 **LADY HALLETT:** Could we avoid any trespassing into what
8 might be thought to be constitutional political matters,
9 please, Ms Taj.

10 **A.** Okay.

11 **LADY HALLETT:** I have a number of terms of reference but
12 they don't go that far.

13 **MS COWEN:** I think, Ms Taj, it may be fair to say, and
14 correct me if I'm wrong, but the question was: did this
15 engagement take place sufficiently early, and I think
16 you said that it perhaps took place as soon as it could
17 have done, but it could always have been earlier --

18 **A.** Yeah.

19 **Q.** -- should other things have been in place?

20 **A.** Yes.

21 **Q.** Can I ask, please, that we bring up document -- I'm so
22 sorry, I can see that it's been anticipated.

23 Here we have a letter that was sent by you to the
24 First Minister on 14 March of 20. In this letter, we
25 can see the immediate priorities for the Wales TUC in

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1 relation to the government's response to the pandemic at
2 this stage.

3 At page 1 and going into page 2 of the letter, you
4 set out four key concerns that the Wales TUC had at that
5 point. Those concerns were namely the procurement of
6 PPE, the dissemination of workplace safety guidance, the
7 adequacy of sick pay and support for those who were
8 suffering hardship.

9 To what extent do you think that the Welsh
10 Government took the concerns you raise in this letter
11 into consideration at this point in the pandemic?

12 **A.** I think that they listened to us, we felt that we did
13 have to keep pressing on some of these issues,
14 particularly in relation to PPE. We -- I think there's
15 a statement as well that we have submitted in our
16 evidence alongside -- it was a public statement that we
17 made with the BMA --

18 **Q.** We'll come to that shortly, yes.

19 **A.** But it sort of is intertwined with that as well, which
20 gives you a clear understanding that we felt that we had
21 to keep pushing on some of these issues at the
22 beginning.

23 **Q.** Thank you.

24 Just in the interests of completeness, the document
25 that we have brought up is INQ000068458. Thank you.

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1 **A.** This eventually led to the setting up of two different
2 groups. Initially there was one in relation to PPE,
3 trying to get a clearer understanding of where PPE was
4 being distributed, who was actually able to access that.
5 Some of the gaps that still remained really was around
6 PPE -- fitting of PPE. That then moved on to testing as
7 well. So that became a big issue for us. But I do
8 think, as a result of us continuing to raise these
9 issues and these matters being brought to the attention
10 of ministers directly, it did mean that social care
11 workers in particular who had raised concerns, those in
12 private care homes and those who worked in third sector
13 led care homes were then eventually able to get the
14 necessary PPE that they needed at the time.

15 **Q.** Thank you.

16 I think this is the statement which you referred to
17 just now, but at paragraph 68 of your witness statement,
18 you referred to a joint statement on PPE in health and
19 social care that was issued by the Wales TUC and the BMA
20 Cymru on 12 April 2020.

21 Could we please bring this document up. It's
22 INQ000180916, please.

23 At page 2 of this document, at the third paragraph,
24 the joint statement states:

25 "While we have maintained regular dialogue with the

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1 I'm now going to ask some questions in relation to
2 the Wales TUC's concerns regarding PPE, but at the
3 outset I wish to be clear that PPE will be considered as
4 part of later modules of this Inquiry, so it's not
5 necessary to give a detailed account of any arrangements
6 at this stage.

7 You do note in your witness statement at
8 paragraph 65 that:

9 "On 31 March 2020, the Workforce Partnership Council
10 ... health trade unions issued a statement ..."

11 I'm actually going to ask that this be brought up.

12 That is INQ000068472.

13 At page 1 of this document, underneath the heading
14 "PPE", we can see that the concerns raised were as
15 follows: PPE failing to reach frontline workers; the
16 clarity of the Welsh Government's frequently asked
17 questions in relation to PPE; a lack of detail around
18 what the amount of PPE purchased actually means; a gap
19 in provision for those who are not able to access PPE
20 under current guidance but who cannot practice social
21 distancing due to the nature of their roles; and PPE
22 provision in private social care settings."

23 In your view, were the concerns you raised at this
24 stage of the pandemic in relation to PPE adequately
25 addressed by the Welsh Government?

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1 Welsh Government over PPE ... [Document read] ...
2 reassurance they deserve as they continue to serve the
3 public."

4 Then the statement goes on to set out the particular
5 areas about which information was sought.

6 You called for the Welsh Government to be
7 transparent and to give an honest response on stock
8 levels of PPE, where the stock is, where it's being
9 stored, and when they will be delivered. You also call
10 for independent inspectorates to check on supplies.

11 In your view, to what extent did the Welsh
12 Government have regard to the concerns expressed in this
13 statement?

14 **A.** I think that they were genuinely concerned, which is
15 why, again going back to the Shadow Social Partnership
16 Council and the various different sectoral arrangements
17 that exist where unions can continue to make the case,
18 and through the channels of communications that we had,
19 then eventually when the national Health and Safety
20 Forum was set up, there was the opportunity to make
21 improvements, and I think that the Welsh Government did
22 do the right thing. Eventually we were able to have
23 more information.

24 Some of the lack -- some of the areas where we did
25 still struggle with particularly was around fit testing,

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1 some of those conversations were better in particular
2 sectors, in others they were not so much. But the --
3 some of the big stories that we were -- the reason why
4 it's referenced here around appropriate changing
5 facilities, for example, one of the reasons why that was
6 there was because, as health unions continued to hear at
7 this stage from workers in those settings, that they
8 weren't quite sure whether or not they could take their
9 uniforms home to wash, for example.

10 We had a case where somebody had contacted our
11 helpline and said "I have just finished my shift, I've
12 taken my uniform off, I'm currently standing in the
13 car park, I've put it in a carrier bag and put it in the
14 boot, I'm now going to go home. I'm not sure if I can
15 wash this at home and, if I do, what temperature should
16 I be washing it at". So that's just an example of some
17 of the things that were happening and why it was so
18 important that we opened this detailed dialogue with the
19 Welsh Government.

20 **Q.** Yes, thank you.

21 You explain in your witness statement that the
22 advice given and representations made to the Welsh
23 Government was predominantly based upon the feedback and
24 information provided by the Wales TUC's affiliated
25 unions and its members, and the Inquiry will have regard

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1 the things that then happened was there was a subgroup
2 that was set up specifically to look at the development
3 of individual risk assessments. They were initially
4 developed in -- with healthcare workers in mind, but
5 they were expanded upon. And we were also in
6 a position, because we were looking at the
7 disproportionate impact of Covid-19, again referring
8 back to some of the information that we were picking up
9 from affiliates at the time -- so, for example, there
10 had been an outbreak in two food processing plants.
11 There was a significant number of migrant workers.
12 English was not their first language, Welsh was not
13 their first language, and so they really struggled with
14 Covid guidance. And had it not been for the unions in
15 that space at the time, we would not have been able to,
16 one, find out what exactly had happened, whether or not
17 risk assessments had been conducted, but also some of
18 the information, the intel that we picked up that then
19 assisted this group, but also the Welsh Government more
20 broadly, was the fact that some of these migrant workers
21 were, you know, living in shared accommodation. So they
22 would go to work together and then they were living in
23 accommodation where, you know, transmission became quite
24 difficult to manage.

25 We -- the reason why I think as well it was

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1 to what you set out in your witness statement regarding
2 the proportion of Welsh employees that are either
3 members of a union or have union representation in their
4 workplace.

5 I'd now like to focus on two specific examples of
6 work carried out by the Wales TUC in relation to
7 evidence gathered about the experience of workers in
8 Wales, and the two specific examples I would like to
9 focus on are the experience of black, Asian and minority
10 ethnic workers and the experience of disabled workers.

11 You explain in your witness statement that from the
12 outset of the pandemic unions were reporting that black,
13 Asian and minority ethnic workers were being
14 discriminated against in a number of ways, for example
15 not getting adequate access to PPE.

16 In your witness statement you refer to the BAME
17 Covid-19 Advisory Group, which we have heard about
18 already in this Module from Professor Emmanuel Ogbonna.

19 You state that you attended the majority of meetings
20 of the BAME Covid-19 Advisory Group and that you
21 assisted Professor Ogbonna in the drafting of the
22 advisory group's report.

23 From the perspective of the Wales TUC, how effective
24 do you think the meetings of the advisory group were?

25 **A.** I think they were definitely effective because one of

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1 important for the Welsh Government to look at the
2 socioeconomic factors was because at that time we
3 were -- as from a Wales TUC perspective, any information
4 that we were gathering, we always made sure that we took
5 a public position, that our information was readily
6 available to anybody.

7 You know, when you have somebody who looks like me
8 in this position, there are going to be a number of
9 people from those minoritised groups who will directly
10 contact me and ask questions, and we were then able to
11 point them in the direction of various different unions
12 that could support them as well. And as you say, you've
13 referenced the fact that we'd put out a call for
14 evidence as well, particularly for BAME workers, that we
15 fed in.

16 **Q.** Yes, thank you.

17 In your witness statement you also explain that the
18 Wales TUC Equality Committee invited the Deputy Minister
19 and Chief Whip Jane Hutt to two of its meetings, one on
20 21 April of 2020, and one on 5 May.

21 Can we please turn to the minutes of the first of
22 those meetings, the meeting of 21 April.

23 That's INQ000068464.

24 So the context of this meeting is that prior to this
25 meeting a paper produced by the Wales TUC Equality

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1 Committee regarding the equality impact of Covid-19 had
2 been circulated. We don't need to bring that document
3 up yet, but looking at these meetings, at page 2 of the
4 minutes, at paragraph 10, the minutes record that the
5 Deputy Minister and Chief Whip:

6 "... suggested that an assessment should be made in
7 the near ... [Document read] ... during this crisis
8 period."

9 As far as you are aware, was such an assessment as
10 is intimated in those minutes ever made?

11 **A.** Well, in addition to the Covid-19 Advisory Group and the
12 reporting to the disproportionate impact of Covid-19,
13 what did happen was that Wales then developed a series
14 of equality action plans, and there's lots of work that
15 has gone on into that, particularly in relation to race,
16 in terms of disability and LGBTQ+ matters as well, so
17 some of the issues that we were raising in these
18 meetings we have then seen action being taken.

19 I think it's important for me to also sort of say as
20 far as the minister, Jane Hutt, herself is concerned,
21 she was -- you know, she really was a consistent
22 advocate on equality issues and she genuinely worked
23 hard to make sure that any information that she was
24 gathering, particularly through her engagement with the
25 unions and the Wales TUC, that she was feeding that back

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1 **A.** I think that the -- as far as the shielding letters are
2 concerned, there was some confusion at the start of the
3 pandemic and we raised these matters at the Shadow
4 Social Partnership Council meetings and, in some cases,
5 the sectoral meetings as well.

6 Employers in Wales and I think in parts of -- maybe
7 some of the Welsh Government officials didn't
8 necessarily understand the detail around the furlough
9 scheme, for example, and the fact that people could
10 request to be furloughed by their employer, even if they
11 were classed at that point as a key worker.

12 But of course it was always the case that reasonable
13 adjustments could have been made, should have been made
14 and that's why the impact assessments and the individual
15 risk assessments were important.

16 But we continued to engage on this issue, and when
17 it came to disabled workers, of course, there were
18 a number of jobs -- like, before the pandemic, we always
19 heard from employers who just assumed, "Well, you know,
20 we can't make reasonable adjustments because" --
21 essentially of somebody being able to work from home,
22 yet actually, as things progressed, lots of workers,
23 including disabled workers, were able to, you know,
24 conduct their duties from home, and that was something
25 that we really pushed for.

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1 up at a Cabinet level but also making sure that all
2 departments understood our role, because -- and I can
3 say that because on a regular basis we would hear from
4 an official who would say "Jane has suggested that we
5 talk to you on the following matters".

6 **Q.** Thank you.

7 Can we please bring up the report to which I earlier
8 referred that was discussed in this meeting. That's
9 a report prepared by the WTUC Equality Committee.
10 It's INQ000068460.

11 If I can ask, please, for page 6 going into page 7
12 to be brought up. There we will find ten issues that
13 it's reported disabled people and carers were facing.
14 These issues included how frightening DNRs (Do Not
15 Resuscitate notices) had become for disabled people,
16 that people with motor neurone disease had not been
17 identified as being extremely vulnerable, and therefore
18 were excluded from automatic inclusion onto the
19 shielding list. There were examples cited of shielding
20 letters being sent to the wrong address, disabled people
21 struggling to receive reasonable adjustments or
22 maintaining their reasonable adjustments due to
23 workplaces being understaffed.

24 As far as you are aware, were these concerns acted
25 upon by the Welsh Government?

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1 **Q.** Okay.

2 **LADY HALLETT:** Could I just interrupt here. I think the
3 question was: did the Welsh Government act on it?
4 I appreciate you've spoken about a number of meetings
5 and engagement and representations you made, but was any
6 action taken?

7 **A.** I think that there was some action taken, I couldn't --
8 on every single point that we've identified here,
9 I would probably need to go through that and provide you
10 some -- with some further information after, if that's
11 okay.

12 **MS COWEN:** Yes, thank you.

13 You explain in your witness statement that
14 a particular value of social partnership in the context
15 of the pandemic was that the Wales TUC was well informed
16 as to how in practice the various approaches adopted to
17 NPIs were being implemented across a range of sectors.
18 I'd like to briefly look at three specific NPIs:
19 firstly, self-isolation and sick pay; secondly,
20 lockdowns and local restrictions; and, thirdly, working
21 from home.

22 In relation to self-isolation and sick pay, you're
23 clear in your witness statement that the dominant
24 feature of Wales TUC's concern was the extent to which
25 workers were able to self-isolate without significant

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1 financial hardship accruing.
2 Could we, please, turn to document INQ000180894,
3 please.

4 This is a letter sent by you on behalf of the
5 Wales TUC to Julie Morgan, Deputy Minister for Health
6 and Social Services. In the third paragraph of page 1
7 and the second sentence of that, you state that:

8 "The fact that many social care staff, who are
9 already low paid, continued to face a financial penalty
10 for taking sickness absence is contributing to the
11 spread of the virus, particularly within care homes, and
12 we would welcome a similar policy commitment in Wales
13 that extends to all social care workers, including
14 agency workers."

15 Did you feel that this concern was addressed by
16 Ms Morgan and the Welsh Government?

17 **A.** So, on the -- when we wrote to -- first of all,
18 of course, the GMB raised this issue, and when the GMB
19 raised this issue it is important for me to also flag
20 that the individual who wrote that letter had been
21 a care worker for over a decade before she became
22 an officer representing that workforce, so they were
23 matters that were really close to her, she understood
24 them very clearly, and so when they wrote to
25 Julie Morgan calling for social care workers to receive

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1 to circuit-breaker as it was, in your words, the right
2 call for public health. However, you go on to note
3 that:

4 "The difficulty is that whilst Wales elected the
5 Welsh Government to make decisions over public
6 health ... [it was] the UK Government [that] was
7 responsible for wage support."

8 Now, from the TUC's perspective, how problematic was
9 this aspect of devolution regarding the implementation
10 of the firebreak lockdown in October 2020?

11 **A.** Well --

12 **LADY HALLETT:** Be careful here, please. I can't go into the
13 devolution settlement, so if you can answer that
14 question without trespassing too far, Ms Taj, please do,
15 but it is a very tricky one.

16 **A.** Well, from ...

17 **MS COWEN:** I wonder if I might just ask the question
18 a different way. Perhaps if I could ask, from the
19 Wales TUC's perspective, how did funding affect the
20 firebreak lockdown in October 2020?

21 **A.** The fact that we were going to be going into a firebreak
22 and workers who -- you know, particular sectors were set
23 to be shut down, particularly hospitality and retail,
24 for example, that had just about re-opened, and
25 people -- some of the music venues had started to

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1 sick pay, and then we later referred -- referenced the
2 disincentive to comply with infection control measures,
3 and the fact that the -- there had been -- we requested
4 that the consequential from the infection control fund
5 was introduced to a fund sick pay scheme for social care
6 workers, as of late October we still didn't have clarity
7 actually what the -- as to what the delay was.

8 So I think that the -- for both that scheme but also
9 in relation to the wider -- the sick pay enhancement
10 scheme for social care workers but also the wider
11 self-isolation support scheme, we repeatedly requested
12 data on its uptake, and we failed to get anything robust
13 specifically in relation to the uptake of the
14 social care sick pay scheme, and we are not quite sure
15 why it took some time for that to be introduced. It
16 could well be that there was a funding issue and there
17 were decisions that the government needed to take at the
18 time.

19 **Q.** Thank you.

20 If I can now ask you briefly about local
21 restrictions in Wales and I wish to focus on the
22 circuit-breaker that was implemented in Wales in October
23 of 2020.

24 Now, you're very clear in your witness statement
25 that the Wales TUC supported the decision to implement

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1 re-open, if the fact that they were going to be shut
2 down and there was going to be no financial support, how
3 could we ensure that people would comply with the
4 regulations. And so the -- you know, it felt as if the
5 UK Government didn't seem to care that it was putting
6 Welsh Government in an impossible situation, forcing
7 them to decide --

8 **LADY HALLETT:** I think you're now trespassing.

9 **A.** Sorry.

10 **LADY HALLETT:** Thank you.

11 **MS COWEN:** If I now may very briefly ask you about working
12 from home, and specifically the development of
13 regulations requiring working from home in December
14 of 2021.

15 You state in your statement that on 17 December
16 of 2021 the Welsh Government published changes to its
17 work from home regulations, whereby workers in Wales
18 could face fines of up to £60 for leaving a place where
19 they are living for the purposes of work where it's
20 reasonably practicable for the person to work from home.

21 The Inquiry will have regard to the statement that
22 the Wales TUC issued on 21 December of 2021 where you
23 set out your concern that the worker is not responsible
24 for the place of work, that is the responsibility of the
25 employer.

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1 You also explain in your witness statement that on
2 22 December of 2021 the First Minister clarified that
3 the focus of any enforcement activity in relation to the
4 regulations pertaining to working from home would be on
5 employers permitting and enabling home working.

6 Do you feel that the Welsh Government had therefore
7 taken your views into consideration on this issue in the
8 development of this regulation?

9 **A.** This was ... this was quite a difficult one for -- from
10 our perspective. On 20 December 2021 we'd had --
11 you know, we'd seen the news reports that the Welsh
12 Government had introduced a working from home
13 regulation. Our concern was that the focus was back on
14 the individual worker rather than the employer.

15 I think that it felt -- we were quite clear that
16 maybe there was a misunderstanding about the
17 worker/employer relationship and where the power
18 actually lies. If an employer was asking an employee to
19 come into work knowing fully well that they could be
20 ending up facing a fine, and that worker then wasn't
21 doing as they were told, and that worker then was being
22 threatened with potentially not having any more hours,
23 for example -- because the assumption would be that --
24 you know, not everyone is on a permanent contract, there
25 are lots of people in Wales, a significant number of

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1 confusion, especially when rules were different in Wales
2 to those in England".

3 You explain in your witness statement that the Welsh
4 Government lacked pre-existing channels with which to
5 communicate their key messages with workers, and this
6 meant that often there was insufficient relevant focus
7 on how key communications supported people in dealing
8 with workplace risks.

9 Could I just ask, what channels do you think ought
10 to have been in place?

11 **A.** So there were the daily sort of press updates that were
12 given, but the -- when it came to information, more
13 often than not the information that people were
14 receiving, the -- you know, they were on one hand
15 watching Welsh news to see what the First Minister was
16 saying and then on the other hand they were watching to
17 see what the Prime Minister at the time, Boris Johnson,
18 was saying. So there was definitely some confusion.

19 A lot of the media that people receive isn't
20 necessarily Welsh media, and so national media would
21 reference UK regulations, wouldn't necessarily
22 differentiate with what was needed to be understood here
23 in Wales, so I think that the -- that kind of news
24 deficit definitely added to the confusion when,
25 you know, English and Welsh rules ended up diverging.

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1 people, who are on zero-hours contracts -- that somehow
2 they would -- that they would be responsible.

3 I mean, look --

4 **Q.** Ms Taj, I don't mean to interrupt you, and I apologise,
5 I'm just mindful of the time.

6 Can I just ask, the question was about whether you
7 felt the Welsh Government acknowledged, responded to the
8 concerns that the Wales TUC had expressed on that point.

9 Do you think they did?

10 **A.** I think that they understood where we were coming from
11 and there was a statement made eventually by the
12 First Minister, making it quite clear that the focus
13 here is on the employer, but there was definitely some
14 confusion.

15 **Q.** Thank you.

16 I'm now going to turn to my final topic, which is
17 public health communications and public confidence. You
18 explain in your statement and the Inquiry will have
19 regard to this, that you consider a major concern to
20 have been what you term an "information deficit" in
21 Wales, where you say that only a relatively small
22 proportion of the population were receiving news about
23 the country, and you state that the news and information
24 deficit was an important factor during the pandemic.

25 You state that the information deficit "added to public

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1 **MS COWEN:** Thank you very much. Thank you very much,
2 Ms Taj.

3 My Lady, that concludes my questions.

4 **LADY HALLETT:** Thank you very much, Ms Cowen.

5 Thank you very much, Ms Taj. I'm sorry I had to
6 stop you from trespassing. I'm sure you're a very
7 strong advocate for your cause, but please be assured
8 you're not the first person I've had to stop from
9 trespassing into matters that are beyond my remit.

10 Thank you for your help.

11 **THE WITNESS:** Thank you.

12 **(The witness withdrew)**

13 **LADY HALLETT:** Right, 1.45.

14 **(12.46 pm)**

15 **(The short adjournment)**

16 **(1.45 pm)**

17 **MS PAISLEY:** My Lady, please can I call Dr Chris Llewelyn.

18 **DR CHRIS LLEWELYN (affirmed)**

19 **Questions from COUNSEL TO THE INQUIRY**

20 **MS PAISLEY:** Could you commence, please, by giving your full
21 name.

22 **A.** Chris Llewelyn.

23 **Q.** Dr Llewelyn, thank you for your attendance and for
24 assisting the Inquiry. As you give evidence, could you
25 please remember to keep your voice up and we will take

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1 it slowly as we have stenographers taking a note for the
2 transcript.
3 You have kindly provided two witness statements for
4 this module. The first is INQ000273741, dated
5 6 September 2023. The second is INQ000410950, dated
6 2 February 2024. And you have signed both of those
7 statements; is that right?
8 **A.** Yeah, that's correct.
9 **Q.** Can you please confirm that the contents of those
10 statements are true to the best of your knowledge and
11 belief?
12 **A.** Yeah, that's true.
13 **Q.** It's right to say that you also provided both written
14 and oral evidence to Module 1 of this Inquiry?
15 **A.** Yeah, I did.
16 **Q.** And we're very grateful for your continued assistance.
17 **A.** Thank you.
18 **Q.** By way of your professional background and involvement
19 with the Welsh Local Government Association, or the WLGA
20 if you're content that we refer to it as that, in 2002
21 you joined the WLGA as director of lifelong learning,
22 leisure and information. You then became the deputy
23 chief executive in 2010, and you have been the chief
24 executive since January 2019. Is that correct?
25 **A.** Yeah. That's correct.

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1 an interface between the 22 local authorities and all
2 tiers of government, primarily the Welsh Government, but
3 the UK Government as well. And we take the view that we
4 deliver the best outcomes for the people of Wales if all
5 tiers of government work as closely together as
6 possible.

7 We also believe that decisions about how services
8 are run and provided locally, that decisions about those
9 services need to be made as close to the point of
10 delivery as possible.

11 So throughout the Covid period our work was informed
12 by that approach, that we were located in the most
13 appropriate position to act as that interface between
14 the 22 local authorities and the Welsh Government, but
15 other tiers of government and other national partners as
16 well.

17 And in a sense, wherever and whenever we felt that
18 there was a need or there was an opportunity to provide
19 that local voice, then we'd tried as effectively as we
20 could provide that during the course of the Covid
21 crisis.

22 **Q.** Just generally thinking then about the role that was
23 played, was the role as you envisaged it might be in
24 a crisis such as this or was it something different?

25 **A.** No, I think it was -- it was very different from what

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1 **Q.** In terms of the operation of the WLGA, then, it was
2 established in 1996; is that correct? Membership is
3 voluntary, but in Wales all 22 local authorities are
4 members, along with all three fire and rescue
5 authorities, and the three national parks authorities
6 are associate members.

7 **A.** Yeah.

8 **Q.** You explain in your statement that the WLGA works to
9 give local government a strong and credible voice within
10 national government. It's a cross-party organisation,
11 and seeks to operate on the basis of consensus where
12 leaders and senior members from different political
13 groups are involved in the business of the WLGA and in
14 representing the collective voice of local government.

15 **A.** Yeah.

16 **Q.** Can I then begin by asking you about the period of
17 January to March 2020, but before we go into particular
18 detail, could you please give a broad overview of the
19 general role played by the WLGA over the pandemic in
20 Wales.

21 **A.** Yeah. The -- as you've mentioned, the WLGA represents
22 the 22 unitary authorities in Wales. The national parks
23 and the fire authorities are associate members as well.
24 And what we endeavour to do in all the work that we do
25 is to give local government an effective voice, act as

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1 we'd anticipated. The reality is that no one had been
2 through an experience like this before. Although we
3 engaged in some aspects of civil contingencies
4 preparation, I don't think we'd envisaged a crisis as
5 deep or as long as this, and in a sense we were
6 developing processes and procedures as the crisis
7 progressed.

8 **Q.** Can we then begin to look at some specific dates, and
9 you provide a chronology in your witness statement,
10 which we don't need to go to, but on that list there is
11 a record of a meeting on 12 March 2020, and the event is
12 described as "COVID 19 Local Government Meeting
13 (First Minister, Minister for Health and several
14 leaders)". Was that the first meeting where Covid-19
15 was formally discussed between the local government and
16 the WLGA?

17 **A.** It would have been the first meeting where there were
18 discussions at a political level. One of the things we
19 emphasise as an association is the primacy of politics,
20 that it's important that elected members speak to
21 elected members, and in this instance it was a case of
22 Welsh Government ministers and the First Minister
23 speaking for the first time to our elected leaders.

24 **Q.** Is the date of 12 March, thinking back, quite late?

25 **A.** Yeah, I think it is. There had been some internal

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1 discussions within the WLGA prior to that. We had
2 a briefing from Public Health Wales on 28 February.
3 I think it's fair to say that at the time leaders were
4 underwhelmed, if -- it may be fair to say there was
5 a sense of disquiet and maybe an expectation that there
6 would be a greater sense of urgency.

7 **Q.** That comes on to my next question. In terms of that
8 meeting itself, what is your recollection of the mood?

9 **A.** Of the meeting on the 12th?

10 **Q.** On 12 March.

11 **A.** Of being very -- profound, serious and almost sombre
12 meeting.

13 **Q.** Can I then, please, bring up a document which is the
14 minutes of a chief executives' teleconference on
15 20 March 2020.

16 INQ000089874.

17 On page 1 we can see the title "Education", and we
18 see there:

19 "WG definition of key workers published this
20 afternoon -- no discussion with WLGA beforehand. WLGA
21 been advising LAs to follow UK Govt guidance initially,
22 as this is what the public will expect."

23 Is that a specific instance that caused a problem or
24 a concern that you can recall?

25 **A.** I think it caused a concern, and it -- I suppose it
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1 very little discussion about the detail, and I think
2 hence there was an assumption of what the local
3 authority role would be, but there was certainly
4 concern -- about every aspect of it, I think.

5 **Q.** Is that something that was clarified?

6 **A.** It would have been clarified as things progressed.

7 It -- if you were to go back to the first page of the
8 account of the meeting, the education section, where it
9 refers to there the WLGA messages to Welsh Government
10 are to allow local authorities to implement whatever
11 plans could be put in place, and in a sense what we were
12 saying was: in this instance, in order to get actions
13 delivered as effectively as possible, sometimes it would
14 be easier to describe rather than prescribe, to describe
15 what authorities were able to deliver and the timescales
16 available rather than being prescriptive in advance and
17 then struggling to meet the prescription.

18 **Q.** Is your evidence that it was the latter that the Welsh
19 Government were trying to achieve?

20 **A.** Yeah.

21 **Q.** Can we finally move to page 3 of this document, and we
22 can see that the last bullet point here provides almost
23 a summary of this meeting:

24 "Concerns about [Welsh Government's] emergency
25 planning approach and co-ordination -- lack of
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1 highlights a theme which was to develop throughout the
2 crisis, because, as I mentioned earlier, on the one
3 hand -- the association tries to create a consensus
4 wherever possible and we try to get different tiers of
5 government to work as effectively together as possible,
6 so there was a sense that consistent messaging, even at
7 this early stage, from all tiers of government was
8 important. But at the same time there was a need for
9 local operational delivery understanding to inform
10 strategic thinking and strategic policy. So I think
11 that that's -- that's the concern there, that -- the
12 lack of discussion beforehand.

13 **Q.** Staying on this document, then, if we can go to page 2,
14 please, and it's the middle of the page, and it's
15 concerns about the shielding scheme, and we can see
16 there it says:

17 "... potentially huge numbers locally.

18 "LAs have not seen/had input in the letter.

19 "Concerns around number of residents who will
20 require support from the council ..."

21 So before we go into this, to what extent were local
22 authorities expected to be responsible for people who
23 were shielding in terms of delivering services?

24 **A.** At this time I don't think it was entirely clear.

25 I think the principle was understood, but there'd been
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1 engagement with LAs, poor communication, delay in
2 approaches following UK Government announcements
3 ... [Document read] ... guidance or direction, planning
4 and implementing already.

5 "WLGA already raising concerns with DGs following
6 leaders' meeting."

7 Now, the reference to DG, is that director generals?

8 **A.** Yeah.

9 **Q.** If we can then move on to INQ000089875, please.

10 On 21 March 2022 you sent an email to the
11 permanent secretary of Wales and the director generals,
12 and I would like to go through this email in some detail
13 with you, please.

14 Firstly, the matters that we've just discussed, are
15 those the types of things that prompted you to write
16 this email?

17 **A.** They would have been, yeah.

18 **Q.** If we can look at your email on page 2, please, the
19 first bullet point:

20 "As the crisis escalates, leaders and chief
21 executives are concerned that collectively we need to
22 communicate more effectively, more efficiently and with
23 greater precision."

24 Are you able then to please explain why you were
25 seeking more effective, more efficient and greater
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1 precision in terms of communications?
 2 **A.** Because we felt collectively that it was absent. We
 3 understood the strategic aim, if you like, in many
 4 instances, but it was the operational detail that needed
 5 to be clarified from a local authority perspective.
 6 **Q.** If we can then look at your second bullet point,
 7 please --
 8 **LADY HALLETT:** So is the communication between the Welsh
 9 Government and you? It wasn't communication with the
 10 public, it was communication with --
 11 **A.** Oh, yeah. Yes, definitely yes. Sorry, yeah.
 12 **MS PAISLEY:** Thank you, my Lady.
 13 The second bullet point, then:
 14 "It is also felt that earlier engagement with
 15 Councils and greater trust between senior officials
 16 would speed up responses, lead to better delivery and
 17 potentially head-off some of the difficulty encountered
 18 in recent days."
 19 So breaking that point down, firstly you make
 20 reference to desiring earlier engagement and in the
 21 third bullet point of this email you say:
 22 "I don't believe that that is happening at the
 23 moment."
 24 So there was a criticism that things were just
 25 happening too slowly at this point; would that be fair?

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1 as the strategic -- one of those words I can't say --
 2 direction had been taken. But arguably shouldn't they
 3 have been involved before?
 4 **A.** I agree, my Lady.
 5 **LADY HALLETT:** Because you're the one who's going to have to
 6 deliver it?
 7 **A.** I agree, my Lady. I think we should have been part of
 8 the strategic decision-making. In effect that the
 9 experience of delivering services should have informed
 10 the strategic thinking and decision-making.
 11 **MS PAISLEY:** I just want to ask you about a specific comment
 12 that you make, which is about having greater trust
 13 between senior officials. Did you feel that there
 14 wasn't trust?
 15 **A.** I ... well, at the time I think that the handling of
 16 a crisis like this depends on trust and confidence, and
 17 that all tiers of government at a time of crisis should
 18 show trust and confidence in each other. And I think
 19 there was a feeling within local government that that
 20 wasn't evident at all times in this instance.
 21 **Q.** So was there a feeling that perhaps local government was
 22 being kept in the dark about conversations?
 23 **A.** I think there was a feeling that information could have
 24 been shared more fully earlier, that available data,
 25 scenario planning and other aspects that informed

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1 **A.** Yeah.
 2 **Q.** Looking back now, when do you think engagement should
 3 properly have ramped up with local government?
 4 **A.** Do you mean a specific date or ...?
 5 **Q.** A time -- was there a turning point for you perhaps?
 6 **A.** I think if I can turn it another way, I think the
 7 engagement should have taken place as early as possible.
 8 As soon as there was a strategic direction was taken or
 9 assumed, then local authorities should have been
 10 engaged. So if it was the issue of school closure, then
 11 local authorities should have been engaged immediately
 12 in terms of how to deliver school closures and the hubs
 13 and the provision for free school meals for vulnerable
 14 learners, for key workers and so on.
 15 Local government delivers over 700 services,
 16 24 hours every day, everybody in this room today has
 17 been using local government services. Whatever the
 18 circumstances, authorities understand how to deliver
 19 services, and that understanding can inform
 20 policymaking, and the sooner, I think, authorities would
 21 have been involved in this instance, then that would
 22 have saved time and would have resulted in more
 23 effective policymaking.

24 **LADY HALLETT:** Can I just interrupt, I'm sorry, Ms Paisley.
 25 You say that they should have been engaged as soon

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1 thinking and strategic policy should have been shared
 2 with local authorities.
 3 **Q.** Can we then, please, move on to the response that you
 4 received to this from Tracey Burke, the director general
 5 for Education and Public Services. And her response,
 6 and I'm looking at the last part of her response:
 7 "I do hope though that you have found our engagement
 8 with the WLGA over the weekend addresses some of your
 9 concerns -- I know Steve Davies been engaging with you
 10 on a number of issues over the weekend and that WLGA
 11 have been actively engaged in the work on 'shielded'
 12 people where we have kept in close contact with WLGA in
 13 the development of the letter and guidance that
 14 accompanies it. I know how closely and at pace you have
 15 been working with WCVA too. I think Reg too has been in
 16 touch today on other urgent developments over the
 17 weekend."
 18 And Reg presumably is Reg Kilpatrick; is that right?
 19 **A.** Yeah.
 20 **Q.** Did things improve, as this email suggests, from your
 21 perspective?
 22 **A.** I don't actually recall the conversation on the weekend
 23 in question here, although I don't doubt that they
 24 happened, because we were in regular, constant contact
 25 with Welsh Government colleagues through different

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1 channels.

2 I think the point we're trying to make is the
3 difference, I suppose, between consultation and engaging
4 and information sharing, and what I'm trying to say here
5 is that local government needs to be engaged at a point
6 when it's possible to influence and shape policy rather
7 than being informed when policy has been agreed and
8 is -- and is being implemented, and that local
9 government is then being informed or engaged with in
10 terms of delivery rather than the co-construction and
11 the co-production of the policy.

12 **Q.** The Inquiry heard evidence earlier this week from
13 Shan Morgan, and she was asked: were structures and
14 processes put in place to ensure early and effective
15 engagement with local government? We know at this point
16 she was the permanent secretary to the Welsh Government.

17 Her reply in respect of her own engagement was that:

18 "I would say honestly that I could have done more.

19 I think it would probably have been a very good idea had
20 I invited the chief exec of the WLGA to become a member
21 of ExCovid, or at least come from time to time when
22 there was an area of particular interest. I think
23 I could have done more to establish that level of
24 regular contact, and in retrospect I think I should have
25 established myself a pattern of regular one-to-ones with

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1 Specifically when you refer to ad hoc emails or
2 telephone calls, can you remember who was calling, who
3 was writing emails, who was asking for your views?

4 **A.** It would have -- well, it would have been some of the
5 people that have already been mentioned, Reg Kilpatrick,
6 Steve Davies. We -- as an association, we have a very
7 broad interface with the Welsh Government, so there
8 would have been -- as an association, we try and
9 encourage as much dialogue as possible between elected
10 members. We're a member-led organisation. I would have
11 anticipated that there would have been informal calls
12 between leaders and Welsh Government ministers. There
13 would have been calls, email between myself and other
14 senior officials within the Welsh Government, but also
15 at a service level as well, within education, within
16 social services, in transport, economy and finance as
17 well, so there would have been a very broad interface.
18 We also engaged with the special advisers as well.

19 **Q.** If we can then look at some of the established
20 structures that began to develop, and the first is that
21 the Inquiry understands the WLGA leader was invited to
22 attend the Welsh Government's core Covid-19 group. Was
23 that a standing invitation each week?

24 **A.** I don't think that it was a standing invitation, but
25 I think it happened on a regular basis.

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1 both the CEO of WLGA and of SOLACE ..."

2 Would you have any comments upon that reflection?

3 **A.** Well, I agree with it, I saw the -- I listened to
4 Shan Morgan making the comments earlier in the week and
5 I agree, I think, that had she done that at the time it
6 would have been very useful, and it probably would have
7 addressed some of the concerns that I expressed in the
8 email.

9 To be honest, I did feel reassured as well, because
10 there is -- it reflects a sense of learning, and -- in
11 terms of this process, my Lady, I think that the
12 recognition on her part that in hindsight she should
13 have done things differently means maybe that that,
14 you know, is something that can be taken on board for
15 future reference.

16 **Q.** Can I then please move on to discuss any role played by
17 the WLGA in the non-pharmaceutical interventions that
18 were imposed in Wales, and in your statement you talk
19 about the early stages of the pandemic, and you say:

20 "... consultative fora or structures had not been
21 established and consultation was ad hoc via emails,
22 telephone conversations or urgently convened meetings
23 ... there was often limited opportunity or time to
24 provide full views or canvass wider views during the
25 earlier stages of the pandemic."

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1 **Q.** And the Inquiry also understands that the WLGA itself
2 convened regular leaders' meetings, and on 20 March the
3 Minister for Housing and Local Government attended,
4 27 March the Minister for Health and Social Services
5 also attended, and you say that from 1 April Welsh
6 ministers began to regularly attend. Is that right?

7 **A.** Yes, as an association we took a conscious effort that
8 we would do everything that we could to improve the
9 engagement between local government and the Welsh
10 Government and, as I mentioned earlier, to act as the
11 interface. And I think it's fair to say that ministers
12 were very receptive to this approach.

13 At that time we were convening meetings of local
14 authority leaders on an almost daily basis. As the
15 technology changed from teleconferencing to Teams and
16 Zoom, the quality of those meetings improved. But at
17 a very early stage we started inviting ministers to
18 attend those meetings as well. They were very
19 receptive.

20 And again, it goes back to one of the principles
21 that I mentioned earlier, that we thought at the time of
22 crisis it was important to be politically led and to get
23 elected members, politicians, ministers and leaders
24 speaking directly and freely to each other without going
25 through the filter of officers and public bureaucracy.

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1 **Q.** To what extent were those meetings that we've just
2 discussed used to talk about non-pharmaceutical
3 interventions and to seek the WLGA's views?

4 **A.** Well, they would have been opportunities and they would
5 have been useful for that purpose, but what would also
6 have happened is that the leaders themselves would have
7 used the opportunity to raise their concerns.

8 All 2022 leaders represent individual wards, they're
9 rooted in their communities, they live in their
10 communities and represent -- they reflect the views of
11 the people they serve. So I've no doubt that they would
12 have been putting those concerns to ministers at those
13 meetings.

14 **LADY HALLETT:** Just before you go on, I'm sorry, there is
15 a slight confusion in the [draft] transcript as well as
16 in my notes, Dr Llewelyn, so can I just -- something you
17 said -- just so the stenographer can find their own
18 place -- at 14.11, and I wrote down, and it may have
19 been me misheard, that the -- I wrote down two things
20 that seemed to be contradictory, that ministers were
21 keen to engage, but then you said, according to my note,
22 when you issued invitations to attend the meetings they
23 were not very receptive. So basically have we missed
24 a "not" or have we included a "not" that we shouldn't
25 have done?

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1 continued into the three weekly review of the initial
2 lockdown. The open and effective political dialogue has
3 not always been replicated at an official level, and
4 despite several examples of excellent co-construction of
5 timetabling and guidance between officials,
6 co-production and information sharing has been
7 inconsistent and it proved very challenging for local
8 authorities to plan for the operational implementation
9 of announcements (particular[ly] those affecting council
10 services) with limited notice during the 21-day review
11 period. There has been significant improvement in
12 recent months in terms of dialogue and planning for
13 local lockdowns but some instances where clarity and
14 information sharing should have been quicker."

15 We will come on to a number of those issues, but
16 generally speaking, do you think there was a missed
17 opportunity by the Welsh Government to use those
18 meetings to talk about NPIs in more detail with local
19 government?

20 **A.** I think that the -- I think that the email there is
21 saying that the dialogue at a political level was very
22 effective and very open, but that when it came to the
23 more operational detail and a delivery focus, that
24 discussions with officials were less open and inclusive,
25 and that the progress that was made at a political level

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1 **A.** You've included a "not". Ministers were very receptive
2 and I recall were always ready to join those meetings if
3 invited.

4 **LADY HALLETT:** Right, thank you, glad we cleared that up.

5 **MS PAISLEY:** Thank you, my Lady.

6 It's right that those meetings became regularised to
7 align with the 21-day review process. Was that
8 something that was beneficial, to align with that
9 process?

10 **A.** It wasn't the intention and I think the -- I -- I think
11 the meetings took place more regularly than the 21-day
12 review process. There were meetings which aligned to
13 the 21-day review process, which were useful, but our
14 meetings, I think, took place more frequently and were
15 more focused on particular issues.

16 **Q.** Can we please look at the WLGA's submission to the
17 permanent secretary's Covid stocktake in October 2020.
18 INQ000089872.

19 This is written by Daniel Hurford of the WLGA, but
20 hopefully you might be able to speak to it as well.

21 If we can look at the second paragraph:

22 "The approach to engagement from officials has
23 evolved throughout COVID-19: inevitably the pace and
24 urgency of the response phase was challenging for the
25 Welsh Government and all in public services and this

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1 wasn't always reflected. It varied according to service
2 area. In some service areas the communication was very
3 close and very effective. In others, it wasn't, that
4 wasn't there a consistency. At the headline level, as
5 it were, I think that generally there was considerable
6 consensus.

7 And on reflection, I can remember at the time
8 speaking to other parts of the -- other local government
9 organisations in other parts of the United Kingdom, they
10 were envious of the political engagement that took place
11 within Wales and felt that there was a better dialogue
12 within Wales and that local authority leaders had better
13 access to ministers in Wales than in other parts of the
14 country.

15 **Q.** You say in your statement that in general the WLGA and
16 the local authorities were supportive of the Welsh
17 Government's approach and the NPIs. So would the
18 problem, in your view, be that they could have just been
19 brought in sooner into the discussion, perhaps, about
20 implementation that they were expected to undertake?

21 **A.** I think they should have been brought into the
22 discussion about implementation much earlier. The truth
23 is that there were a range of views within local
24 government as well.

25 One of the things we argue as an association is that

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1 it's -- that the strategy should be set nationally by
 2 central government but then local authorities should
 3 interpret that and deliver according to local
 4 circumstances. Where local circumstances differed,
 5 there would have been different views, but also
 6 a recognition that a single national coherent message in
 7 these circumstances was important as well. So I think
 8 that that's reflected in the discussion of the October
 9 firebreak.

10 **Q.** Just about to move on to the firebreak, and it's right
 11 that there were some differences of opinion between
 12 local authorities and in fact Councillor Andrew Morgan
 13 was asked to collate and co-ordinate local authority
 14 views. We don't need to bring it up, but the document
 15 is INQ000089864.

16 Was that something the Welsh Government asked to be
 17 produced for them?

18 **A.** I think we were asked to reflect the local government
 19 view, and it's something we would have routinely done,
 20 we would have consulted all 2022 to get a sense of what
 21 their view was.

22 As has been mentioned already, we've always taken
 23 the view that if local government speaks as one, with
 24 one voice, then it's more powerful than having
 25 a disparate set of voices.

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1 **A.** -- arrangements that sit underneath that?

2 **Q.** Yes, please.

3 **A.** They were -- the partnership council is something that
 4 exists under the Government of Wales Act and it defines
 5 the relationship between local government and central
 6 government in Wales. It is unique to Wales. And there
 7 are a range of subcommittees that sit underneath the
 8 partnership council. The finance subgroup through which
 9 the local government finance settlement is negotiated is
 10 one of those.

11 During Covid, the -- when the partnership council
 12 met, all 2022 leaders attended along with a range of
 13 other -- a range of Welsh Government ministers. Those
 14 arrangements worked effectively, but other arrangements
 15 were put in place as well to facilitate the dialogue
 16 between ministers and leaders, because, certainly on the
 17 local government side, it was felt that more regular
 18 dialogue was needed.

19 **Q.** Now, it's right that you submitted a second witness
 20 statement to this Inquiry, and I just want to ask you
 21 about a comment you make in general about the lessons
 22 learned exercises undertaken, and you say:

23 "It would be easy for the Inquiry to get the wrong
 24 impression about these exercises."

25 And you say the problem is that:

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1 So in this instance, in terms of the firebreak,
 2 there were differing views, a range of factors would
 3 have been taken into account, there would have been
 4 differences between east and west and between urban and
 5 rural authorities, but we did come to a consensus view.
 6 I think the collective view was it was more important to
 7 get a unanimous view and a single message than to have
 8 differing responses in each authority.

9 **Q.** We don't need to display it again, but returning to the
 10 WLGA's submission to the Covid stocktake, it's noted
 11 that the level of dialogue in particular around the
 12 firebreak in the past week, where ministers engaged with
 13 leaders and chief executives through several meetings to
 14 help inform and prepare for decisions affecting their
 15 areas or services, had been a model of central/local
 16 relations; is that fair?

17 **A.** Yeah. The point we're making there is that in this --
 18 in that instance it was a consultation at a point when
 19 there was a chance of influencing the decision.

20 **Q.** In terms of existing structures that were in place going
 21 into the pandemic, to what extent were existing
 22 partnership structures used and did local authorities
 23 find those forums to be helpful?

24 **A.** Are you referring to the partnership council and the --

25 **Q.** Yes.

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1 "... this does not fully reflect the WLGA's view of
 2 what happened; indeed, these Welsh Government reviews
 3 have in substance, if not exclusively, been undertaken
 4 within Welsh Government itself and have not involved key
 5 partners including local government."

6 My question is whether, in your view, there is
 7 a better way to conduct lessons learned on behalf of
 8 central government?

9 **A.** Yes, I think there is. I think that all -- a wider
 10 range of partners, wider range of views should
 11 contribute to the learning lessons review. I think
 12 there are some things that we've discussed today which
 13 recognise that things could be improved. And I think we
 14 would have like -- we would have both liked and expected
 15 to have been more involved in that work than we have
 16 been.

17 **Q.** Can I change topic then and move on to the legislation
 18 and regulations and the role played by local
 19 authorities. And in respect of this in your statement
 20 you say consultation and engagement between Welsh
 21 Government officials and local government professionals
 22 was inconsistent on consultation, on finalised drafts,
 23 was often late, rather than co-produced from an earlier
 24 spoken.

25 Now, was this a problem throughout the course of the

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1 pandemic or can you pinpoint a specific time period?

2 **A.** I think it was a problem throughout, and as I've tried
3 to explain, I think it varied according to service area
4 and it improved during the course of the pandemic, but
5 the underlying principle was a source of ongoing concern
6 for us.

7 **Q.** Can we perhaps pinpoint a specific date: on
8 5 August 2020 there was an enforcement meeting with the
9 First Minister, and this was in the context of
10 businesses such as cafés, restaurants and clubs
11 re-opening outdoors, and planned to open indoors.
12 The Inquiry understands the First Minister asked for
13 confirmation as to whether existing legislative powers
14 would permit local authorities to act if issues were
15 identified with premises not complying with the
16 regulations.

17 If we can have on screen, please, INQ000228421,
18 which was a briefing note for that meeting. Do you
19 recognise this document?

20 **A.** Yeah.

21 **Q.** Do you know who produced it?

22 **A.** I can't recall, does it ...

23 **Q.** Was it on the part of the WLGA?

24 **A.** Oh, sorry, yeah, I think it was, yes.

25 **Q.** If we can please look at the bottom of page 2, into
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1 beneficial?

2 **A.** It did. It's the scale and capacity, I think, more of
3 those kinds of secondments would have been very useful,
4 I think.

5 **Q.** I'd like to then move on, please, to local lockdowns and
6 restrictions. Generally speaking, to what extent were
7 local authorities and the WLGA consulted by the Welsh
8 Government in respect of decisions to impose local
9 restrictions?

10 **A.** Do you -- are you talking about any specific time
11 period?

12 **Q.** Yes. This would be just before heading into the
13 firebreak, around the August/September period, when we
14 started to see restrictions in Caerphilly.

15 **A.** Ah, right, yeah. I think as the year progressed, then
16 the engagement improved, engagement with -- between
17 elected members improved, and one of our concerns
18 with -- within the WLGA and within local government was
19 the way -- I think I mentioned earlier -- the data was
20 shared with us, and the available evidence and the most
21 up-to-date evidence was shared. And as local lockdowns
22 and other arrangements of the October firebreak were
23 discussed, increasingly, relevant evidence was shared
24 with local authorities as well so that leaders could be
25 part of an informed decision-making process.

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1 page 3, and it says:

2 "It cannot be over emphasised that our officers have
3 a depth and knowledge, and we willingly offer this in
4 the spirit of coproduction.
5 "Unfortunately, during the pandemic this resource
6 has been overlooked in the planning, preparation and
7 drafting of legislation. As a result, significant
8 Public Protection resource across Wales has been
9 ploughed into deciphering and interpreting regulations,
10 instead of being put to better use, on the front line of
11 providing advice and guidance to businesses and the
12 public."
13 Does this then suggest that even the finalised
14 regulations that were published were not always easy to
15 understand?

16 **A.** Yes, it does. This is -- I think the note is relatively
17 clear, this is a complex area. There was experience and
18 capacity with -- within local government, and had it
19 been used at an earlier point then it would have led to
20 better regulations and better guidance and would have
21 probably saved time.

22 **Q.** The Inquiry understands from your statement that
23 an officer was actually seconded to the Welsh Government
24 in May 2020 to provide an operational and enforcement
25 perspective. Is that something that proved to be
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1 **Q.** I'm not going to go to the document in the interests of
2 time, but there was a lessons learned document created
3 about experiences of local --

4 **A.** Yes.

5 **Q.** -- lockdowns, and that's INQ000089884, and one point
6 made is that clarity and consistency is needed around
7 the implementation of local lockdowns and restrictions.
8 It says "Process -- summary and clarity of who takes
9 what decision/when? What is/should be the role of
10 leaders in process?"
11 Were those issues that were addressed by the Welsh
12 Government, and did they improve?

13 **A.** They certainly improved. I'd have to look in more
14 detail at the extent to which they were fully addressed.
15 My sense is that they weren't. But again, I think
16 they're issues -- and I think that paper, it talks about
17 -- I think it goes on to talk about contact tracing as
18 well, and I'd expect that review to have fed into any
19 learning lessons exercise.

20 **Q.** I think we just briefly touched upon mention of data,
21 and staying with this document under the heading "Data"
22 it says:
23 "There has been an issue around the consistency and
24 sharing of data -- chief executives and leaders have not
25 had consistent access to the most recent 7-day figures
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1 on cases and testing used by Welsh Government and, until
2 reported in the media, several were not aware their
3 authority areas were in the 'amber' category."

4 What kinds of problems did that cause?

5 **A.** There would have been a range of problems. This -- it's
6 a point that I think I highlighted, it was a concern
7 from the outset that -- it's the trust and confidence
8 issue of information being shared as early and in as
9 timely a way as possible.

10 And that information would have had an impact on all
11 the services provided by local authorities and the
12 considerations and the decisions that they would have
13 made, and the way they would have fed into discussions
14 with the Welsh Government as well.

15 **Q.** Can we then discuss, please, the care sector, and this
16 will be explored in more detail in a later module, but
17 in terms of delivery of care in Wales, what is the
18 responsibility of local authorities in respect of care?

19 **A.** They're set out in the Social Services and Well-being
20 Act, and the local authorities have responsibility for
21 those people who need care and who need support, also
22 responsibilities for the people who provide care and
23 support for them as well.

24 In addition, there's a wider responsibility for the
25 delivery of social services as well and there's

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1 within the workforce that they were being neglected and
2 weren't taken into consideration and account in the same
3 way as other service areas.

4 And I think it was a feeling both within the
5 workforce but within wider local government as well,
6 that they weren't appreciated as fully as they should
7 have done, that there was an issue of parity of esteem
8 with other healthcare workers. I think everybody knows
9 the rewards in this sector are very modest, and
10 throughout the pandemic I think the social care
11 workforce performed valiantly, brilliantly, incredibly
12 well, above and beyond anything that could have been
13 expected of them, and for a brief period there was
14 a sense that they were appreciated in the same way as
15 their colleagues within the NHS, but there was also the
16 underlying feeling that their needs, both in terms of
17 testing and PPE in particular, weren't being taken --
18 weren't considered in the same way as other service
19 areas.

20 **MS PAISLEY:** Thank you. I don't have any further questions
21 for you.

22 My Lady, I understand there are some Rule 10s, and
23 can I apologise for my mispronunciation earlier.

24 **LADY HALLETT:** Thank you.

25 Ms Heaven.

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1 a safeguarding responsibility for children, young people
2 and adults.

3 **Q.** If we can go back to where we began, in March 2020,
4 please, it's right that the WLGA issued a joint
5 statement with ADSS Cymru, and whilst these will be
6 matters for later modules, can we have that statement,
7 please, INQ000082951, and the statement says:

8 "Social care staff are undertaking a critical role
9 at this time, like others in the health and care sector.
10 They are keeping ... people and children and young
11 people safe, and providing a range of care and support
12 to others, and I would like to thank them for the work
13 that they have done and will be doing. We need to
14 ensure that they are safe and well enough to work, which
15 means they need to be able to protect themselves with
16 personal protective equipment ... as appropriate. We
17 are calling for an extension of the testing regime as
18 soon as possible to include social care staff so that
19 people who are well enough to work can do so."

20 Can you outline, please, what led to this.

21 **A.** I think there was a general sense that the needs of
22 social care staff as a whole weren't being taken into
23 account, that the -- you've already heard in some of the
24 evidence sessions this week about testing arrangements
25 and the provision of PPE, I think there was a sense

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Questions from MS HEAVEN

2 **MS HEAVEN:** Good afternoon, Mr Llewelyn.

3 **A.** Good afternoon.

4 **Q.** I represent the Covid-19 Bereaved Families for
5 Justice Cymru.

6 Just a very short question, from paragraph 53 of
7 your witness statement. If we can bring it up, just to
8 assist you, but I will read it to you as well. It's
9 INQ000410950, so it's paragraph 53. Okay?

10 Here you state that:

11 "In the view of the [Welsh Local Government
12 Association] the key lesson learnt should be that we
13 need collective and inclusive planning, led by Welsh
14 Government, with a whole-systems approach engaging all
15 partners who have a role to play. Local government is
16 concerned that this learning is being lost, and that we
17 might revert to the situation of inadequate planning and
18 readiness for the next national emergency of the future
19 which was explored in Module 1."

20 So my first question is this: how do you envisage
21 the whole-system approach looking?

22 **A.** Can you bear with me a moment? It's only just appeared
23 on the screen.

24 **Q.** Okay. Paragraph 53.

25 **A.** Yeah.

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1 Q. Sorry.

2 (Pause)

3 A. Okay. The -- in our evidence submission to Module 1,
4 and in the supplementary evidence session -- submission
5 to Module 2B, I think we list a number of
6 recommendations as far as going forward and learning
7 lessons, so I'd stand by all of those recommendations.
8 It's a particular problem within emergency planning, the
9 idea of inherited memory, institutional memory, and as
10 there are staff changes, officers move on, it's lost.
11 So it's more important than in many service areas to
12 record that institutional memory, as it were.

13 As I've mentioned earlier, I would have expected any
14 reflective process of looking at the lessons that were
15 learned from the Covid period to include as many
16 partners as possible. I certainly think that local
17 government should have been included, but other sectors
18 as well, the voluntary sector, and all those who were
19 part of the response phase, I'd expect them to be
20 included in the process as well.

21 Q. Okay. Next question, then, please. Do you consider
22 there is an appetite within the Welsh Government to
23 implement the whole-system approach you describe, and if
24 not, what do you consider to be the resistance?

25 A. It isn't, it isn't evident that that appetite is there

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1 MS FOUBISTER: Good afternoon, Mr Llewelyn, I represent
2 John's Campaign and Care Rights UK.

3 You say in your witness statement, and I don't think
4 we need to put it up, at paragraph 24 that local
5 authorities were uniquely well placed to be the first
6 port of call for the most vulnerable people. Why do you
7 say that?

8 A. For a variety of reasons. Chief among them is the fact
9 that elected members, councillors, live within the
10 communities that they represent. They have a personal
11 relationship with their ward members, they have
12 a face-to-face relationship, in the way that other tiers
13 of government don't always have. Similarly, officers
14 throughout local government invariably live within their
15 authorities as well and have a close understanding and
16 relationship with the communities and the individuals
17 they represent.

18 Q. Do you think that during the pandemic local authorities
19 were able to adequately support the most vulnerable
20 people, including people in care?

21 A. I think they did their best. We've discussed the
22 responsibilities of local authorities within the context
23 of the Social Services and Well-being Act. The
24 Coronavirus Act provided some easements in terms of how
25 authorities discharge those responsibilities. To my

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1 at the moment. I can't -- I can't really comment on
2 where the resistance is. We have -- since the pandemic
3 we have written to ministers, expressed concern about
4 the capacity within some of the enforcement services,
5 with the environmental health and within
6 Trading Standards, also with -- within emergency
7 planning as well.

8 I think it's worth bearing in mind that at the start
9 of the pandemic, local government had gone through
10 ten years of austerity. According to ONS figures, the
11 workforce had been cut by 37,000 staff, the budget had
12 been cut in real terms by about £900,000. Inevitably
13 that has an impact on capacity. Some of those areas
14 that were cut were environmental health,
15 Trading Standards and would have been emergency
16 planning.

17 I think the Covid experience points in the direction
18 of not making similar cuts in those areas going forward.
19 So I'd expect that to be part of the discussion.

20 MS HEAVEN: Okay, thank you very much. Those are my
21 questions.

22 Thank you, my Lady.

23 LADY HALLETT: Thank you, Ms Heaven.

24 Ms Foubister.

25 Questions from MS FOUBISTER

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1 knowledge, those easements were very rarely, if ever,
2 used. Authorities had to do things in a different way
3 because of the circumstances utilising remote working,
4 I'm also conscious that there was a greater emphasis on
5 using unpaid carers, of using friends and relatives, but
6 in many instances because that was the option that was
7 chosen or was deemed to be more appropriate. So I think
8 authorities faced the challenge of doing things
9 differently. They also had the challenge of the impact
10 of Covid on their own workforce, some of them were
11 shielded, many of them were vulnerable as well, but
12 I think they discharged their responsibilities and --
13 but that they did do things differently.

14 Q. You also refer in your witness statement to concerns
15 raised by the WLGA about care home discharges. What
16 concerns were raised?

17 A. It was -- it was specifically the issue of testing
18 before people were discharged from hospital to
19 care homes. And I'm conscious today that there may be
20 people here who suffered bereavement as a consequence,
21 and I do express my deepest sympathies, and it was
22 something that was discussed on a regular basis in our
23 meetings with ministers. It was raised as a deeply
24 personal concern on the part of leaders. Many of them
25 spoke passionately about people within their community,

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1 friends and families who had suffered as a consequence
2 of the policy. Even, I think, the day before the Welsh
3 Government changed the policy, the matter was raised by
4 some of our leaders with ministers.

5 **Q.** And do you recall when the concerns were first being
6 raised by the WLGA?

7 **A.** I could -- I don't remember, but it will have been
8 recorded in our documents, and I think it would have
9 been in one of the early meetings. As soon as leaders
10 would have been alert to the anxiety then they would
11 have raised it.

12 **Q.** And you say that the concerns were raised with
13 ministers; what was the response?

14 **A.** I think that the -- my recollection -- again, this will
15 be recorded in the documentation, my immediate
16 recollection is that the Welsh Government and ministers
17 were following scientific advice.

18 **MS FOUBISTER:** Thank you.

19 Thank you, my Lady.

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

21 Dr Llewelyn, it's almost like déjà vu, in Module 1,
22 planning and preparedness, I heard a fair bit about how
23 local authorities weren't sufficiently involved in the
24 planning, and given the whole concept of the civil
25 contingencies system is to have local authorities and

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1 a crisis of the duration of Covid. And significantly as
2 well, it doesn't give elected members at any level
3 enough of an involvement in the process as
4 an organisation which, as I mentioned earlier, promotes
5 the primacy of politics, of elected members taking
6 decisions and being held to account. The Civil
7 Contingencies Act and those arrangements that sit
8 underneath don't take that into account.

9 **LADY HALLETT:** Thank you very much indeed. I think I might
10 have stirred some passion there, towards the end.

11 Thank you very much for your help. I know it's the
12 second time we imposed. I'm not sure whether we'll ask
13 you again, but anyway, thank you for all your help so
14 far.

15 **THE WITNESS:** Thank you.

16 **(The witness withdrew)**

17 **LADY HALLETT:** Thank you, Ms Paisley.

18 **MS PAISLEY:** My Lady, please can I call Reg Kilpatrick.

19 **MR REGINALD KILPATRICK (affirmed)**

20 **Questions from COUNSEL TO THE INQUIRY**

21 **MS PAISLEY:** Can you start by giving your full name, please.

22 **A.** My name is Reginald Thomas Kilpatrick.

23 **Q.** Thank you very much for attending today.

24 You have been good enough to provide three witness
25 statements to this module.

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1 others whom you also represent, as first responders and
2 the like, I just find it extraordinary that it seems to
3 be a common theme around the UK, this isn't just Wales,
4 that local authorities aren't sufficiently involved in
5 something that they're going to have to deliver if the
6 worst hits us.

7 **A.** Do you want me to respond?

8 **LADY HALLETT:** Yeah -- have I got it right?

9 **A.** No, yeah, I agree with your comments. And I think it
10 didn't crop up in the discussion but I think the Civil
11 Contingencies Act is outdated and is no longer fit for
12 purpose and needs to be reviewed urgently. If you look
13 at the history of emergency planning going back to the
14 Second World War, the days of Dad's Army, the Civil
15 Defence Act in 1948, they respond to the challenges at
16 the time. It was -- during the Second World War it was
17 the threat of invasion, after that it was the threat of
18 nuclear attack and the Cold War.

19 When the Civil Contingencies Act came in it was
20 because there was a perception that we would have major
21 incidents, one-off events, floods, airline crashes,
22 train crashes and so on. At the time nobody envisaged
23 a global pandemic of the nature and scale of the Covid
24 crisis. I think we need to look at it again, I don't
25 think it is fit for purpose, it isn't appropriate for

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1 If we can identify those, please, one on behalf of
2 the Local Government Directorate, dated 3 October 2023,
3 INQ000292585, a statement dealing with enforcement of
4 the coronavirus regulations, dated 1 December 2023,
5 INQ000362241, and, finally, a statement provided in your
6 personal capacity, dated 14 December 2023, INQ000274156.

7 You have signed all three statements with statements
8 of truth; is that right?

9 **A.** That's correct.

10 **Q.** Can you please confirm that their contents are true to
11 the best of your knowledge and belief?

12 **A.** The contents are true to the best of my knowledge.

13 **Q.** And you also provided written evidence and gave evidence
14 in Module 1 --

15 **A.** I did.

16 **Q.** -- of this Inquiry, and it's fair to say you continue to
17 assist the Inquiry with its investigations and we would
18 like to pass on our thanks.

19 In terms of your career and professional background,
20 you've worked in the Welsh Government since 1989 in
21 a range of financial and policy roles; is that correct?

22 **A.** That's correct.

23 **Q.** In 2003 you moved into senior civil service as deputy
24 director for the Budget Planning and Management division
25 of the Welsh Government. You were then appointed deputy

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1 director of local government policy division of the
2 Local Government Directorate in 2007.

3 **A.** Correct.

4 **Q.** And then in 2011 you became director of the Local
5 Government Directorate. In 2013 you became,
6 additionally, responsible for the Welsh Government civil
7 contingencies and emergency planning function, community
8 safety policy and the Welsh fire service.

9 **A.** Correct.

10 **Q.** And in January 2020, so the start of the period that
11 this module is looking at, is it right that the Local
12 Government Directorate sat within the education and
13 public services group?

14 **A.** It is.

15 **Q.** In September 2020, you then became director general for
16 Covid crisis co-ordination and director of the Local
17 Government Directorate. Then in February 2022 there was
18 a restructure of the directorates and the remit of the
19 Local Government Directorate was transferred to a new
20 group called the Covid Recovery and Local Government
21 Group.

22 **A.** Correct.

23 **Q.** And you were appointed as the Director General of that
24 group; is that right?

25 **A.** That's all correct.

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1 in Local Government Directorate. The second part would
2 be the community safety division, which looks after the
3 operational day-to-day administration of justice and,
4 principally, our relationship with the police, and our
5 oversight of the devolved fire service.

6 The element that looks after local government
7 relates to probably four things, one of which is making
8 sure that we have a fair and functioning local taxation
9 system, which provides about £3 billion income for the
10 22 local authorities, that we have a council tax system
11 which enables councils to raise money directly from
12 individual households which brings in about another
13 £1.4 billion of income, and finally -- sorry, I think
14 that's probably -- sorry, that's the first one. The
15 second -- I'm getting ahead of myself here.

16 The second point is around democracy and creating
17 the statutory conditions for local authorities to
18 function effectively, that is in terms of making sure
19 there the democratic oversight is properly based in
20 legislation and overseen, that the standards and conduct
21 of individual members is put in a framework which
22 enables them to understand what their roles are and how
23 they should behave in conducting those roles.

24 And thirdly, how do we increase and improve the
25 diversity of our elected members.

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1 **Q.** So during the period with which this module is
2 concerned, January 2020 to May 2022, you had direct
3 responsibility for the Local Government Directorate; is
4 that --

5 **A.** I did.

6 **Q.** -- fair?

7 **A.** Yes.

8 **Q.** Can we then look at Cabinet responsibility, please, for
9 local government policy matters. From January 2020 to
10 May 2021 that responsibility lay mainly with Julie James
11 as Minister for Housing and Local Government?

12 **A.** It did.

13 **Q.** Then from May 2021 to the end of the period that this
14 module is concerned with, Cabinet responsibility for
15 local government policy matters lay with Rebecca Evans,
16 as Minister for Finance and Local Government; is that
17 right?

18 **A.** It did.

19 **Q.** Having dealt with the background and the various dates,
20 could you please briefly explain the main function of
21 the Local Government Directorate?

22 **A.** The main function of the Local Government Directorate
23 I think can be summarised in three, three things,
24 really, one of which is regarding the Academi Wales,
25 leadership college for the public service, so that sits

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1 The third element is around local government
2 funding, so it is my team that allocates the near
3 £5 billion to the 22 local authorities through
4 a formula, a very complex formula, which takes the
5 quantum, we don't unfortunately set that quantum in my
6 team, that's given to us, but that will then allocate
7 those funds in a way that we believe is equal. It is
8 done in collaboration with the 22 local authorities and
9 provides everyone with a fair and open settlement.

10 The fourth division relates to performance and
11 partnership. So you'll see from my statement we are
12 very committed to working in partnership with local
13 government, and we support the statutory partnership
14 council and a number of other partnerships. We also
15 look after the performance, so how do we implement some
16 of the provisions of the 2021 Local Government Act which
17 sets out the statutory performance regime for the 22
18 local authorities.

19 **Q.** Thank you very much.

20 Now, as you have just confirmed, from 2013 you were
21 responsible for Welsh Government's civil contingencies
22 and emergency planning function as an additional
23 responsibility. Can you please assist with the function
24 of the Civil Contingencies Group generally.

25 **A.** Yeah. The Civil Contingencies, as it was in 2013, and

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1 beyond, was the resilience team, and it was that team
2 that led on the policy and implementation and
3 operationalisation of our civil contingencies functions.
4 So it provided leadership essentially to the Category 1
5 and Category 2 responders who are defined, as you know,
6 under the Civil Contingencies Act. And to the extent
7 that we needed to mobilise, which we did on a number of
8 occasions, the Welsh Government and the resilience team,
9 in particular under my directorship, would provide the
10 co-ordination and communication around that response.

11 **Q.** We'll come back on to that group shortly, but in your
12 witness statement at paragraph 24 -- we don't need that
13 on screen -- in terms of Covid itself, you say:

14 "It is difficult to be precise as to the date on
15 which I first learned about Covid in my professional
16 capacity."

17 Now, given your responsibility for civil
18 contingencies, is it unusual that you can't pinpoint
19 a date?

20 **A.** No, I wouldn't say it was. There are two types of civil
21 contingencies that we deal with, one of which is
22 a rapidly emerging event, for example a marauding
23 terrorist firearm incident, and that would be very
24 clear, it will move very quickly. With Covid, I think
25 the circumstances were slightly different in that we

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1 reason why that would have necessarily been shared with
2 me in the civil contingencies structures.

3 **Q.** Returning then if we can to the Civil Contingencies
4 Group that we've just discussed, you confirm that you
5 convened and chaired a meeting of that group on the
6 morning of 4 February 2020, and you say:

7 "[This] provided the first opportunity for
8 an informed discussion to take place at senior official
9 level about the official information that was then
10 available and the potential risks of Covid-19 as they
11 might materialise for the Welsh Government."

12 So what do you say triggered that meeting?

13 **A.** I would say my natural pessimism, in a sense. Working
14 in the civil contingencies area, one of our doctrines is
15 to prepare. It seemed to me at the end of January we
16 were in the position where there was a potential for
17 coronavirus to come to the UK and therefore to come to
18 Wales, and my intention of convening that first Civil
19 Contingencies Group was to find out more about it for
20 myself, to find out exactly what we knew as a government
21 at that stage, but more importantly to engage a wide
22 range of policy colleagues from across the government,
23 so that would be from the education, the social care
24 department, a number of other departments as well, so
25 that we could all understand the, if you like, the

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1 were -- during January and late December, I think most
2 of us were watching the developments in China with great
3 interest and increasing trepidation. And so while
4 I can't pinpoint the exact day at which I learned in my
5 professional capacity, I can pinpoint the exact day when
6 I believed it was time that the Welsh Government civil
7 contingencies function needed to take some action.

8 **Q.** If we can have on screen, please, a statement made by
9 Vaughan Gething, Minister for Health and Social
10 Services, on 24 January 2020, and this says:

11 "Welsh Government is closely monitoring the
12 emergence of a novel coronavirus originating in Wuhan,
13 China. Due to the enlarging geographic area affected
14 and evidence of person to person transmission, it is
15 likely that people will require assessment in Wales and
16 the wider UK."

17 So we've just been discussing your awareness. Would
18 it be fair to say that 24 January 2020 is the last
19 possible date?

20 **A.** Well, at this time the response to the coronavirus as it
21 was during January was being dealt with by the Health
22 Department, it wasn't necessarily an event that was
23 being dealt with collectively by the government, so far
24 as I could see, and I don't remember this particular
25 statement being issued. But at that stage there's no

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1 common recognised information picture at that point and
2 to begin to consider what, if anything, we needed to do
3 and when we might need to do it.

4 And I -- I'm fairly sure that at that stage I was
5 saying to that group of colleagues "You need to begin to
6 go and talk to your sectors, to talk to education and to
7 talk to business potentially about the potential for
8 a pandemic", and then to begin sort of, at that stage,
9 draft thinking around preparedness.

10 **Q.** Just one final question before we take a break. You
11 mention in respect of the statement of Vaughan Gething
12 that you don't remember that being brought to your
13 attention. Had that been brought to your attention,
14 with what you've described as your natural pessimism, do
15 you think you might have convened a meeting of the Civil
16 Contingencies Group earlier than 4 February?

17 **A.** I'm sure I would.

18 **MS PAISLEY:** Thank you, my Lady. Would that be a convenient
19 moment?

20 **LADY HALLETT:** Certainly. I shall return at 3.15.

21 (3.00 pm)

(A short break)

22 (3.15 pm)

23 **LADY HALLETT:** Ms Paisley.

24 **MS PAISLEY:** Thank you.

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1 Can we please have on screen the minutes of the
2 4 February Civil Contingencies Group meeting,
3 INQ000321239, and as discussed you chaired this meeting;
4 is that correct?

5 **A.** Correct.

6 **Q.** If we can look at page 1, paragraph 1.2:

7 "... the ECC(W) will be formally established today."

8 Can you briefly explain, please, the role and
9 function of the ECC(W) in a public health emergency such
10 as this.

11 **A.** Technically speaking the ECC(W) is a room rather than
12 a group, sorry. But essentially what it does is to
13 bring together the resilience team with the category 1
14 partners as defined under the Civil Contingencies Act to
15 enable two things, really. First of all, to begin to
16 plan and understand what each of the partners, each of
17 the responders are doing in order to understand the
18 issue that the -- the civil contingencies issue they're
19 dealing with; and, secondly, to begin developing
20 a common recognised information picture, ie what is the
21 sum of all of the knowledge of those responders, in
22 order that we can begin to co-ordinate and potentially
23 communicate the actions that need to be taken across
24 those partners and for us as a government, and
25 particularly the resilience team, we can begin to tell

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1 a greater input from the resilience team and those
2 partners. And so I think by the time we got to
3 25 February, we were considering -- sorry, I'm trying to
4 remember the dates -- moving the ECC(W) on to extended
5 working hours, and then certainly during March we moved
6 them from, I think, it's 7 in the morning to 8 at
7 morning, from 7 in the morning to 10 o'clock at night.
8 So it was a gradual mobilisation.

9 **LADY HALLETT:** I'm sorry, I didn't really understand that
10 answer. Could you help me again?

11 **A.** Okay.

12 **LADY HALLETT:** Ms Paisley's question was: when was the
13 ECC(W) formally established?

14 **A.** I would say 10 February we wrote out to local resilience
15 fora to explain that the ECC(W) was running at that
16 point -- I can't remember the exact phrase that we used
17 in the letter, but the team were operating from the 4th,
18 and as we moved through February we were extending their
19 working hours because the scale of the task grew.

20 **LADY HALLETT:** I don't know if you want to pursue it,
21 Ms Paisley, I still don't think I quite follow, but
22 anyway ...

23 **MS PAISLEY:** Thank you, my Lady.

24 **LADY HALLETT:** Maybe I'm not following who's on -- who is on
25 the ECC(W)?

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1 ministers that that -- that there is action under way.

2 **Q.** So this is from 4 February 2020.

3 Can we briefly please turn to INQ00032120228.

4 This is a meeting of the Civil Contingencies Group
5 on 18 February, and if we can look on page 3, and in the
6 middle we can see it says:

7 "Gary Haggaty explained that at present, ECCW is not
8 formally stood up but are considering the need to
9 formally stand up in the near future."

10 Then if we can go to the Cabinet minutes, please,
11 from 25 February 2020, INQ000129852.

12 At paragraph 5.4, page 6, it says:

13 "... the Emergency Co-ordination Centre (Wales) was
14 ready to 'stand up' if and when required."

15 So my question is: can you help us with when the
16 ECC(W) was formally established?

17 **A.** The ECC(W) began operating in the way I described from
18 4 February, and that was in line with the weekly civil
19 contingencies groups that we had put in place.

20 There is a threshold in the pan-Wales response plan
21 at which -- when we say the ECC(W) is stood up, that is
22 more about the physical location of partners, and a move
23 from normal working hours to extended working hours,
24 because the amount of the number of issues that we need
25 to deal with or the severity of the situation demands

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1 **A.** That would be the resilience team, in my directorate.

2 That would also be the Category 1 responders under the
3 civil contingencies --

4 **LADY HALLETT:** The local authorities and the like.

5 **A.** So there would be local authorities, health boards, the
6 police and fire service, ambulance and the military.

7 **LADY HALLETT:** So was it meeting? You talk about your team
8 and extended hours. Was the ECC(W) meeting?

9 **A.** It was not physically co-located at that point.

10 **LADY HALLETT:** Sorry, was it meeting?

11 **A.** The ECC(W) is a --

12 **LADY HALLETT:** Well, it's like COBR, isn't it, we use it for
13 meetings but it is actually a room.

14 **A.** It is a room, it is a physical location at which
15 partners would gather together.

16 So to the extent that I can explain it without
17 relation to a physical room, the partners were engaging
18 on a daily basis from the 4th -- sorry, from the
19 original date through February.

20 **LADY HALLETT:** Were they engaging in a meeting or by --

21 **A.** They were engaging in a meeting and they were engaging
22 through providing information into the system.

23 **LADY HALLETT:** Right. Thank you.

24 **MS PAISLEY:** Can we perhaps stay on the topic of the ECC(W),
25 please, and skipping ahead slightly, you wrote to local

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1 resilience forums on 10 March -- and that letter is
2 INQ000321241 -- stating that from the next day, so that
3 would be 11 March, that the ECC(W) would operate from
4 7 am until 7 pm Monday to Friday, and then this was
5 increased to seven days a week from 8 am till 10 pm from
6 20 March and that was confirmed in a letter from the
7 First Minister. Is that right?

8 **A.** Correct.

9 **Q.** Do you think those escalations happened quickly enough?

10 **A.** At the time, I think they were reasonable escalations
11 based on the information that we had. I'm not sure that
12 had we brought those escalations forward it would have
13 made a material difference to our response.

14 **Q.** It's right that in your statement you confirm, as Wales
15 emerged from the first wave of Covid, that the Joint
16 Emergency Services Group, Welsh Government and the
17 strategic co-ordinating groups would undertake a lessons
18 learned exercise, and that was to understand how the
19 emergency services and preparedness structures had
20 responded to the pandemic, and that was the Pan Wales
21 Covid-19 Lessons Management Project Board --

22 **A.** Indeed.

23 **Q.** -- which you chaired, and you confirm it met five times,
24 and a lessons identified register was compiled to track
25 the progress.

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1 towards full mobilisation.

2 **Q.** Can we then, please, return our minds back to the Civil
3 Contingencies Group meeting on 4 February, and we don't
4 need to have the minutes back up again, but the minutes
5 note that there would be an internal meeting on
6 10 February to discuss the Welsh Government's pandemic
7 plan. Is that a meeting you remember taking place?

8 **A.** I don't recall that meeting.

9 **Q.** Your statement talks about the Health Emergency Planning
10 Unit, or HEPU. Can you please briefly explain the role
11 that HEPU played in the Welsh Government's pandemic
12 response.

13 **A.** My understanding of the Health Emergency Planning Unit
14 is that it provided, if you like, an equivalent to the
15 resilience team's function for the NHS. So it dealt
16 with civil contingencies planning, it dealt with how to
17 operationalise some of those actions required by that
18 planning, issuing guidance and determining policy for
19 the NHS and the health service.

20 I didn't have any detailed engagement with the
21 operation of HEPU in the run-up to 23 March.

22 **Q.** Can we, please, look at INQ000320719, which is an email.

23 If we can look at the email, please, from
24 David Goulding. If we start with page 3, this email
25 chain begins with an email from the UK Cabinet Office

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1 If we can, please, have on screen INQ000187578, and
2 we can see that this document was last updated on
3 3 March 2023; is that correct?

4 And on page 19, we can see, under "Recommendations":
5 "Review the triggers for the establishment of ECCW,
6 and the response structures for 'Health' emergencies."

7 And under paragraph 6.5:

8 "Prompt establishment of a full ECCW functionality
9 should follow once a public health emergency is
10 declared."

11 We can then see at the bottom a comment:

12 "A formal review of the Pan Wales Response Plan will
13 be undertaken and a task and finish group will be
14 established to take this forward."

15 Has there been a review about the trigger to
16 establish the ECC(W) undertaken to date?

17 **A.** The quote here, the work that is outlined here is being
18 taken forward through our review of civil contingencies
19 processes in Wales. I'm -- I can't confirm that there
20 is a specific piece of work on the triggers for standing
21 up the ECC(W). I agree that it is -- it is a very
22 important point of transition for us, and on reflection
23 I can see that at the beginning, in those early days of
24 Covid, we should have been clearer about the status of
25 the ECC(W) and when we were moving through those phases

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1 attaching SAGE planning assumptions and the draft
2 communications plan on 13 February.

3 If we can then, please, look above that, and we have
4 the email from David Goulding, and we can see your name
5 appears along with some others, and it says:

6 "Please note the planning assumptions coming out
7 from SAGE. I don't propose any wider sharing of this as
8 it states not to be shared beyond HMG and SAGE members.
9 I assume it will go to COBR Ministers to consider and
10 can then be shared wider?

11 "The assumptions reflect a pandemic but the one
12 surprise is the clinical attack rate. If I am reading
13 this correctly it suggests 80% whereas for a pandemic
14 it's 50%."

15 If we can keep that in mind but now turn to the
16 attached SAGE planning assumptions, INQ000320718, and we
17 can see, first row, "Incubation period", estimated
18 1-14 days, significantly longer than pan flu reasonable
19 worst-case scenario.

20 Third row, basic reproductive rate is estimated to
21 be 2-3 in Wuhan.

22 Fourth row, the doubling rate in China just
23 4-5 days."

24 Seventh row, "Transmission":

25 "Asymptomatic transmission cannot be ruled out and
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1 transmission from mildly symptomatic individuals is
2 likely."

3 Then on page 2, please, first row, we can see 80% of
4 the population could possibly be infected, which is the
5 point picked up by David Goulding in the email that he
6 sent.

7 Then, the fourth row, 4% of the population could
8 require hospitalisation.

9 It would be fair to say that these were worrying
10 assumptions; is that right?

11 **A.** That's absolutely correct.

12 **Q.** Would you agree that, looking at these assumptions, it
13 was plain that this was going to be a whole-systems
14 emergency by this stage at the latest?

15 **A.** It was clear to me that it was going to be an emergency
16 that would go well beyond the civil contingencies
17 responses that we had been planning for and exercising
18 for in the past, and indeed beyond those --
19 consideration that we'd given the pandemic flu plans
20 some years -- well, the plans that were published some
21 years before.

22 **Q.** So did you have pause for thought at this point and
23 consider: we're not sufficiently prepared to deal with
24 this?

25 **A.** My response to David's email was to raise the
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1 permanent secretary?

2 **A.** It was.

3 **Q.** As far as you're aware, do you know if these planning
4 assumptions were cascaded higher up to ministers in
5 Cabinet?

6 **A.** I don't know. I was really focused on the operational
7 response at this stage and trying to mobilise a wider
8 group of colleagues across the organisation. I would
9 have assumed that the discussion around the planning
10 assumptions themselves would have been conducted through
11 the Health Department.

12 **Q.** So would it be fair to say that you didn't directly
13 discuss this with a minister?

14 **A.** I did not.

15 **Q.** Is that a regret?

16 **A.** This was very clearly a public health issue, certainly
17 at this stage, and my professional view at the time was
18 the experts and ministers needed to be discussing these
19 matters and also the -- more widely within the health
20 and social care group.

21 On this particular day, as I say, my concern was to
22 escalate to senior colleagues so that we could begin
23 considering how we would respond as a government.
24 **Q.** So it would be fair -- you were operating on the basis
25 that this would be passed on and you would focus on the
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1 significance of the planning assumptions and what
2 I could see as a developed communication plan within
3 the UK Government which was attached to this, this email
4 as well, with a range of senior colleagues.

5 **Q.** If we could come on to your response in just a moment,
6 but in terms of your personal thoughts, did you think,
7 "We're not prepared for this"?

8 **A.** I don't think that crossed my mind at the time. My
9 focus was much more on: how do we respond, what can I do
10 personally and professionally to mobilise the
11 organisation so that we can build a response,
12 recognising these new and more serious planning
13 assumptions.

14 **Q.** If we can then go on to your response to David Goulding,
15 please, and back to INQ000320719, please, and if we can
16 go to the first page, and your email says:

17 "This material needs to be shared internally and
18 rapidly."

19 So would it be right to say that you were surprised
20 that David Goulding had said don't share it more widely?

21 **A.** I was surprised that the information wasn't being shared
22 more widely, given its nature and the implications for
23 departments across the government.

24 **Q.** So your response was to escalate this as quickly as you
25 could to the director generals and to the
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1 operational response. Does it then surprise you or
2 shock you that Cabinet didn't in fact discuss Covid
3 until 25 February?

4 **A.** I think -- I don't know what discussions were had within
5 the Health Department and with the health minister, and
6 the content of Cabinet agendas and the judgements of
7 ministers about what was discussed was something that
8 would have been a matter for them rather than me.

9 **Q.** Can I please move on. We can take that down.

10 You attended some meetings with Mark Sweeney, and
11 you describe this in your statement, in February and
12 early March, and you explain these meetings were with
13 your counterparts in the UK Government and the other
14 devolved administrations, they were referred to as
15 ESSIG, which means Essential Service, Society and
16 Infrastructure Group; is that right?

17 **A.** That's correct.

18 **Q.** You outline that the purpose of these meetings was to
19 collate information and evidence on likely impact of
20 NPIs to inform papers to be presented to ministers; is
21 that fair?

22 **A.** That's correct.

23 **Q.** Now, at this point Mark Sweeney was Director General of
24 the Cabinet Secretariat in the Cabinet Office. Are you
25 able to give an idea of how much contact you had with
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1 him in late February, early March?

2 **A.** Probably three meetings. I was an attendee along with
3 a number of other colleagues from devolved
4 administrations and the UK Government at, as I say,
5 probably three meetings.

6 **Q.** The Inquiry heard evidence from Helen MacNamara in
7 Module 2.

8 If we could please have the transcript, 000000039.
9 And I'm not going to read all of this out, but if we can
10 just look at the following:

11 "The account that Mr Cummings has given is of you
12 walking from the Cabinet Office into Downing Street and
13 in fact into the Prime Minister's study that evening --
14 he wasn't there, the Prime Minister -- but you saying,
15 and this is his account, but I think you agree with it,
16 that you had just been talking to Mark Sweeney, whose
17 name we've just seen, who was in charge of co-ordinating
18 with the Department of Health.

19 "He said [that's Mr Sweeney has said but you're
20 reporting it] "I have been told for years there's
21 a whole plan for this. There is no plan. We are in
22 huge trouble"."

23 Now, to summarise, then, this was a conversation put
24 to Helen MacNamara from 13 March 2020, and the upshot is
25 that Mr Sweeney was saying on that date "I have been

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1 whether it's a lack of a cross-government plan or a lack
2 of a plan in Department of Health. But in any case
3 I think some of our thinking may have been accelerated
4 had we known of this exchange.

5 **Q.** Can I please move on to a different topic, which is
6 ministerial implementation groups, and it's right that
7 you attended almost all of the general public sector
8 implementation meetings.

9 Can we, please, have on screen paragraph 167 of your
10 witness statement from a personal capacity,
11 INQ000274156. Here you talk about the MIGs operating,
12 and you say:

13 "It was common for us to be provided with the papers
14 during the morning of the meeting itself, which normally
15 started around 1 pm. On occasion, the papers would be
16 circulated as late as an hour or two in advance. That
17 made commissioning, compiling and submitting briefings
18 to Welsh Ministers, often on complex and wide-ranging
19 subjects very challenging."

20 Then I don't propose to read the rest of this quote,
21 but that gives us a general flavour of your views on the
22 ministerial implementation groups.

23 How could those meetings have been improved?

24 **A.** I can think of two immediate ways that those meetings
25 could have been improved.

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1 told for years there's a whole plan for this. There is
2 no plan. We are in huge trouble", and my question is
3 whether that's something that Mark Sweeney ever said to
4 you in those meetings?

5 **A.** No.

6 **Q.** Did anyone from the UK Government say words like that to
7 you?

8 **A.** No. The ESSIG meetings that I attended were very
9 task-focused, very constructive, and intended solely on
10 looking at the implications around, I think it's six
11 potential non-pharmaceutical interventions, and when
12 I say implications, I mean what were the social
13 implications, what would these measures mean if they
14 were -- for the economy if they were put in place.

15 So no, the meetings were very positive and forward
16 looking.

17 **Q.** Do you think, if that had been said to you, you would
18 have done anything differently?

19 **A.** I would certainly have been very surprised to have heard
20 anything like this reported in such a cross-government
21 forum. Had -- I think as a government, and my
22 professional colleagues within Welsh Government, I think
23 we would have probably acted quite differently over the
24 following few weeks if we had understood that there was
25 a lack of a plan. And I don't know from this quote

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1 First of all, a more collaborative approach to
2 identifying the subjects that we really wanted to talk
3 about as four nations, rather than those which may have
4 a greater focus on England.

5 Secondly, as a consequence of that, potentially
6 drawing up shared agendas, working together on how we
7 would frame particular issues; and then, I suppose
8 thirdly, how we would go about putting papers together
9 that would properly reflect the views of the devolved
10 administrations.

11 **Q.** Can we then please talk about the 21-day reviews,
12 please.

13 If we can start with the first of the 21-day
14 reviews, and it's right that the coronavirus regulations
15 stipulated that they had to be reviewed every
16 three weeks. The first review on 16 April 2020, you say
17 that you brought together the team which undertook the
18 first review; is that correct?

19 **A.** Correct.

20 **Q.** The Inquiry has a statement from Thomas Smithson, who
21 was heavily involved in the 21-day review process. We
22 don't need to go to his statement, but it's at
23 INQ000282461. He says:

24 "The first substantive piece of work I was asked to
25 undertake was the first review of The Health Protection

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1 ... Regulations ... I did not have any team ... this
2 became my principal task, drawing on others' views and
3 evidence. There was no framework or process
4 established, with my approach guided by legal advice on
5 the obligations in the regulations, and public health
6 and scientific advice on the progression of the
7 pandemic."

8 So would it be fair to say, as he says in his words,
9 he undertook that review by himself?

10 **A.** He also undertook that review under the supervision of
11 Debra Carter, who was one of my deputy directors who
12 I asked to move across and help establish the 21-day
13 reviews, and she was present and overseeing the first
14 three.

15 I also brought together a group of colleagues from
16 across the Welsh Government who would help to provide
17 information and to steer Thomas in the work that he was
18 doing, and also to provide the necessary input of
19 evidence particularly but also to help shape and quality
20 assure the process.

21 **Q.** Do you have a comment as to why he included in his
22 statement deliberately, "I did not have any team"?

23 **A.** I don't think Thomas had a team underneath him to help
24 do the work, but there was a group of people around him
25 to help, as I say, shape the review. Those colleagues

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1 last one to see where we could improve. And so by the
2 time we got to the summer, I think it's certainly my
3 view -- and I would hope colleagues would agree -- that
4 we had developed a very clear process with some
5 excellent legal input which made sure that the decisions
6 we were asking ministers to take would be well-founded,
7 fed by a large number of pieces of evidence that would
8 be renewed and refreshed and put forward as part of that
9 process.

10 **Q.** Moving on then to engagement with local authorities,
11 please, and you may be aware the Inquiry heard evidence
12 this afternoon from Dr Llewelyn, and at paragraph 51 of
13 your statement on behalf of the Local Government
14 Directorate, you talk about "regular and open engagement
15 with local government was a central principle of the
16 Welsh Government Covid-19 response".

17 Can we please have Dr Llewelyn's second statement on
18 the screen, please, at paragraphs 12 and 13. Here he
19 says:

20 "For instance, the WLGA notes the statement of
21 Reg Kilpatrick, who had been Director General, COVID-19
22 Crisis Coordination for the Welsh Government
23 ... [Document read] ... local authorities, both
24 collectively and individually, at the outset of the
25 pandemic.

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1 probably didn't write it in the way that Thomas did, but
2 there was certainly a number of people who were
3 supporting and advising him as we went through that
4 first review.

5 **Q.** In respect of his comments that there was no framework
6 or process established for the first review, is that
7 something you'd agree with?

8 **A.** That's absolutely correct. We only realised that we
9 would have to review the regulations every 21 days
10 around 23 March, when they were originally brought
11 forward. So this was an area that we hadn't
12 anticipated. It hadn't featured as any of -- in any of
13 the previous pandemic flu planning that we had done for
14 the decade before. So it was essentially a very new and
15 very demanding burden that was placed on us.

16 **Q.** So is your evidence that you realised on 23 March that
17 there would need to be a review in 21 days?

18 **A.** Yes.

19 **Q.** And so why were those 21 days not used to create
20 a framework or a process?

21 **A.** They were. They were used -- we -- Tom basically
22 created that framework as we prepared the first set of
23 reviews, and that framework provided the basis for the
24 second and the third and the subsequent reviews, and at
25 the same time we spent every review reflecting on the

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1 "13. Communication is not however the same as
2 consultation and still less is it co-production. The
3 WLGA considers that in several ways Mr Kilpatrick's
4 views about the extent of communication fail to
5 recognise the extent to which there was inadequate early
6 engagement with local government -- engagement which
7 could have ensured that the operational issues which
8 local government would encounter were properly taken in
9 account and which, had they been, could have much
10 improved outcomes."

11 What is your response to that?

12 **A.** I think the distinction between communication and
13 consultation in the circumstances of the early days of
14 Covid is a very thin distinction. So in practice every
15 engagement that I, my team and ministers had with the
16 WLGA, whether that was at leader level or at official
17 level, were in effect consultations. They weren't
18 traditional civil service consultations where, as we
19 know, we'd send out a paper and expect people to
20 respond. They were very open, often very challenging
21 meetings where we would be putting forward briefings,
22 first of all, we would then be explaining our plans or
23 our intentions for, within the 21-day review, what we
24 were going to do next, and we would be having that, that
25 real-time consultation at political level and official

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1 level, on a very regular basis, two, three times a week
2 in some cases.

3 Equally about early engagement, I've engaged local
4 authorities through my EU transition board on
5 4 February, which was three days after we had -- after
6 the World Health Organisation had declared Covid
7 a global emergency and before it declared it a pandemic.
8 So we'd begun consultation with some chief executives
9 representing their regions through that forum. We were
10 also, certainly from 10 February, in very regular
11 engagement with all of the local authorities through the
12 local resilience fora, in terms of helping them to
13 understand the reasonable worst-case scenarios and the
14 planning that they and their organisations needed to do,
15 both to respond and as organisations themselves.

16 So I would dispute the fact that we didn't consult.
17 I think we had an extraordinary level of consultation.
18 I think in February and March we had in excess of
19 30 meetings each month between the Welsh Government
20 officials and ministers and local government. That was
21 just my area.

22 If we look at subject specific issues, so housing or
23 social care, there were other engagements that were
24 going on -- again, on a very regular basis, once or
25 twice a week throughout Covid -- to make sure that we

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1 on the flow of information from the UK Government. As
2 I understood it, the chief medical officers were meeting
3 regularly, people from the devolved nations by this
4 stage were attending SAGE, albeit maybe they should have
5 been involved a bit earlier. I'm not following why you
6 say there was a limitation on the flow of information,
7 and that's what constrained you; why you're basically
8 passing the buck for the criticism to the UK Government.

9 **A.** I'm not passing the buck in the sense that I think some
10 of the WLGA's concerns were in the run-up to lockdown
11 and the surprise with which that decision took them, and
12 I think my -- what I'm trying to demonstrate is that had
13 we known more about the move of the Prime Minister to
14 lock down on that Monday evening, we would have been
15 able to share more information with them so that they
16 could plan and prepare their organisations better. As
17 it was, we didn't have that information, as a government
18 we were unsighted on that, although we did meet the
19 local government leaders in the week before that
20 lockdown decision was taken, to brief them and to
21 discuss with them the information that we did have.

22 So I'm sorry, I didn't mean to be passing the buck
23 to the UK Government --

24 **LADY HALLETT:** I probably shouldn't have used that
25 expression, Mr Kilpatrick.

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1 understood the pressures on local government, that we
2 understood their views, and those views would change --
3 would be quite significantly different across the 22,
4 and that those views were reflected in our advice to
5 ministers or indeed reflected by ministers around the
6 Cabinet table.

7 **Q.** Can I please just read into the record, the INQ of that
8 witness statement is INQ000410950.

9 In respect of early engagement, which you have just
10 briefly touched upon, in your statement on behalf of the
11 Local Government Directorate you do accept that
12 engagement wasn't always early enough; is that fair?

13 **A.** That is absolutely -- absolutely fair, and that
14 engagement was -- it could have been better, it most
15 certainly would have been better had we had more
16 information to share from the UK Government. We were
17 quite constrained in what we could say, because the flow
18 from the UK Government was at times limited, and
19 particularly, you know, in the run-up to the first
20 lockdown.

21 **Q.** Can we, please, have on screen minutes of a meeting of
22 the Welsh Government officials and WLGA representatives
23 on 12 March, which we have at INQ000321234.

24 **LADY HALLETT:** Just before you go on to that, can I just go
25 back to your answer: you were constrained by limitations

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1 **A.** It was more of a case that that was a particular
2 decision that I know colleagues had concern about, and
3 that was a concern that we also had, but we were unable
4 to move ahead because we didn't have the information.

5 **LADY HALLETT:** So basically when you said "constrained by
6 the limitations on the flow of information", you will
7 have specifically had in mind the --

8 **A.** It was that decision --

9 **LADY HALLETT:** -- lockdown?

10 **A.** -- particularly.

11 **LADY HALLETT:** I follow.

12 **A.** Yes.

13 **LADY HALLETT:** Thank you.

14 **MS PAISLEY:** Staying on the topic of engagement with local
15 authorities, these are minutes of a meeting on 12 March,
16 and if we can have on page 2, please, and it says:

17 "Update from Reg Kilpatrick."

18 And we can see in the second paragraph it's noted:

19 "How do we work with you to avoid series of
20 meetings."

21 And then page 3, we can see it says:

22 "Need to work out how we best channel guidance and
23 info to get to the right people as quickly as we can.

24 How do we work with you so we don't create a whole
25 series of meeting and share."

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1 That reads, would you agree, like a reluctance to
2 have those meetings with local government?
3 **A.** No, I don't interpret that as a reluctance. What
4 I interpret that to mean to me, and particularly at the
5 time, how we work out the very best channels to engage
6 and consult with the right colleagues in local
7 government. We were under, as were our local authority
8 chief executives and their teams, under enormous time
9 pressure to turn guidance around, to develop new policy;
10 and in some ways our traditional, rather hierarchical
11 approach to consultation would simply not have worked.
12 And so this quote from me is: how do we work out
13 a different way of engaging? And I think we actually
14 did that quite successfully.

15 **Q.** I'm going to change topic completely, then, please, and
16 ask about the Joint Biosecurity Centre.

17 You were closely involved in the early stages of the
18 establishment of the JBC, and indeed you sat on the
19 steering board that was set up to provide executive
20 leadership to the organisation.

21 You in fact cleared a ministerial advice relating to
22 the JBC on 2 June 2020. We don't need that brought up,
23 but it's INQ000320880. You explain in the ministerial
24 advice that the purpose of the Joint Biosecurity Centre
25 is to detect, understand and rapidly act upon local,

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1 JBC, as an offer to us as a Welsh Government, I thought
2 was particularly exciting. I thought that the
3 individuals involved were highly committed to delivering
4 that task.

5 Sorry, would you repeat the question?

6 **LADY HALLETT:** Why was it so good?

7 **A.** Why was it so good? Well, I'm answering this question
8 in two ways, really. The concept was great, the
9 individuals I think were also really committed. We did
10 not make -- we did not achieve the full potential of the
11 JBC, and I don't mention that in my statement, but
12 I think on reflection we had great opportunity; however,
13 for a number of reasons, it was just not -- it was not
14 possible to create that sort of four nation organisation
15 that would feed back into our own deliberations and our
16 own creation of evidence and actually to our own 21-day
17 review.

18 **MS PAISLEY:** So it was a good idea, but it didn't quite
19 manifest itself in that way?

20 **A.** It was a great idea that was, I think, just not
21 completely delivered on the ground.

22 **Q.** We have a statement from Craiger Solomons -- we don't
23 need to go to it -- it's INQ000291490, and I want to
24 just briefly summarise some criticisms made and ask if
25 you agree with them.

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1 regional and national outbreaks of Covid-19 infection
2 through targeted non-pharmaceutical interventions.

3 We then have the primary functions of the JBC, and
4 then we can see it says:

5 "While there are still a number of issues to work
6 through with respect to the detailed design and
7 operation of the JBC, in light of the progress made to
8 date in amending the operating model to better reflect
9 Welsh interests, it is recommended that you provide
10 an in principle agreement for Welsh participation in the
11 JBC."

12 And it's right that the First Minister accepted the
13 recommendation?

14 **A.** Correct.

15 **Q.** You go on to say in your witness statement at
16 paragraph 175:

17 "During an extraordinary time, it is my view that
18 the development of the JBC was an exemplar of effective
19 joint working on a complex matter by the four nations,
20 achieved with a proactive attitude, commitment and
21 a desire to succeed."

22 Can you explain what leads you to say that?

23 **A.** Our normal experience with working with a number of
24 other Whitehall departments is that sometimes it can be
25 quite difficult to really work in collaboration. The

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1 The first, paragraph 49:

2 "... commissioning of ... projects came directly
3 from policy leads ... [who] had little understanding of
4 devolution."

5 Would you agree with that?

6 **A.** I'm not quite sure what he's getting at there, because
7 the commissioning of projects -- we would have the
8 opportunity to commission projects into the JBC.
9 I presume he's referring to the fact that projects would
10 be commissioned that would look at England only. If
11 that is the case, I can understand why that would be.
12 I think there were some issues about securing access to
13 data for Wales.

14 **Q.** Another criticism he had, perhaps following on from that
15 paragraph 50:

16 "There was a clear divide in the JBC between teams
17 who were supporting the Devolved Administrations and
18 those who were supporting UK Government. [As such] If
19 the work was carried out for UK Government, typically
20 UK Government ministers were asked for approvals before
21 sharing with [the] Devolved Administrations. [Which]
22 meant ... [very] little evidence [was] developed that
23 could be used to inform policy making ... in Wales."

24 Is that a fair criticism?

25 **A.** That is not my understanding of how the JBC worked, from

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1 either my own experience or from a colleague, Jo Trott,
2 who was embedded into the JBC specifically to underline
3 our commitment to it as an organisation, but also
4 provide us with a really clear understanding of what the
5 JBC was doing and how it was going about it. So, I'm
6 sorry, I don't recognise that criticism.

7 **Q.** It's right that the Joint Biosecurity Centre was
8 integrated into the UK Health Security Agency in
9 October 2021. In your view, did that change the focus
10 at all?

11 **A.** Yes, I think it did, actually, and I think some of
12 the -- the independence of thought and the independence
13 of action that we enjoyed previously sort of dissipated,
14 and so the relevance of the JBC to us as a government
15 dissipated alongside that.

16 **Q.** Moving on, then, to a few questions about local
17 restrictions, please.

18 On 3 September 2020 you received a call from the
19 chief executive of Caerphilly County Borough Council,
20 who wanted to discuss her concerns about the rising
21 number of infections in the area and wanted to discuss
22 with you what measures could be taken to try and bring
23 those under control. Is that right?

24 **A.** That's right.

25 **Q.** You then emailed Dr Atherton, Dr Orford and
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1 perceive -- or what they saw as a growing number of
2 cases within the authority.

3 **Q.** So is it your evidence that there was a plan in place
4 that people understood?

5 **A.** I think looking at the coronavirus control plan, there
6 was an annex which we added to that document which would
7 point the outbreak control teams towards the strategic
8 co-ordinating group in the first instance.

9 **Q.** So then it could have been clearer?

10 **A.** It could have been clearer.

11 **Q.** And we know that there had been local restrictions in
12 fact in England in the summer of 2020, and you say in
13 your witness statement, about this fact:

14 "... it was not unusual for incidence in Wales to be
15 two to three weeks behind that in the south of England,
16 and therefore we were confident that we would experience
17 similar growth in due course, and were planning on that
18 basis."

19 So would you agree work should have been done on
20 these plans earlier than when they actually needed to be
21 put into action?

22 **A.** I think we should have been clearer during the summer,
23 given that we were beginning to consider the chances of
24 a second wave, and we should have been clearer with
25 colleagues across these civil contingencies planning
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1 Simon Brindle, and we can see your email, please, on
2 screen, 4 September 2020, INQ000320919.

3 We can see the first paragraph:

4 "She was unsure about how to engage Welsh Government
5 or where she should get advice from regarding which NPIs
6 would be effective and appropriate in the circumstances
7 and her ability to act locally. I looked back at the CV
8 Control Plan for Wales which is not specific about the
9 escalation from local/regional to national and does not
10 describe how this should happen. For example, it is not
11 clear how the local/regional interests or concerns get
12 fed directly into HPAG considerations."

13 So at this stage was there a lack of clarity as to
14 how local authorities should approach and respond to
15 local outbreaks?

16 **A.** Well, clearly my colleague chief executive in Caerphilly
17 was not aware of the escalation process. The ICT and
18 the -- sorry, the OCT and the IMT, incident management
19 team and outbreak control team, that were operating in
20 the region at that stage, from an earlier email, were
21 saying this was not a matter of concern. And so I think
22 what this email demonstrated to me is that there was --
23 there was a structure in place, but nonetheless the
24 chief executive and, I think, the leader of the
25 authority were becoming very worried about what they
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1 structures about what would happen and what should
2 happen and what plans were available.

3 **Q.** It's right, isn't it, that ultimately it was agreed
4 Caerphilly would compile, in conjunction with Public
5 Health Wales, a list of additional measures that it
6 wanted to implement; then these proposed measures would
7 be further discussed within Welsh Government before
8 advice went to ministers? Is that right?

9 **A.** That's correct.

10 **Q.** Do you think that that was the right way round, namely
11 that the onus was on the local authority to come up with
12 a plan of action rather than the Welsh Government?

13 **A.** That was in line with the Public Health Wales control --
14 communicable disease outbreak control plan. So we were
15 following Public Health Wales guidance at that point.

16 **Q.** It's right that ultimately an HPAG subgroup was created,
17 which you chaired?

18 **A.** Correct.

19 **Q.** What was the purpose of this subgroup, and was that
20 something you found helpful?

21 **A.** The reason why -- and if I may call it HPAG OSG for
22 brevity -- was created was in recognition of the speed
23 at which the issues in Caerphilly emerged. The cadence
24 of meetings that were in place over the summer I think
25 were weekly, and clearly, as we were moving into
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1 a period of significant growth in the virus, we would
 2 need also to adjust our plans so that we could act
 3 quickly.
 4 So HPAG OSG was put in place two days after the
 5 Caerphilly -- the Caerphilly measures were put in place,
 6 and the group met daily for quite some time after that,
 7 simply because we needed all of the experts in a room
 8 looking at incidence, looking at pressures, and being
 9 ready to provide advice to ministers within hours if
 10 necessary.
 11 **Q.** If we can then go further along the timeline into
 12 September, please, and moving on towards the firebreak.
 13 We don't need to bring this up on screen, but on
 14 18 September 2020 there was advice from TAC which
 15 advised that a package of non-pharmaceutical
 16 interventions on local and national scale may be needed
 17 to bring R back below 1.
 18 Do you recall being aware of that advice on
 19 18 September?
 20 **A.** I have seen the advice and I've read it, but I couldn't
 21 confirm that I was -- I'd read it at -- well, yes,
 22 I would have been aware of it at the time because it
 23 would have formed part of the 21-day review material.
 24 **Q.** Generally speaking, then, you would have read TAC advice
 25 as part of that review process?
 185

1 All local authorities have seen more than 25 cases per
 2 100k over the past week and have above 2.5% test
 3 positivity."
 4 Now, looking at this timeline, would you agree that
 5 as early as 18 September 2020 and the first TAC advice
 6 that we looked at, there had been calls to start
 7 considering a circuit-breaker lockdown?
 8 **A.** There were certainly discussions about a circuit-breaker
 9 lockdown, indeed.
 10 **Q.** And it's right that on 12 October 2020 you attended
 11 a COBR meeting at which the First Minister,
 12 Mark Drakeford, asked whether a circuit-breaker or
 13 firebreak lockdown would be considered, as had been
 14 advised by SAGE?
 15 **A.** Mm-hm.
 16 **Q.** Do we take it, then, from the First Minister's question,
 17 that Wales was waiting for the UK to make the first move
 18 in respect of a circuit-breaker?
 19 **A.** No, I don't think that's a fair inference. The
 20 First Minister and Cabinet were looking at the evidence
 21 and information as it related to Wales and, as we saw,
 22 would have been prepared and were prepared to take their
 23 own action if necessary.
 24 **Q.** Now, it's right that the firebreak implementation group
 25 was established -- and that was by yourself -- that was
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1 **A.** Yes.
 2 **Q.** Again, I don't need it to be brought up on screen, but
 3 on 21 September 2020 SAGE was advising that
 4 a circuit-breaker should be considered to return
 5 incidence to low levels. Is that something you think
 6 you would have been aware of at the time?
 7 **A.** It's very unlikely that I would have seen SAGE advice,
 8 I relied on TAG and TAC to provide us with the necessary
 9 information for the 21-day review.
 10 **Q.** If we return, then, back to TAC advice, there was
 11 further advice on 25 September, 2 October and 9 October.
 12 If we can please have on screen the 9 October advice,
 13 which is INQ000066397, and if we could have page 2,
 14 please, we can see:
 15 "The Scientific Advisory Group for Emergencies ...
 16 estimate of the reproduction number ... has fallen since
 17 last week, but there is still exponential growth of
 18 COVID-19 cases in Wales as Rt is still above one."
 19 Second bullet point:
 20 "This may lead to hospital admissions rising across
 21 Wales unless further control measures are applied."
 22 Fifth bullet point:
 23 "For the first time in this wave of infections, the
 24 incidence for Wales is higher than 100 cases per 100,000
 25 people and the total test positivity for Wales is 7.8%.
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1 14 October and, as we've just discussed, there had been
 2 advice from as early as 18 September to start
 3 considering this.
 4 Do you think that that group should have been
 5 established earlier to at least start considering it?
 6 **A.** There were -- there were discussions ongoing between TAC
 7 and the CMO and others, including me, about the
 8 potential for a firebreak for a couple of weeks before
 9 that date. So just because there wasn't a group
 10 established to consider formally -- and I think that the
 11 firebreak implementation group was much more about
 12 implementation and options -- the growing need or the
 13 growing understanding of the pressures for a firebreak
 14 had been in discussion for a couple of weeks before
 15 that.
 16 **Q.** Can you help us with this: are you aware that the
 17 Swansea modelling team was only asked to model
 18 a firebreak on 11 October 2020?
 19 **A.** No, I wasn't aware of that.
 20 **Q.** It's right the firebreak implementation group met
 21 a number of times; no minutes were taken of those
 22 meetings. Given the significance of the work of that
 23 group, is that something that should have been formally
 24 recorded?
 25 **A.** Quite possibly we should have taken a minute, but the
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1 products -- the product of that group were a series of
2 papers that were compiled by Tom Smithson particularly
3 but contributed to by others, and were submitted to
4 Cabinet and to ministers for discussion. So to the
5 extent that there was a record of the work of the group,
6 that was summarised in those papers.

7 **Q.** Having discussed the timeline, would you accept that
8 there was a delay in implementing a circuit-breaker?

9 **A.** We -- we began our work on 13 October, I -- if memory
10 serves me right, the first discussion by ministers was
11 on the 18th. I may not have that date completely right,
12 but there were three further -- or three Cabinet
13 discussions on the basis of the work of my group which
14 culminated in a final decision about a firebreak, which
15 was then implemented on the 23rd.

16 Given the amount of information that we needed to
17 deal with, given the development of the policy, given
18 the legal issues that needed to be considered, I think
19 we moved as quickly as we possibly could from the
20 initial commission by the First Minister to the
21 production of options for Cabinet and then the final
22 decision. It was certainly our very highest priority
23 organisationally at the time.

24 **Q.** In respect of the initial commission by the
25 First Minister for your group, would it be your opinion

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1 in England) first thing tomorrow to help the discussion
2 at COBR. Did I miss a conference call earlier?"

3 So this would seem to suggest that on 18 March 2020,
4 so five days before lockdown, there were no real plans
5 in place for shielding; would you agree?

6 **A.** There weren't in Wales, and this was the initiation of
7 the conversations with the UK Government about its plans
8 for its shielding programme.

9 **Q.** So is it your evidence that it was the UK Government
10 that hadn't prepared for shielding?

11 **A.** I think my evidence would be that none of us had really
12 given that detailed discussion for the impact of social
13 isolation measures on our most vulnerable.

14 **Q.** And do you think that that is something that Wales could
15 and should have been doing by this point?

16 **A.** I -- I don't -- I can say we should have been doing it;
17 we should have been doing many things, with the benefit
18 of hindsight. At the time, we were very focused on
19 a whole range of issues about moving into a lockdown
20 potentially, and then once -- after 23 March, managing
21 that lockdown. So I'm not sure that it is fair to say
22 we -- we could have done anything at that point.

23 I would also say that this is a very good example of
24 sometimes that sharing of information between the Welsh
25 Government and the UK Government being quite late and

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1 that that commission should have come earlier?

2 **A.** We -- regardless of the commission, maybe we should have
3 been doing more structured thinking in advance of that
4 commission. However, as I say, we -- I think we saw the
5 COBR meeting as a bit of a turning point and some of the
6 views expressed by the Chief Medical Officer in England
7 about events internally in the south east of England.

8 **Q.** Final topic, then, please, which is the topic of
9 shielding, so we're circling back.

10 **A.** Okay.

11 **Q.** If we can have on screen INQ000197994, which is an email
12 chain starting at the bottom 18 March 2020 from
13 an individual at the Cabinet Office sent to you and to
14 others:

15 "I am copying Simon Ridley, Cabinet Office DG newly
16 responsible for co-ordination on health and social care
17 during the pandemic. He needs to speak to you as early
18 as possible today about shielding of vulnerable people.
19 I'm emailing to make the contacts and know Simon would
20 be keen to arrange a conference call."

21 If we can then look at page 3, please, and you send
22 an email which says -- it's at the top, this is 20.20 on
23 the same day, stating:

24 "Thanks Simon. It would be very helpful to see some
25 paper or plans (or the slide pack material sent to LAs

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1 often quite restricted.

2 **MS PAISLEY:** Thank you very much, Mr Kilpatrick. That's all
3 the questions that I have for you.

4 My Lady, there are some granted Rule 10s and
5 I believe there may be a live application.

6 **LADY HALLETT:** No, I think that's disappeared, thank you.

7 **MS PAISLEY:** I'm very grateful.

8 **LADY HALLETT:** Ms Heaven.

9 Questions from MS HEAVEN

10 **MS HEAVEN:** Good afternoon, Mr Kilpatrick, I represent the
11 Covid-19 Bereaved Families for Justice Cymru.

12 The first topic I want to ask you about is data,
13 please, so it's about the adequacy of data that was
14 being pulled together for the 21-day review process.

15 Now, you deal with this at paragraph 121 of your
16 witness statement, but don't worry, I will indicate to
17 you what's in that, so we don't need to bring that up.

18 Of course you explain there that you're pulling
19 together data, or your team are pulling together data
20 for the 21-day review process in order to inform advice
21 to ministers. You give some examples of the sorts of
22 data that was being pulled together: TAC and TAG data;
23 you're also looking at stats about pressure on the NHS;
24 you're looking at confirmed cases of Covid-19; and you
25 say all of this was being scrutinised daily by

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1 ministers.
2 Now, Andrew Nelson, who was the chief information
3 officer at Cwm Taf Morgannwg University Health Board, is
4 highly critical in his witness statement to the Inquiry
5 of the inability to extract data from NHS systems in
6 Wales, and he says:

7 "Certainly in the early part of wave 1 this resulted
8 in large swathes of information not being readily
9 available to the NHS in Wales. There was limited access
10 to prevalence and admission data from which we could
11 monitor or estimate growth rates to provide an effective
12 operational response."

13 And crucially, he says:

14 "... there was no differentiation between community
15 and hospital acquired infection."

16 And I think it's fair to say he limits that to
17 sort of the March time.

18 So my question is this: did you know about these
19 concerns with extracting data and the adequacy of data
20 at the time and, if so, were ministers also aware?

21 **A.** No, I didn't know about those -- those issues or the
22 issue that Andrew raises. I wouldn't have expected to
23 know. I didn't work in the Health Department, and my
24 responsibilities didn't extend to the sort of health
25 informatics or the NHS data or data collection. In

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1 that a stretch?

2 **A.** Did you say the 20 --

3 **Q.** If not I'll read it to you.

4 **A.** Sorry.

5 **Q.** So we have Helen Little(sic) here. So what we know is
6 there's a WhatsApp chat here going on about a meeting
7 that it would appear that you're involved in, and I'll
8 just read out some of the chat.

9 Helen Little(sic), who's Helen Little(sic)?

10 **A.** Helen Lentle is the director of legal services.

11 **Q.** So she says:

12 "Dylan, this is doing in my head."

13 Dylan says -- who's Dylan?

14 **A.** Dylan. Dylan is the head of the office of legal ...

15 **Q.** Has it come off your screen?

16 **LADY HALLETT:** Yes, it's come off the screen.

17 **A.** Yes.

18 **LADY HALLETT:** So finish your answer.

19 **MS HEAVEN:** Finish your answer.

20 **LADY HALLETT:** I'm sorry to interrupt you.

21 **A.** Dylan is at the office of the -- sorry, OLC. He's our
22 counsel -- he supports our Counsel General.

23 **LADY HALLETT:** We now need to make sure we've got the right
24 document.

25 **MS HEAVEN:** Yes. I'm not going to read out the -- yes.

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1 putting together the 21-day reviews, we would rely on
2 TAG and TAC as our principal source of epidemiological
3 and public health information.

4 **Q.** But if ministers are not being given necessarily the
5 best data, isn't that something that they need to know
6 to make their decisions?

7 **A.** Well, that would have been a matter for my colleagues in
8 health, who would understand these issues much more
9 clearly and much more directly than I.

10 **Q.** Understood.

11 Next topic, please, is a WhatsApp discussion. So
12 what I'm going to do is first ask you to look at
13 a series of WhatsApps. You're not in this group, just
14 so that you're aware, but you're mentioned. And just to
15 be clear, I'm not interested in the content of what is
16 said about you, it's what is said about the meeting.

17 So if we could get up, please, it's INQ000331038,
18 please. This is a WhatsApp chat group called the
19 "Coronavirus legal hotline", containing Welsh Government
20 officials, lots of special advisers, legal officials,
21 and it talks a lot about guidance.

22 So if we can start, please, by -- it's 21 May 2020,
23 and it is Helen Little(sic) at 10.54. It's very
24 difficult to see, but we'll try to zoom in.

25 Can you actually see it there in that sizing, or is

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1 **LADY HALLETT:** No, it's just that --

2 **MS HEAVEN:** I think some of it's been redacted. I know
3 which bits have been redacted.

4 **LADY HALLETT:** Are you happy just to read it out?

5 **MS HEAVEN:** I'll read it --

6 **LADY HALLETT:** Okay.

7 **MS HEAVEN:** -- because we've got very little time.

8 So let me just read it. So Dylan says:

9 "Me too."

10 Helen Lentle says:

11 "Have left now, meeting with [somebody else]."

12 Then Dylan picks up again, because he's been asked
13 by Jane Runeckles what the meeting's about, and he says:

14 "Guidance, an hour of our lives we're not getting
15 back ... [Document read] ... time goes on and more
16 people get involved."

17 And then I'll move forward a little bit in the chat,
18 and Jane Runeckles is asking -- she appears to be on
19 a different meeting -- what's going on, and Dylan says:

20 "Reg is ignoring our advice."

21 And Jane Runeckles says:

22 "Oh god."

23 Helen Lentle said:

24 "It's not going well."

25 And then Terry Kowal, who's he?

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1 **A.** He works for Dylan who, can I just say, is the head of
 2 the Office of the Legislative Counsel.
 3 **Q.** I see. He said:
 4 "What is this meeting about again?"
 5 Jane Runeckles says:
 6 "Arggh."
 7 And then Helen Lentle said:
 8 "It's about Reg not wanting to do something that may
 9 be different to what he wants."
 10 Then I'll just fast forward to the end. There's
 11 another comment there Helen Lentle, Helen Lentle said:
 12 "Reg hates us all and doesn't want another
 13 discussion."
 14 So I just want to understand. I'm going to show you
 15 some minutes of the meeting that we think it is, but can
 16 you remember that meeting?
 17 **A.** I can't -- from this, I can't remember what that --
 18 **Q.** Completely understandable.
 19 **A.** No, no.
 20 **Q.** So let me ask you the second document, then, which we
 21 think might be the minutes, it's the INQ000221027.
 22 So this would appear to be the only minutes that we
 23 have of a meeting on this day involving yourself,
 24 21 May, and it's titled "... next Part 3" and it relates
 25 to discussions on Covid-19 measures, schools, workplace,

(The hearing adjourned until 10 am
 on Thursday, 7 March 2024)

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1 general attitude and public, and we can see there's
 2 a number of people present there.
 3 I'm not going to ask you about what's documented
 4 there, because there are lots of things documented, but
 5 just looking at that title there, "What next Part 3" and
 6 those attendees, do you think that probably is
 7 reflective of the meeting?
 8 **A.** I'm sorry, I couldn't confirm one way or another.
 9 I wasn't part of the WhatsApp group, and I don't really
 10 know what they were talking about. I have seen this
 11 note and, frankly, it's not a great note of any meeting.
 12 So I'm sorry, I can't -- I can't help you.
 13 **MS HEAVEN:** Okay. Well, that's my question.
 14 Thank you very much, my Lady.
 15 **LADY HALLETT:** Right.
 16 Thank you very much indeed, I'm very grateful for
 17 your help. I'm not sure whether that's the last demand
 18 we're going to make upon you, or request, but thank you
 19 anyway.
 20 **THE WITNESS:** Okay. Thank you.
 21 (The witness withdrew)
 22 **LADY HALLETT:** 10 o'clock tomorrow?
 23 **MR POOLE:** Yes, my Lady.
 24 **LADY HALLETT:** Thank you all.
 25 (4.23 pm)

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