

UK COVID-19 Inquiry:

Module 2B - Rule 9 Request to Dr Eleri Davies - Reference: M2B/ED/01

1. A brief overview of your qualifications, career history, professional expertise and major publications.

Current Post: Deputy Medical Director, Public Health Wales; Senior Responsible Officer (SRO) for the Healthcare Associated Infection, Antimicrobial Resistance and Prescribing Programme (HARP) of Public Health Wales.

Qualifications:

MB.BCh (Wales) 1989. FRCPath.

Listed on GMC Specialist Register for Medical Microbiology June 1998

Masters in Leadership (Quality Improvement), Ashridge Business School

2016 Career History:

First appointed to a Consultant Medical Microbiologist post in North Bristol NHS Trust – 1999.

Consultant Medical Microbiologist, Cardiff from 2003. Throughout my Consultant Microbiologist career I have specialised in Infection Prevention and Control, holding lead roles for Infection Prevention and Control in North Bristol NHS Trust and subsequently in Cardiff & Vale UHB.

Moved into leadership role with the Healthcare Associated Infection Programme of the then National Public Health Service for Wales (NPHS) in 2006.

From 2017 Head of combined programme – Healthcare Associated Infection, Antimicrobial Resistance and Prescribing programme (HARP).

From December 2017 Assistant Medical Director with responsibility for job planning and medical engagement.

During the pandemic:

Interim Medical Director PHW (1st December 2020 to 31.05. 2021)

Incident Director for the PHW COVID response (September 2020 to September 2021)

Deputy Medical Director PHW (interim from 01.06.21 – substantive from April

22) Publications:

1. Humphreys H, Newcombe RG, Enstone J, Smyth ET, McIlvenny G, **Davies E**, Spencer R, Hospital Infection Society Steering Group (2010)
Four country healthcare associated infection prevalence survey: pneumonia and lower respiratory tract infections.
Journal of Hospital Infection 74(3):266 – 70

2. Moore C, Galiano M, Lackenby A, Abdelrahman T, Barnes R, Evans MR, Fegan C, Froude S, Hastings M, Knapper S, Litt E, Price N, Salmon R, Temple M, **Davies E.** (2011) Evidence of person to person transmission of oseltamivir resistant pandemic influenza A(H1N1)2009 virus in a haematology unit.
Journal of Infectious Diseases 203(1):18 – 24

3. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5881635/>

Clin Infect Dis. 2017 Feb 1; 64(3): 335–342.

Published online 2016 Dec 7. doi: 10.1093/cid/ciw754

Insidious Risk of Severe Mycobacterium chimaera Infection in Cardiac Surgery Patients

Meera Chand, Theresa Lamagni, corresponding author, Katharina Kranzer, Jessica Hedge, Ginny Moore, Simon Parks, Samuel Collins, Carlos del Ojo Elias, Nada Ahmed, Tim Brown, E. Grace Smith, Peter Hoffman, Peter Kirwan, Brendan Mason, Alison Smith Palmer, Philip Veal, Maeve K. Lalor, Allan Bennett, James Walker, Alicia Yeap, Antonio Isidro Carrion Martin, Gayle Dolan, Sonia Bhatt, Andrew S Kingsley, André Charlett, David Pearce, Katherine Russell, Simon Kendall, Andrew A Klein, Stephen Robins, Silke Schelenz, William Newsholme, Stephanie Thomas, Tim Collins, **Eleri Davies**, Jim McMenamin, Lorraine Doherty, Tim E. A. Peto, Derrick Crook, Maria Zambon, and Nick Phin.

2. A list of the groups (i.e. TAG and/or any of its subgroups) in which you have been a participant, and the relevant time periods. Please also confirm if you are or have been a participant in SAGE or other relevant groups.

- Welsh Government TAG – First recorded attendance 10.06.2020
- Welsh Government Nosocomial Transmission Group June 2020 to May 2022 · I was a member and for a time Chair of the UK COVID-19 Infection Prevention and Control Guidance Group – January 2020 to end May 2022, (Chair April 2021 to May 2022)

3. An overview of your involvement with those groups between January 2020 and May 2022, including:

a. When and how you came to be a participant

My first recorded attendance at the **Welsh Government TAG** was on 10th June 2020. I was invited by the Chair through the secretariat to attend to discuss Infection Prevention and Control Measures and guidance and to join the group to bring my expertise in this field to the group.

My first recorded attendance at the **Welsh Government Nosocomial Transmission Group** was 5th June 2020. I was invited to attend by the joint Chairs Chief Nursing Officer for Wales and the Deputy Chief Medical Officer for Wales. I was a member of this group from its inception and attended most meetings.

My first recorded attendance at the **UK COVID-19 IPC Guidance Cell** meeting was 30th January 2020.

The group was set up under the auspices of NHS England & Improvement emergency arrangements, the SRO was CNO England Ruth May. I was invited to join via the Chair of the group at the time who I believe drew the initial membership of the group together from the IPC group that had been working on influenza pandemic guidance previously. My Consultant Nurse colleague was a member of that group and I joined the UK COVID-19 IPC Guidance Group with my Consultant Nurse Colleague as Senior IPC leads for Wales. I attended most meetings throughout the pandemic, this was my main focus of work. I became Chair of the group in April 2021, the group was stood down in May 2022.

b. The number of meetings you attended, and your contributions to those meetings;

Welsh Government TAG - Recorded attendance at 28 meetings – in general contributing in my area of expertise – Infection Prevention and Control.

Welsh Government Nosocomial Transmission Group – recorded attendance 38 meetings – I provided updates on current position re nosocomial COVID-19 across Wales' acute hospitals and updated the group on IPC guidance developments / implementation and changes.

UK COVID-19 IPC Guidance Cell - Meetings were initially daily and often several times a day eventually settling into a weekly main meeting with other meetings called as necessary to finalise certain pieces of guidance. I attended most meetings throughout the pandemic, this was my main focus of work. I became Chair of the group in April 2021, the group was stood down in May 2022.

b. Your role in providing research, information and advice.

Welsh Government TAG - As I was very closely involved with the development of COVID-19 IPC Guidance for the UK, I would update the Welsh Government TAG on developments in the COVID-19 IPC guidance and advise on implementation and application of the guidance in sectors other than healthcare. I also commented on WHO advice and guidance re Infection Prevention and Control Measures.

Welsh Government Nosocomial Transmission Group – I updated the group on Nosocomial COVID-19 surveillance data, updates on WHO IPC guidance and updates to UK COVID-19 IPC guidance.

UK COVID-19 IPC Guidance Cell – I fed in experiences from Wales' Health Boards regarding Infection Prevention and Control Measures in place and the challenges to implementation. Discussed evidence presented at the meetings; considered rapid reviews presented; Discussed WHO guidance and worked through how to make the guidance clear and usable to aid implementation across health and care services in the UK.

4. A summary of any documents to which you contributed for the purpose of advising TAG and/or its related subgroups on the Covid-19 pandemic. Please include links to those documents where publicly available.

The Welsh Government TAG documents that my advice / expertise would have contributed to were

those related to the application of healthcare IPC measures, in particular masks and face coverings for the wider population and in educational / business settings. The TAG outputs can be found via this link:

[Technical Advisory Group: modelling updates and subject specific reports | GOV.WALES](#)

An example of a specific report which also documents the meetings at which the issue was discussed is available via the link below – published August 2020.

[technical-advisory-group-updated-advice-on-face-coverings_1.pdf \(gov.wales\)](#) I

regularly discussed WHO guidance at the Welsh Government TAG meetings: WHO

guidance on IPC measures - WHO Technical guidance documents available at :

[Technical guidance publications \(who.int\)](#)

Key IPC WHO Guidance:

Prevention, identification and management of health worker infection in the context of COVID-19 [WHO-2019-nCoV-HW_infection-2020.1-eng.pdf](#)

Rational use of personal protective equipment for COVID-19 and considerations during severe shortages

[WHO-2019-nCoV-IPC_PPE_use-2020.4-eng.pdf](#)

Infection prevention and control guidance for long-term care facilities in the context of COVID-19 [WHO-2019-nCoV-IPC_long_term_care-2021.1-eng.pdf](#)

Critical preparedness, readiness and response actions for COVID-19

[WHO-2019-nCoV-Community-Actions-2021.1-eng.pdf](#)

I also provided updates and advice regarding the UK COVID-19 IPC Guidance that I was contributing to developing through the UK COVID-19 IPC Guidance Group.

The UK COVID-19 IPC Guidance went through many versions all archived on the UK Government National Archives: [UK Government Web Archive \(nationalarchives.gov.uk\)](#)

5. A summary of any articles you have written, interviews and/or evidence you have given regarding the work of the above-mentioned groups and/or the Welsh Government's response to the Covid-19 pandemic. Please include links to those documents where publicly available.

I have not written any articles or given interviews or evidence specifically with regard to the work of the above mentioned Groups or the Welsh Government's response to the COVID-19 pandemic.

6. Your views as to whether the work of the above-mentioned groups in responding to the Covid-19 pandemic (or Wales's response more generally) succeeded in its aims.

This may include, but is not limited to, your views on:

a. The composition of the groups and/or their diversity of expertise;

Welsh Government TAG – This was a very large and diverse group, which meant that discussions were very varied and interesting, but sometimes made agreeing recommendations difficult.

Welsh Government Nosocomial Transmission Group – This group was focussed very specifically on nosocomial COVID-19 – the membership was drawn from IPC specialists across the Health Boards and specialist colleagues in surveillance and IPC within Public Health Wales. Expertise in estates / decontamination / workforce were brought in as required.

UK COVID-19 IPC Guidance Cell – This group was made up of IPC specialists from each of the Four Nations of the UK. For England NHS England & Improvement and Public Health England (which became UKHSA) were members as well as Dental specialists and an IPC lead from the Ambulance Service. Healthcare Scientists experienced in literature reviews and rapid reviews of evidence were also members of the group and other specialists were co-opted as required and presentations from research groups and special interest groups were also received.

b. The way in which the groups were commissioned to work on the relevant issues;

c. The resources and support that were available;

I do not have the detail of how the Welsh Government TAG was commissioned. It was resourced and supported by Welsh Government.

The UK COVID-19 IPC Guidance Cell was commissioned by the Chief Nursing Officer for England to develop COVID-19 specific IPC guidance for the 4-nations of the UK. The secretariat was provided by NHS England & Improvement.

d. The advice given and/or recommendations that were made;

Welsh Government TAG produced a series of reports / advice documents throughout the pandemic. The nosocomial Transmission Group produced specific guidance for implementation by the Health Boards and Trusts of Wales as well as some advice for the care sector.

The UK COVID-19 IPC Guidance cell was responsible for producing all the IPC guidance used by the healthcare sectors across the Four Nations of the UK.

e. The extent to which the groups worked effectively together; and

The groups within Wales worked well together. It was a little less clear how the UK groups worked alongside the Wales groups. There were at times challenges to know what could be shared as much of the documentation was marked official sensitive.

f. The extent to which applicable structures and policies were utilised and/or complied with and their effectiveness.

Structures and policies were well utilised in general, however four nations working had not in my view been well developed before the pandemic, therefore there was a certain amount of developing structures and relationships as the pandemic unfolded to try to ensure that all relevant information

and guidance was appropriately shared and implemented consistently.

7. Your views as to any lessons that can be learned from the Welsh Government's response to the Covid-19 pandemic, in particular relating to the work of the above-mentioned groups. Please describe any changes that have already been made, and set out any recommendations for further changes that you think the Inquiry should consider making.

Ideally the UK response should dovetail perfectly with the responses of the devolved administrations with clear lines of accountability, governance and information sharing in place. I believe that the response evolved over the course of the pandemic with clarity also developing over the timeline of the pandemic. I would hope that we would learn from the experience and have arrangements ready to be called upon in the event of another pandemic.

8. A brief description of documentation relating to these matters that you hold (including soft copy material held electronically). Please retain all such material. I am not asking for you to provide us with this material at this stage, but I may request that you do so in due course.

I have copies of PowerPoint presentations given at the various meetings. Copies of draft guidance documents and draft advisory notes for Welsh Government / CMO.