

Witness Name: Dr Tracey Cooper

Position: Chief Executive - Public Health Wales

Statement No.: Second

Exhibits: [1 - 33]

Dated: 19 September 2023

**UK COVID 19 INQUIRY
MODULE 2B**

WITNESS STATEMENT OF DR TRACEY COOPER

I, Dr Tracey Cooper, care of Public Health Wales, 2 Capital Quarter, Tyndall Street,
Cardiff, CF10 4BZ

Will state:

1. This personal Witness Statement is provided by me in my capacity as Chief Executive of Public Health Wales in response to a request for evidence made by the Inquiry Team to me dated 8 February 2023.
2. Public Health Wales has been appointed as a Core Participant for Module 2B and I have provided the Corporate Witness Statement on behalf of the organisation.

Background and Qualifications

3. I qualified with a Bachelor of Medicine from Southampton University in 1990. In reverse chronological order, my career history is as follows:

- a. Chief Executive of Public Health Wales from June 2014 to present. The role and functions of Public Health Wales has been shared in my draft corporate witness statement of the 22 November 2022 under the first section headed 'The Role of Public Health Wales'.
- b. Inaugural Chief Executive of the Health Information and Quality Authority, Republic of Ireland from August 2006 to May 2014. The organisation is an independent State body and is the independent regulator for health and social care services in the Republic of Ireland which includes health, services for older people (including care homes), children and young people (including foster care and residential care) and for people with a disability. It also has the statutory functions of setting national standards, undertaking statutory investigations, undertaking health technology assessments (HTA) and improving the development and use of health information.
- c. Deputy Head/Director of Operations for the NHS Clinical Governance Support Team, Modernisation Agency, Department of Health, England, from January 2004 to August 2006. The Team was part of the then NHS Modernisation Agency, an executive agency of the Department of Health in England. This was a national resource that supported improvements in patient outcomes through system leadership, cultural change and the provision of advice on health system policy and reform. This included the delivery of Board Development Programmes and intense turnaround support to some of the most challenged healthcare organisations in England and Northern Ireland at that time.
- d. I also have considerable experience in working internationally including with the World Health Organization, the International Association of National Public Health Institutes (IANPHI) and the International Society for Quality in Health Care of which I was a Board Member from 2008 to 2015 and President from 2011 to 2013.
- e. Below are the dates and job roles between qualifying in August 1990 and January 2004, prior to the roles listed above.

October 2001 – January 2004	Associate Director, NHS Clinical Governance Support Team (England)
April 1999 – October 2001	Director of Clinical Services East Midlands Ambulance Service NHS Trust

April 1997 - March 1999	Clinical Advisor for Derbyshire Ambulance Service NHS Trust
October 1995 - February 1997	Locum Consultant in Accident and Emergency Medicine Chesterfield and North Derbyshire Royal Hospital
September 1994 - September 1995	Locum Registrar in Accident and Emergency, Derbyshire Royal Infirmary and Resident Medical Officer Clare Park Hospital Surrey
February 1994 - August 1994	Resident Medical Officer at Chalybeate Hospital, Southampton
February 1993 - February 1994	Senior House Officer in General Surgery, Southampton General Hospital
August 1992 - February 1993	Senior House Officer in Paediatric Surgery, Great Ormond Street Hospital, London
February 1992 - August 1992	Anatomy Demonstrator, Southampton Medical School
August 1991 - February 1992	Senior House Officer in Accident and Emergency, Edinburgh Royal Infirmary
August 1990 - August 1991	House Officer at Southampton General Hospital and the Royal South Hants Hospital, Southampton

4. I have been the Chief Executive throughout my time at Public Health Wales. I did not undertake any additional roles during the pandemic. As Chief Executive, I am responsible for the overall performance and governance of the executive functions of the organisation, including the effective delivery of the associated strategy and plans. I am also the Accountable Officer for the organisation with responsibility for ensuring that there are effective management systems in place to safeguard public funds and assets and that resources are used appropriately to deliver the functions of the organisation.
5. During the Covid-19 pandemic, my role was very much to ensure that the organisation responded and mobilised effectively and to support our staff across the breadth of our role. In addition, my role involved working closely with partners – particularly the NHS and local authorities, with Welsh Government officials – particularly the Chief Medical Officer and Director General for Health and Social Services, and with Ministers.

6. In relation to the development of professional and technical advice provided by the organisation, whilst I was medically trained, I have no expertise or qualifications in specialist public health. Consequently, I relied on the technical expertise of our health protection and microbiology experts, particularly our Lead Strategic Director and Incident Directors, which I fully supported. Generally, whilst I was involved in seeing and providing any high level, non-technical comments to some of our pieces of advice, the technical elements of our advice was developed by our health protection and microbiology experts.

Initial Response to the Pandemic – January to March 2020

7. In this section of my statement, I will set out, in a week by week format, my recollections from the point I became aware of the emergence of what we now know to be Covid-19, up until the end of March 2020. These recollections will focus upon the key areas and actions that I was directly involved in as the Chief Executive of Public Health Wales. Public Health Wales as an organisation, was heavily engaged as set out in my Corporate Witness Statement.

- Week Commencing 6 January 2020

8. I first became aware of an emerging respiratory disease in China on 9 January 2020, when Dr Quentin Sandifer, Executive Director of Public Health Services and Medical Director, informed me. I was also made aware that the Public Health Wales Health Protection team had published a briefing note on the 8 January titled: *Cluster of pneumonia of unknown aetiology in Wuhan city, China* [Exhibit TC/1 INQ000147268], based upon a briefing note issued by Public Health England (PHE) on 7 January 2020.
9. From this point on, I and Public Health Wales staff, were engaged in a response to what would become the global Covid-19 pandemic.
10. Briefing notes were issued by our Health Protection Experts on 8 January 2020 [Exhibit TC/1 INQ000147268 above] and 10 January 2020 [Exhibit TC/2 INQ000147279] to Public Health Wales specialists, directors of public health, medical and nursing directors in health boards as well as to the Welsh Government.
11. At this time, I was aware that a dialogue was open between the Public Health Wales team and the office of the Chief Medical Officer (CMO) within Welsh Government, but I was not directly engaged in the discussions. Dr Quentin Sandifer was leading the Public Health

Wales response at this time. I was also aware the team were liaising with PHE to obtain information from which to base their briefings and to develop their understanding.

- **Week Commencing 13 January 2020**

12. On 13 January 2020, I chaired the Public Health Wales Business Executive Team meeting. At this meeting, the first official briefing was provided to the team by Dr Quentin Sandifer. I understood from the update that a novel coronavirus was rapidly passing from person to person in Wuhan, China and there was potential for the virus to spread internationally. Dr Sandifer was asked to prepare a briefing note for the Public Health Wales Board, which he sent to the Board on the 16 January 2020 [**Exhibit TC/3 INQ000147290**].

- **Week Commencing 20 January 2020**

13. During this week I continued to monitor communications and internal updates with Dr Quentin Sandifer and other members of the team, with no direct involvement in the response.
14. On 21 January 2020, I was informed by Andrew Jones, my Deputy Director of Public Health Services/Director of Integrated Health Protection, that following his attendance at meetings with PHE, a four nations enhanced incident status had been proposed and Public Health Wales was liaising with the Chief Medical Officer for Wales and the Welsh Government to clarify the current advice and support available within the system to respond to the emerging threat.
15. At this point in time, there were no confirmed cases in Wales and Public Health Wales was monitoring the position actively and responding appropriately. The focus at this time was on the risk posed by those returning from Wuhan, China.
16. As the situation was accelerating, it was clear that the battle rhythm of meetings in Wales and the UK, the requirement to plan and respond to cases in Wales and the increasing requirement for specialist health protection advice to the Chief Medical Officer and partners, Dr Quentin Sandifer invoked the Public Health Wales Emergency Response Plan¹ at an enhanced level on 22 January 2020 and was appointed Strategic Director.

¹ This is Exhibit 2 (**INQ000147279**) to my Corporate Witness Statement for Module 2B

The next day, an Incident Management Team was set up. At this stage, the Strategic Director, Dr Sandifer, was taking the lead for the incident and working closely with me. Dr Sandifer updated the Board of Public Health Wales on 23 January 2020 and was speaking with me daily to keep me informed.

17. On 24 January 2020, the first case in Europe was confirmed. A second suspected case (the first being on the 15 January 2020) emerged in Wales the following day (both negative). I am aware Dr Sandifer chaired a meeting with Welsh Government, Public Health Wales and the Chief Medical Officer on Sunday 26 January 2020 where strategic aims were identified as part of the initial approach to planning for and responding to Covid-19 in Wales.

- **Week Commencing 27 January 2020**

18. On 27 January 2020, Dr Sandifer updated me and the Business Executive Team on the meeting referred to above. On 28 January 2020, the Public Health Wales Silver Group was established under the direction of Dr Sandifer to support the Incident Management Team.
19. Within the organisation, we were already scaling up and mobilising resources to move into our health protection response. Dr Sandifer issued a request for staff to volunteer (at that point) to support the response during the week.
20. It was apparent to me that an all Wales coordinated response to the potential threat of the virus was required. Therefore, on the 29 January 2020, I e-mailed the Chief Executives of Health Bodies in Wales with the offer of a briefing call to bring them up to speed with the situation, to assess whether they needed any support and to check that the connections within and between the NHS, Public Health Wales and the Welsh Government were working [Exhibit TC/4 INQ000147295].
21. On 30 January 2020, the World Health Organization declared the novel coronavirus 2019 as a public health emergency of international concern. The risk rating in the UK changed from 'low' to 'moderate' as a result of the announcement. The same day, Dr Sandifer and I agreed for him to issue a call for Public Health Wales staff to volunteer to support the enhanced organisational health protection response.

22. The same day, my office received contact from the Secretary of State for Wales office requesting a meeting with me. I informed Dr Andrew Goodall, Director General of Health and Social Services Group/NHS Wales Chief Executive, and Dr Frank Atherton, Chief Medical Officer. Dr Atherton joined me and Dr Sandifer on the call. The Secretary of State sought an oral update on where we were with our planning and response in Wales and invited contact with him if we needed support from him.
23. On 31 January 2020, the Chief Medical Officer in England announced the first two cases in England. In response, Dr Sandifer and I set up a staff briefing session that afternoon to update the organisation on the rapidly changing situation and to offer an opportunity to answer any question.
24. I arranged a meeting with NHS Chief Executives and other NHS colleagues for the 31 January 2020 with the Chief Medical Officer for Wales also joining, where we followed the following agenda:
- a. Introductions
 - b. Welsh Government update from Dr Frank Atherton, Chief Medical Officer
 - c. Technical Update from Public Health Wales
 - d. Reflections from NHS colleagues
 - e. Communications and information flow
 - f. Any other business.
25. This meeting was designed to ensure the NHS in Wales knew what action was being taken in response to Covid-19 and the rapidly changing landscape. At this time, Public Health Wales was actively engaged with the Chief Medical Officer in developing a way to utilise testing capabilities in Wales. There were also no positive cases in Wales by this stage.
26. On 2 February 2020, PHE launched a public health information campaign in response to the emergence of Covid-19 in the UK. I worked with my team to ensure Wales also had the benefit of the same public health information in both English and Welsh. As would become clearer later, it was important to ensure the public health information was tailored to the devolved nations to avoid confusion about the advice and or restrictions in place.
- **Week Commencing 3 February 2020**

27. At this time, many of us in Public Health Wales were working up to seven days a week to prepare and support the public health response to the risk of Covid-19 in Wales.
28. Given the rapidly evolving context internationally, and our desire to support Wales to be in the best position it could be to respond to Covid-19 and protect people in Wales, we were continuing to scale up our organisational response and support the wider NHS in establishing the architecture that was (going to be) needed at pace. In addition, given the increasing pressure on staff, Dr Sandifer became the 'Lead' Strategic Director, and two additional Executive Directors, Huw George (Deputy Chief Executive and Director of Operations and Finance) and Rhiannon Beaumont-Wood (Director of Quality, Nursing and Allied Health Professionals) also took on Strategic Director support roles. This decision was made on the 27 January 2020 and came into effect soon after.
29. During this week, I was actively involved in working with our teams and the wider NHS in Wales in relation to the work being done to assess and implement sampling and testing capacity in response to the widening of the Covid-19 case definition and the expected surge in activity in Wales.
30. Public Health Wales was providing and facilitating all sampling and testing arrangements in Wales but was also working with health boards to support them to develop their own community testing units which were already required and would need significant scaling up in order to meet the demands that would come. Whilst Public Health Wales was supporting health boards with sampling at this stage, it did not have the capacity to fulfil the increasing demand and sustainable solutions were needed.
31. This was ever more relevant given that, on the 6 February 2020, the geographic case definition expanded further to include Mainland China, Thailand, Japan, Republic of Korea, Hong Kong, Taiwan, Singapore, Malaysia and Macau.
32. On 7 February 2020, I e-mailed the Chief Executives of the Health Boards and Trusts in Wales to highlight how the change in the geographical case definition would impact upon the numbers of potential patients requiring screening and assessment across Wales as a result [**Exhibit TC/5 INQ000147296**].
33. The need to rapidly work together on the upscaling of local sampling and testing became a priority, with the team at Public Health Wales working extremely hard to put the right arrangements in place for Wales.

34. On the same day, the Chief Medical Officer wrote to me to confirm he was happy to approve the use of a Public Health Wales developed Covid-19 test, which was very welcome news in the context of Wales having a reliable, domestic testing capability [Exhibit TC/6 INQ000147297].
35. Work continued over the weekend to support health boards with sampling arrangements. At this time, the capabilities for sampling varied between health boards and I was keen to coordinate with the Chief Executives in order to support consistency of approach to ultimately ensure sampling and testing could take place as required.
36. On Sunday 9 February 2020, I e-mailed all NHS Wales Chief Executives asking for each of them to arrange for them (or their designated executive officer) to meet with me and my team virtually on the following Monday / Tuesday to take stock of where they were and whether they required any further support from us [Exhibit TC/7 INQ000147298].
37. Throughout this early phase, I was also involved in the conference calls that we were setting up with a health board(s) when there was a suspected Covid-19 case(s) in their area.

- **Week Commencing 10 February 2020**

38. On 10 February 2020, I wrote to all Public Health Wales staff to mobilise more volunteer resource to support our organisational health protection response. As the reach of the virus increased and more cases were being confirmed in England, the need to provide surge capacity was clear and we were scaling up the organisation to meet these needs.
39. On 10 February 2020, the Chief Medical Officer issued a letter to NHS Executives requesting that health boards establish a Covid-19 community assessment and testing service and a Coronavirus Testing Unit separate from Emergency Departments [Exhibit TC/8 INQ000147299].
40. On 10 and 11 February 2020, together with members of my team, I met with various health executives by organisation, in order to assess their levels of readiness and to ensure they understood the scale of the sampling and testing requirements. On 11 February 2020, I e-mailed the Chief Medical Officer and the Director General as I felt a meeting with them was required to coordinate the NHS Wales differing levels of readiness for sampling and

testing [Exhibit TC/9 INQ000147300]. The Chief Medical Officer was positively in support of coordination, discussed the issues with the Director General and responded positively to me indicating the Director General was in support of coordinating the NHS approach in Wales.

41. I met with further health organisations on 13 and 14 February 2020 to assess their readiness. I have to say that all conversations with the health bodies in Wales were very much in the spirit of support, learning and cooperation with the NHS in Wales working together to respond, albeit at varying stages of readiness at that point.
42. On 13 February 2020, the Chief Medical Officer called a meeting of Public Health Wales and Cardiff and Vale University Health Board to discuss progress on increasing NHS capacity for High Consequence Infectious Disease Units for the management of confirmed cases of Covid-19. He also issued a letter to NHS Executives in relation to increasing capacity across the NHS estate for the management of possible cases of Covid-19 who require hospital admission [Exhibit TC/10 INQ000147269].

- **Week Commencing 17 February 2020**

43. On 17 February 2020, we discussed as an Executive Team the further mobilisation of staff across the organisation for the scaling up of our organisational health protection response.
44. Dr Sandifer and I met with the Chief Medical Officer on 17 February 2020, and we followed the following agenda;
 - a. Look back reflection on the last few weeks and a look forward to the next 2 weeks
 - b. Emergency response Status
 - c. Reflection of NHS preparedness going into this week
 - d. High Consequence Infectious Disease Units preparation and isolation facilities in health boards
 - e. Multi-agency partners and engagement
 - f. Identifying vulnerable and at-risk populations – adopting appropriate support/actions
 - g. Health and Social Services Group Coronavirus Planning and Response Group

I have been unable to locate any minutes for the meeting on the 17 February 2020.

45. Following the meeting, I provided the Chief Medical Officer with a full update on the state of readiness of the health bodies in Wales from information I had obtained from meeting with the Chief Executives or their nominated executives [Exhibit TC/11 INQ000147270]. This information was provided in order to assist the Chief Medical Officer and the Welsh Government to understand the general state of readiness for the NHS in Wales and to look forward to areas where more work is required. For example, Betsi Cadwaladr University Health Board were proposing to send their samples to Manchester for testing whereas, in support of an all Wales systems approach to the response, testing within Wales was the more ideal situation.
46. During this week, I wrote to the Magistrates Association in order to identify a way that Public Health Wales could have timely access to JPs / Magistrates if the situation arose and it was necessary for an order to be made in accordance with The Health Protection (Part 2A Orders) (Wales) Regulations 2010 to impose restrictions on an individual where a public health issue arose in the context of Covid-19 and the need for self-isolation. I and the team at Public Health Wales, liaised with the Head of Legal Operations for Wales for the Magistrates Service and the Chief Medical Officer. Following a few weeks of engagement and discussion, an agreed protocol was put in place. This process worked very well and was supported on all sides with active engagement from the Welsh Local Government Association.
47. On 23 February 2020, I had a discussion with Dr Giri Shankar, Professional Lead Consultant for Health Protection and Incident Director, to anticipate what could potentially change during the following week. We had already got into the rhythm of trying to anticipate what two steps ahead needed to be in order to plan at pace for what was a rapidly changing context. As a result, we arranged for a strategic stocktake to take place the following day and I invited the Chief Medical Officer to join the meeting. Dr Shankar produced a document to frame the discussions [Exhibit TC/12 INQ000147271].

- **Week Commencing 24 February 2020**

48. As a result of the emergence of Covid-19 in northern Italy over the weekend, and the indication that the case definition may be expanded by PHE to include Myanmar, Vietnam, Iran, Northern Provinces of Italy, Cambodia and Laos, I held / attended a number of internal meetings to plan and action the scale up of Public Health Wales health protection services and call handling capabilities. On the 24 February 2020, the Chief Medical Officer

attended the stocktake meeting with me, Dr Sandifer and other team members. I held an Executive Team meeting to brief the full Team following the meeting.

49. On 24 February 2020, in preparation for a routinely scheduled NHS Chief Executives Management Team (CEMT) meeting the next day, I sent the Chief Executives in NHS Wales an e-mail flagging the rapidly changing landscape, the increase in cases from Italy and emphasised the statement issued in the WHO briefing the same day; *'We must (continue to) focus on containment while doing everything we can to prepare for a potential pandemic'* [Exhibit TC/13 INQ000147272, Exhibit TC/10a INQ INQ000237746].
50. Whilst I wished to discuss and update on the Part 2A orders process, I also set out the following agenda items:
- a. Update on global situation
 - b. Current position in Wales
 - c. Potential next steps in response and pandemic preparedness arrangements
 - d. NHS preparedness
 - e. Compliance with self-isolation and use of regulations.
51. On 25 February 2020, the UK Government confirmed Italy had been designated as a category 1 country which required travellers returning from the UK to self-isolate even if asymptomatic. As the half term holiday in Wales had been the week before this change, our concern focused on the number of people who had returned to Wales from a holiday in Italy prior to the change in UK Government classification. I updated the NHS Chief Executives by e-mail ahead of the CEMT meeting that afternoon [Exhibit TC/14 INQ000147273]. Public Health Wales established its Gold Group from this date in accordance with the Emergency Response Plan.
52. Ahead of an internal meeting scheduled for 11:30am on the morning of 25 February 2020, I shared a briefing note [Exhibit TC/12 INQ000147271 above] with the Chief Medical Officer and invited him or one of his team to attend the meeting with Public Health Wales. I also shared the briefing note with the Director General. The Chief Medical Officer attended along with members of his team.

53. As part of the scale up, we effectively cleared and dedicated the majority of a floor of our office to manage and administer the response and established a National Contact Centre for Covid-19.
54. The CEMT meeting went ahead as planned and the NHS in Wales was updated on the need to scale up in light of the developments in Italy. The Chief Medical Officer, Dr Sandifer and I provided an update on Covid-19 and the work currently underway. On the afternoon of 25 February 2020, the routinely scheduled NHS Executive Board, chaired by the Director General, took place and the Chief Medical Officer and I provided verbal updates on Covid-19.
55. I was also very keen at this time to meet with the Director General for Health and Social Services/NHS Wales Chief Executive to update him on progress to date and to talk through the plan to scale up services, as well as the coordination of the NHS / public health response in Wales. A meeting was set by his office for 27 February 2020.
56. The impact of the news from Italy had created a spike in calls to Public Health Wales by individuals worried about Covid-19, with Public Health Wales stepping in to provide advice and to direct those with symptoms to be tested. Overall, the need to scale up to meet the demand for call handling was evident and was actioned by mobilising further staff.
57. On 25 February 2020, I asked the Health Protection Team to design and run a table-top scenario exercise with our partners and the Welsh Government, within a few days, to consider potential quarantining of a city in Wales using Cardiff as an example. I spoke with the Chief Constable of South Wales Police on 26 February 2020 for a nominee to work with our Team in designing the exercise – Exercise Seren.
58. On 26 February 2020, as a result of a spike in telephone queries into Public Health Wales, and the numbers of individuals requiring tests growing across Wales, I wrote to the NHS Chief Executives in Wales to update them on increase in calls to Public Health Wales and the need to ensure adequate sampling provision was in place, either within their areas or, if not, by working together with other areas to meet the need. Overall, the message was to ensure their sampling capabilities were online and functioning [**Exhibit TC/15 INQ000147274**].
59. At this time, we were aware that the Chief Medical Officer / Welsh Government were receiving technical papers from SAGE which were not being made available to Public

Health Wales or the NHS in Wales more generally. On the 26 February 2020, I e-mailed the Chief Medical Officer requesting access to technical papers from SAGE. A reply from Dr Rob Orford, the Chief Scientific Advisor for Health, arrived the next day indicating a process was being put in place to manage the sharing of such technical data [**Exhibit TC/16 INQ000147275**]. I understand that access was secured to the relevant data to inform our planning and response, following the establishment of the Technical Advisory Cell (TAC). Public Health Wales nominated expert participants to join TAC and those individuals were able to gain access to papers via the TAC secretariat and Welsh Government's secure file system, Objective Connect. This access commenced on 3 March 2020.]. However, it is unclear if all papers produced by SAGE were supplied to us by Welsh Government through this system.

60. On 27 February 2020, I attended the Welsh Government Health and Social Care Leadership meeting [**Exhibit TC/16a INQ000237747**] (with NHS Board members and partners from across Wales). This is a Welsh Government meeting and as far as I am aware, minutes are not generally taken at these meetings. The Chief Medical Officer and I met informally with the Director General for Health and Social Services, during the lunch break, and updated him on the significant concerns and rapidly evolving situation of Covid-19. I shared my concerns on the need to scale up services and the importance of preparing and coordinating the NHS in Wales for what could be to come. No minutes were taken for this informal discussion. Subsequently, we (the Chief Medical Officer and I) presented an afternoon session where we clearly briefed on the reality and potential trajectory of where the Covid-19 virus was going and potential impacts in Wales. 27 February 2020, was also the date the first person in Wales tested positive for Covid-19.
61. On 28 February 2020, we had a Board briefing where Dr Sandifer and I provided an update on Covid-19 and we indicated to the Board that we now needed to mobilise the full resources of the organisation to our health protection response to Covid-19 and this would impact on all other work for the foreseeable future. From a Public Health Wales perspective, I was clear that save for core Public Health Wales functions, the sole priority for the organisation until further notice was responding to the Novel Coronavirus. The Board approved the rapid mobilisation of staff across the organisation in support of the Covid-19 response. With the exception of microbiology and health protection services, screening services, communications and infrastructure services, responding to Covid-19 was the sole priority for the organisation until further notice.

62. On 29 February 2020, the Director General e-mailed me with a request that he is kept apprised of the levels of calls Public Health Wales were fielding / sampling levels and I agreed for the team to provide regular information [Exhibit TC/17 INQ000147276].

- **Week Commencing 2 March 2020**

63. From the beginning of this week, the Chief Medical Officer agreed to meet informally on a twice weekly basis (minimum). These were not decision-making meetings.
64. On 2 March 2020, the Chair of Public Health Wales and I sent a joint letter to the Minister for Health and Social Services to inform him that, in response to the unprecedented activity following the change to the case definition last week, the organisation continues to be at an enhanced level of response, in keeping with the other four nations' public health agencies [Exhibit TC/18 INQ000147277]. However, the organisation was being mobilised 'as if' it was responding to a major incident and services were being structured accordingly. The organisation continued to be scaled up with an additional networked Contact Centre response site in our offices in Swansea to support our Cardiff Contact Centre.
65. On 3 March 2020, Exercise Seren City took place with multi-agency partners from across Wales coming together for the exercise in Cardiff, and throughout the week, work to scale up the organisation was also taking place. A debrief report was produced for the Exercise [Exhibit TC/19 INQ000056332]. The same day, the Director General was speaking to each Chief Executive for the NHS in Wales to assess their positions.
66. Dr Sandifer and I attended a meeting of the Chairs for the NHS in Wales at which we provided a briefing on the current situation. The Director General was present at the meeting.
67. By this time, and from the second half of February, the Welsh Government had stepped up in response to Covid-19 and held its first dedicated Covid-19 call to discuss the action plans from across the UK administrations on the 4 March 2020. There was a key change of tone from Welsh Government to 'when' not 'if' and there was a commitment to stepping up and oversight across the system in Wales.
68. On 5 March 2020, the Director General wrote to the Chief Executives essentially setting out his expectations for the management of Covid-19 and the actions he thought were

required [**Exhibit TC/20 INQ000147278**]. These included containment arrangements for infected patients and a plan for dealing with those who had Covid-19. The Director General also set up meetings three times a week with NHS Chief Executives and Welsh Government to share information and identify areas where further input was required.

69. On 6 March 2020, together with one of my Incident Directors, I attended at the Welsh Government offices to meet with a range of Local Authority Chief Executives to provide a briefing. As an action from this group, we decided to establish a Task and Finish Group to be coordinated by the Welsh Local Government Association with representation from Local Government and Public Health Wales with a view to providing guidance for local authority service areas.
70. On 8 March 2020, I sent an e-mail to the NHS Wales Chief Executives sharing my thoughts and reflections on what was likely to come in light of the growing Covid-19 situation [**Exhibit TC/21 INQ000147280**]. With this e-mail I provided a copy of the four nations Coronavirus: action plan [**Exhibit TC/22 INQ000147281**] as well as a joint presentation between Welsh Government and Public Health Wales dated the 6 March 2020, titled; Covid-19 Preparedness in Wales [**Exhibit TC/23 INQ000147282**] which would be presented to Chief Executives at a meeting the next day.
71. At this time, I was still actively involved in case conferences with health boards to discuss possible and confirmed cases and individually ringing the respective chief executive of the health board where we had a confirmed case.
72. It was clear by the end of this week that the trajectory of Covid-19 was exponential, and the approach was moving away from one of containment and into the delay. Wales had four positive known cases by this stage, but the picture internationally was significantly worse.
73. My e-mail identified that the situation in England was more progressed than in Wales which opened up a window of opportunity for Wales to anticipate what was to come and to prepare. Like in Italy, and as was emerging in England, I warned that isolation facilities will fill up and there will be a spilling over into general bed capacity quickly when cases increase with no capacity for support from our neighbours in England, who will likely become saturated first.

74. Internally, Public Health Wales continued to upscale. I also requested the team to prepare a strategic and operational forward look to set the priorities for the coming week focusing on three main priorities;
- a. The Public Health Wales continued response and upscaling
 - b. Public Health Wales working with the NHS in Wales
 - c. Public Health Wales working with wider partner groups to prepare for likely non-pharmaceutical interventions (NPIs).

- **Week Commencing 9 March 2020**

75. On 9 March 2020, I attended the Chief Executives Meeting with Welsh Government where the presentations above were delivered and an update / briefing on the situation was provided. This flagged a gap to me, and I advised at this meeting that we need to start arranging a community cohorting facility for those who cannot self-isolate. It was also flagged that we needed to consider and make provision for the homeless and I requested the team at Public Health Wales to investigate a proposal for this.
76. During this week, the need to ramp up critical care and ventilation capabilities was clear. I was liaising with the Critical Care Network and other NHS colleagues in Wales to identify any way in which Public Health Wales could support with this challenge.
77. On 11 March 2020, the WHO declared a global pandemic. On this day, I attended an International Association of National Public Health Institutes webinar where the situation internationally was discussed. The session included colleagues from the Italian National Public Health Institute. At this time, Northern Italy was experiencing a significant impact from Covid-19. They shared their experiences which were sobering. The clear message from them was to act now rather than wait and prepare our hospitals for large numbers of patients with respiratory difficulties requiring ventilation. It was also highlighted that the public messaging needs to be clear to ensure the magnitude of what was to come was understood. The importance of sharing data as early as possible was also highlighted.
78. 12 March 2020 was a key day in the response where we were moving from containment to delay, and the case definition changed once more. On this day;
- a. The Director General visited Public Health Wales offices and met with me and the team. The Director General could see Public Health Wales had geared for a major

incident response. With an exceptionally busy National Contact Centre and Contact Tracing Cell working out of one of the recently adapted floors of our Cardiff offices.

- b. The Chief Medical Officer contacted me to have a call at 17:00, which Dr Sandifer joined, to discuss the decision to move from containment to delay and mentioned the PHE issued guidance that had already been prepared that we had not seen.
 - c. Given the significant change, I arranged and attended an extraordinary case conference with all NHS Wales organisations to discuss the changes from containment to delay at 18:00 that evening.
 - d. Together with Dr Sandifer, and other members of the team, we held a case conference with a range of executives from across NHS organisations at 19:30 to discuss the changes and implications. The unanimous view of the attendees was that the NHS in Wales needed to rapidly prepare, needed to make a decision to cancel elective treatments, needed to discharge patients where possible and generally get ready for an influx of potentially very unwell patients.
79. At 20:59 that evening, I sent an e-mail to the Director General and the Chief Medical Officer summarising the NHS position in Wales and the actions that we had taken to respond to the rapid change in case definition and the move towards delay and self-isolation [**Exhibit TC/24 INQ000147283**]. I highlighted the concerns of the NHS in Wales and asked for a decision to be made for the NHS in Wales to effectively create as much capacity in the system in the possible now to ensure we could meet the challenge of Covid-19 patients who require admission.
80. Public Health Wales had issued a consideration paper to the Welsh Government the same day setting out sufficient information for the Welsh Government to decide whether they should declare a major incident now [**Exhibit TC/25 INQ000147284**]. I forwarded this directly to the Director General for his attention the same day.
81. The next day (13 March 2020), I set up an 8:30am follow up meeting of NHS Chief Executives. By this time, no decision had been made on cancelling non urgent activities in the NHS in Wales. As an action from that meeting, I was to phone the Director General to indicate the NHS in Wales were of the view that all non-essential services should be suspended immediately. The Director General asked for a joint letter from the Chief

Executives (and also from Medical Directors) which was prepared by the chair of the NHS Chief Executives Management Team (and a separate letter by the NHS Wales Medical Directors) and sent to the Director General calling for a suspension of non-urgent services in order for the NHS in Wales to take advantage of a small window of opportunity [**Exhibit TC/26 INQ000147285**].

82. The same day, the Minister for Health and Social Services attended the Public Health Wales offices to visit the National Contact Centre and see the response first hand. I met with him together with other members of my team as part of his visit. The Minister was briefed directly on the current status of the system, what the Chief Executives were asking for in the meetings that had taken place the previous evening and that morning, as well as the sharing of experiences from Italy where the health services was under extreme pressure.
83. Later that day, the Minister issued a public statement [**Exhibit TC/27 INQ000250976**] making the following decisions with immediate effect;
 - a. Suspend non-urgent outpatient appointments and ensure urgent appointments are prioritised
 - b. Suspend non-urgent surgical admissions and procedures (whilst ensuring access for emergency and urgent surgery)
 - c. Prioritise use of Non-Emergency Patient Transport Services to focus on hospital discharge and ambulance emergency response
 - d. Expedite discharge of vulnerable patients from acute and community hospitals
 - e. Relax targets and monitoring arrangements across the health and care system
 - f. Minimise regulation requirements for health and care settings
 - g. Fast track placements to care homes by suspending the current protocol which gives the right to a choice of home
 - h. Permission to cancel internal and professional events, including study leave, to free up staff for preparations.
 - i. Relaxation of contract and monitoring arrangements for GPs and primary care practitioners.
 - j. Suspend NHS emergency service and health volunteer support to mass gatherings and events.
84. Later in the day, I did have a telephone conversation with the Director General but as events had moved on, this was just an update discussion.

- **Week Commencing 16 March 2020 to 31 March 2020**

85. On the 18 March, given the actions being taken in the NHS, and following discussions with colleagues in the Welsh Government, the Board approved a proposal to suspend all but our antenatal and newborn screening programmes. Our remaining screening teams were used to support our organisational health protection response and we also provided support to the NHS in relation to symptomatic faecal immunochemical testing (FIT) to assist in the diagnosis for people with suspected bowel cancer given the ceasing of routine colonoscopy procedures.
86. For the remainder of this period, the political environment was set for the response to take place and I oversaw Public Health Wales's production of guidance, worked with partners on key worker criteria and the needs of social care. I also worked with the team on the scaling up of testing across Wales to meet the demand with a view to ensure optimising of testing in Wales across the board. Public Health Wales also worked on and responded to PPE guidance issued by PHE as well as the guidance for care homes.
87. I remained in regular contact with the Chief Medical Officer during this time and also liaised regularly with the Director General.
88. On 23 March 2020, the first UK lockdown was announced.
89. On 24 March, I attended the following meetings;
90. A meeting with Dr Rob Orford, Welsh Government Chief Scientific Advisor for Health to discuss;
1. **Current Testing Position:**
 - Assays
 - Equipment
 - Workforce
 - Capacity
 - Scale up
 2. **Diversifying Testing Methods**
 - POCT
 - Serology Testing
 3. **Immediate Actions**

4. Testing Strategy for Wales

91. I also attended a call with the NHS Wales Chairs, Chief Executives and the Minister for Health and Social Services for an update on progress.
92. On 30 March 2020, I attended an NHS Wales Chief Executives meeting with the Welsh Government where we continued our discussions and work on the testing strategy for Wales.
93. In summary, this initial period of our response to Covid-19, over these first few months, was very much focused on anticipating what was coming, scaling and mobilising our own internal organisational response as the pace accelerated over the weeks, and endeavouring to support the NHS, other partners, the Chief Medical Officer and the Welsh Government more broadly, in setting up the architecture and mindset needed to mount an effective response in a very rapidly evolving environment. Our Incident Directors, Strategic Directors and all of our staff were exceptional in responding and doing what was needed to try and be ahead of what was coming in order to protect our population in Wales.
94. My understanding of the Welsh Government's initial strategy in responding to Covid-19 between January and March 2020, was to go in synchrony with the four nations approach to Covid-19 and that this had also been agreed by the four Chief Medical Officers. An example of this is the jointly approved UK Coronavirus Action Plan that was published on the 3 March 2020 [Exhibit TC/22 INQ000147281 as above] and supported by the Ministerial Statement from the then Minister for Health and Social Services in the Welsh Government [Exhibit TC/28 INQ000147288]. Consequently, the Welsh Government followed the approach across the four nations through that period.
95. In relation to 'herd immunity', as far as I am aware, this was never discussed between Public Health Wales and the Welsh Government, and my understanding is that this was never considered as a strategy by the Welsh Government. Public Health Wales did not issue advice the Welsh Government on herd immunity as a potential strategy to respond to the initial threat of Covid-19.
96. During January and early February 2020, in relation to the Welsh Government, we were mainly working closely with the Chief Medical Officer for Wales, for example, on matters relating to the situational awareness of what was happening globally, mobilising our public health approach in Wales, working closely with health boards to support them in

establishing coronavirus testing (sampling) units and establishing domestic testing capability in Wales.

97. In my view, for reasons not within my knowledge, it was apparent that other parts of the Welsh Government were slower to mobilise in that early phase and it was not until the second half of February 2020, that the wider Health and Social Services Group in Welsh Government established mechanisms to bring together the NHS in a more coordinated response. This included the establishment of the first Health and Social Services Covid-19 Planning and Response Group on 20 February 2020.
98. With the exception of the Chief Medical Officer and his team (with whom we were working closely from the point of becoming aware of Covid-19 in early January 2020), in my view, the wider Welsh Government did not appear to fully appreciated the seriousness of the threat of Covid-19 until the middle of February 2020, after which, Welsh Government quickly mobilised from that point.
99. During January and the first half of February 2020, we were working mainly with the Chief Medical Officer for Wales and his team and, from mid-February 2020, we were more engaged with the wider Health and Social Services Group and other Welsh Government Departments. At this point, the requests for advice to the Welsh Government increased significantly. Advice was primarily requested by, but not limited to, the Chief Medical Officer and the Chief Scientific Adviser for Health. Our engagement with the Welsh Government included sharing the global situational awareness of Covid-19 and the learning from international colleagues, developing guidance to support the NHS and partners, supporting the mobilisation of the wider NHS and establishing and scaling up Covid-19 testing capacity for Wales.
100. We provided information and advice to the Welsh Government across the range of these areas, often through discussions during meetings and, on occasion, by providing more formal advice at the request of the Welsh Government. It is also important to recognise that the Welsh Government will have received advice from a number of sources, in addition to the advice provided by Public Health Wales. The advice provided to the Welsh Government by Public Health Wales appeared to be well received and we understood that the advice was incorporated into their decision-making process. Whilst I did at times identify strategic issues / actions for Welsh Government to consider, and provide updates from the work and advice that my Team had undertaken/provided, I did not personally provide any technical or scientific advice to the Welsh Government.

101. Early examples of the advice that we provided include;
- a. developing guidance for Wales for the Chief Medical Officer to issue as part of an established 'Public Health Link' circular series. For example, the circular issued on 24 January 2020 as a 'Message for all clinical staff encountering patients with respiratory infections from overseas' [Exhibit TC/29 INQ000147289], and an associated pathway for the management of patients, with Covid-19 [Exhibit TC/30 INQ000147291] and then an amended Public Health Link issued on the 31 January 2020 [Exhibit TC/31 INQ000147292].
 - b. developing guidance on what would be required for potential surge unit requirements for the treatment of confirmed Covid-19 cases on 13 February 2020 [Exhibit TC/32 INQ000147293].
 - c. providing general advice in relation to the application of testing including developing guidance in relation to the Testing of Health Care Workers in Wales for Covid-19 – Advisory note to the Chief Medical Officer for Wales and the Director General Health and Social Services Group/ NHS Wales Chief Executive, 15 March 2020 (Exhibit TC/33 INQ000147294). Whilst this document is marked as 'draft', it was accepted as final [Exhibit TC/33a INQ000237749]
102. In relation to the advice that we were asked for by the Welsh Government regarding mass public gatherings, and in particular the Stereophonics concert and the Scotland and Wales Six Nations rugby match in March 2020, the following information relates.
103. **Newport versus Treviso rugby fixture**
- In addition to the fixtures referred to above, a rugby fixture between Newport and Benneton Treviso (a team from the Veneto area of Northern Italy) was scheduled for Friday 6 March 2020. On the 5 March, a Welsh Government official in the Chief Medical Officer's office requested advice from Public Health Wales's Incident Management Team (IMT) on whether the fixture should be played, following a question from a member of the public to the Chief Medical Officer (CMO). Following consideration by Public Health Wales's Incident Management Team later on the 5 March, the Incident Director (Dr Christopher Williams) recalls verbally advising the Chief Medical Officer the same day, ahead of a press conference, that the match did not need to be cancelled. This was based on (a) restrictions already being in place for those with symptoms travelling and (b)

modelling evidence from SAGE at that time showing that mass events did not make a large difference to transmission.

104. **Wales versus Scotland rugby fixture**

The Welsh Government's then Minister for Health and Social Services, Vaughan Gething, visited Public Health Wales's offices in Cardiff late morning on the 13 March 2020, the day before the scheduled Wales versus Scotland rugby fixture. There was an informal discussion between the Minister, Dr Robin Howe (Incident Director and Professional Lead Consultant in Microbiology), and me prior to the Minister visiting our National Contact Centre in the same building. The discussion included a brief conversation about this fixture. Robin Howe recollects that there was uncertainty about the level of risk posed by the event itself, but there was particular concern about the risk of significant numbers of people travelling to Cardiff and the impact of crowding in pubs and other venues and public spaces. Overall, our recommendation was to postpone or cancel the match, but the Minister advised that, at that time, the Welsh Government's position remained for the game to proceed. There was nothing recorded from this discussion. The match was subsequently cancelled in any event.

105. **Stereophonics concert**

I do not recall Public Health Wales being approached by the Welsh Government for advice on this concert.

106. **National Lockdown;** In relation to the initial lockdown announced on 23 March 2020, although we did not provide advice to the Welsh Government in advance of the lockdown, I do believe that this was needed at that time, given the number of rapidly increasing confirmed cases and the increase in the number of deaths across the UK. The four nations adopted a different approach to the easing of restrictions during this lockdown. Wales took a more cautious approach through the 21-day cycle review mechanism that it put in place. I think the pacing and order of the easing of restrictions was appropriate at that time. I am unable to comment on the considerations and the timeliness of the easing of restrictions across the other three nations.

107. **International Travel;** In relation to decisions made on international travel, I believe it was right to bring in restrictions to international travel in the early stages of the pandemic. However, the Welsh Government had limited control on returning travellers, given the limited ports of entry within Wales, and the substantial population flows of returning travellers to Wales coming through ports of entry in other parts of the UK.

108. **Access to Scientific Data;** I am unable to comment as to whether the Welsh Government was in any way curtailed or prevented from understanding the full scientific picture between January to March 2020 as a result of access to medical and scientific advice being provided to the UK Government. However, as stated earlier in my Statement, Public Health Wales was concerned that we did not have access to information from SAGE in order to inform our work until late February 2020. Our initial access was provided through the Welsh Government and then through Objective Connect to Technical Advisory Group members. In April 2021, Public Health Wales was admitted as an observer to SAGE. We are not a voting member and cannot ask questions but had direct access to papers and discussions.
109. **Alignment with UK Government;** Whilst I was not party to the decisions of the Welsh Government, from January to March 2020, my understanding is that the Welsh Government decisions generally aligned with the UK Government in relation to the initial response to the pandemic. Examples of this included the UK Coronavirus Action Plan published on the 3 March (**Exhibit TC/27 INQ000250976 as above**), agreed by all four Governments, the decision for all UK countries to move to a lockdown on the 23 March 2020 and in the development of infection, prevention and control guidance that was being developed by all four nations. I think it would have been challenging in those early months to diverge significantly across the four nations, while the respective mobilisation of staff, resources and infrastructure were being put in place and while we were still early in understanding the epidemiology of Covid-19.

Role in key decision-making and evidence provided to the Welsh Government

110. As previously mentioned, the policy decisions relating to the Covid-19 pandemic in Wales were made by the Welsh Government. Meetings that I attended with Ministers, listed below, were not meetings where decisions were made. Rather, they were meetings where Ministers listened to the views of agencies and any decisions arising from those meetings were made by the Welsh Government at a separate occasion which I was not involved in. In addition, I did attend a number of meetings that related to the implementation of the Test, Trace Protect Strategy, that were established and chaired by Welsh Government officials listed below.
111. Together with Dr Quentin Sandifer, Lead Strategic Director and Executive Director of Public Health Services/Medical Director (in attendance at the first three meetings

indicated) and Dr Giri Shankar, Incident Director and Professional Lead Consultant for Health Protection, I attended four Health, Social Care and Sport Senedd Committee evidence sessions on 7 May 2020, 12 June 2020, 23 September 2020 and 27 January 2021 (Dr Robin Howe, Incident Director and Professional Lead Consultant in Microbiology was also in attendance at this meeting). These informed the Health, Social Care and Sport Senedd Committee's inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales between March 2020 and April 2021.

112. Meetings with Ministers:

I attended multiple meetings with Ministers and officials through the course of the pandemic. Below is a list of meetings that I attended with Ministers where they were seeking the views of agencies in order to inform a decision in relation to local Covid-19 restrictions. The decisions were made by the Welsh Government following the meetings.

- a. 22 September 2020: First Minister meeting to discuss local Covid-19 restrictions in South Wales with other Ministers and representatives from local authorities, health and the police. Dr Quentin Sandifer was also present at the meeting. My role was to provide verbal information on the public health position (that I had obtained from my team prior to the meeting).
- b. 27 September 2020: First Minister meeting to discuss local Covid-19 restrictions in South Wales with other Ministers and representatives from local authorities, health and the police. Dr Quentin Sandifer was also present at the meeting. My role was to provide verbal information on the public health position and share the technical advice from our experts.
- c. 29 September 2020: First Minister meeting to discuss local Covid-19 restrictions in North Wales with other Ministers and representatives from local authorities, health and the police. Dr Quentin Sandifer was also present at the meeting. My role was to provide verbal information on the public health position and share the technical advice from our experts.
- d. 2 October 2020: First Minister meeting to review Local Health Protection Areas of Caerphilly, Newport and Rhondda Cynon Taf counties, with other Ministers and representatives from local authorities, health and the police. My role was to provide

verbal information on the public health position and share the technical advice from our experts.

Welsh Government Officials Meetings for the implementation of the Test, Trace Protect Strategy:

113. These meetings began on 7 May 2020 with the title of Public Protection Strategic Oversight Group and the title subsequently changed on 29 May 2020 to the Test Trace Protect Programme Oversight Group. Chaired by a Welsh Government official, the Group initially met weekly and involved representation from NHS, local authorities and the Welsh Government. The Minister for Health and Social Services attended the Group on occasion. I attended for the first few months and also in attendance from Public Health Wales was the Lead Strategic Director, a number of Incident Directors and a number of other Executive Team members who were leading on various aspects of our response, at any given meeting. The Group focused on the operational aspects of the implementation of the Test, Trace Protect Strategy and, on occasion, considered relevant decisions relating to this.
114. Decisions regarding the response to Covid-19 in Wales were the remit of the Welsh Government. Whilst Public Health Wales was not a decision-maker during the course of the pandemic, experts in the organisation provided specialist health protection and microbiology advice as outlined above. My role involved working closely with partners – particularly the NHS and local authorities, with Welsh Government officials – particularly the Chief Medical Officer and Director General for Health and Social Services, and with Ministers. As such, there are a small number of points in the pandemic where I believe that my role directly contributed to the decisions by the Welsh Government. Examples of these are as follows:
- a. The meetings I took part in on 12 and 13 March 2020 as detailed in paragraph 78 above.
 - b. I was closely involved in the development of the Health Protection Response Plan² which was developed at the request of the Chief Medical Officer for Wales on the 22 April 2020 and submitted to him on the 4 May 2020. I was involved in the non-technical elements of the Plan and in the engagement with partners across the

² Exhibit 8 (INQ000147299) to my Corporate Witness Statement for Module 2B

NHS and local authorities as part of the consultation and conclusion of the Plan. This Plan became the Operational framework for Test, Trace Protect that was launched by the Minister for Health and Social Services on the 13 May 2020.

115. I was not part of any WhatsApp groups or had any private communications with Welsh Ministers or senior Civil Servants about key decisions.
116. In relation to the development of professional and technical advice provided by the organisation, I relied on the technical expertise of our health protection and microbiology experts, particularly our Lead Strategic Director and Incident Directors, which I fully supported. Generally, whilst I was involved in seeing and providing any high level, non-technical comments to some of our pieces of advice, the technical elements of our advice was developed by our health protection and microbiology experts.
117. However, the main piece of advice that I was actively involved in was the development of the Health Protection Response Plan. The Plan responded to a request from the Chief Medical Officer for Wales which was received on the 22 April 2020 and the Plan was submitted to the Chief Medical Officer on the 4 May 2020.
118. During the pandemic, Public Health Wales provided specialist advice to the Welsh Government to inform its discussions and decision making on non-pharmaceutical interventions (NPIs). This advice was provided during all stages of the response and through a number of routes and is included in my corporate witness statement. In relation to my role, I did not formulate technical advice but did seek clarification, contribute to the non-technical content and, on occasion, share the advice that our technical experts had formulated at meetings with Ministers and officials.
119. I did not attend the Technical Advisory Cell. However, together with Professor Mark Bellis, our then Director of Policy and International Health/Director of the World Health Organization Collaborating Centre, I was a member of the Welsh Government Socio-Economic Harms Group that became a sub-group of the Technical Advisory Group. I attended a number of these meetings which were mainly attended by Professor Bellis who provided technical public health expertise at them.
120. I have worked closely with Dr Frank Atherton, Chief Medical Officer, since he took up the post in Wales. Prior to the pandemic, we routinely met approximately monthly for a general catch up. These meetings included working closely in relation to the breadth of specialist public health matters both in Wales and across the UK. I would consider the working

relationship to have been strong going into the pandemic which was a good basis for the requirement for close working through Covid-19.

121. In addition to our wider team involved in leading our response to Covid-19, (which included Dr Quentin Sandifer, Lead Strategic Director and our Director of Public Health Services/Medical Director until 27 November 2020, Andrew Jones, Lead Strategic Director/Acting Director of Public Health Services from 30 November 2020 to 31 May 2021, Dr Eleri Davies, Acting Medical Director from 30 November 2020 to 31 May 2021, Dr Fu-Meng Khaw National Director for Health Protection and Screening Services/Medical Director from 1 June 2021, Huw George Strategic Director and Deputy Chief Executive/Director of Operations and Finance, Rhiannon Beaumont-Wood Strategic Director and Director of Quality, Nursing and Allied Health Professionals) I worked closely with the Chief Medical Officer from the point at which we became aware of Covid-19 in early January 2020. We established informal regular catch up meetings with the Chief Medical Officer and various members of his team from the 26 January 2020 which took place through the week. These were not decision-making meetings. On occasion, during these meetings the Chief Medical Officer would request specific advice to be provided/formulated for him and the Welsh Government by Public Health Wales experts.
122. During January to the end of February 2020, we worked closely to support the wider NHS to scale up their response and infrastructure to prepare for, and respond to, Covid-19 and that was very much done in tandem with the Chief Medical Officer, myself and our Strategic and Incident Directors providing advice, response and guidance as set out in detail above. I worked closely with the Chief Medical Officer at all stages of the pandemic, ensuring that we were providing him with the advice and guidance he needed and also, on occasion, mobilising some additional resource into his team to increase his capacity in the response. I and the team worked closely with him in the development of the Health Protection Response Plan and its subsequent implementation through NHS and local authority plans. In my view, there were no adverse issues that I can recall in relation to our working relationship through the Covid-19 pandemic. Other examples of positive working include:
 - a. Agreeing and formalising domestic Covid-19 testing in Wales in a letter received from the Chief Medical Officer on the 7 February 2020 [**Exhibit TC/6 INQ000147297 as above**]

- b. Delivering a joint session at an NHS Wales Leadership Forum at the SWALEC stadium on the 27 February 2020 which was a key time in the continued NHS mobilisation and preparation.
123. I had worked with the Chief Scientific Officer for Wales on occasion prior to the Covid-19 pandemic, and it was a good relationship which was helpful going in to the Covid-19 pandemic. I worked most closely with the Chief Scientific Officer for Wales from the second half of March 2020 and over the following months in relation to sampling and testing. This also included a number of other Public Health Wales and Welsh Government staff and included meetings on sampling methods, scaling of testing capacity, engagement with the UK Government and PHE. The relationship worked well at what was a rapidly evolving time. In my view the relationship was strong with no adverse issues.
124. My engagement with the UK Government and its representatives was on a limited basis. This was mainly in relation to sampling and testing and through interactions with a small number of people in PHE and, on occasion, a few officials in the Department of Health and Social Care in England.
125. I do feel that, with the exception of the Chief Medical Officer and his team, other officials in the Welsh Government could have engaged earlier and more directly with Public Health Wales over those early weeks up until the middle of February 2020. I was not party to discussions that may have taken place within the Welsh Government and therefore there may not have been sighted on Covid-19 activity that was taking place within the Welsh Government or additional non-Covid-19 pressures they may have been facing at the time. However, during that time, it felt like Public Health Wales and the Chief Medical Officer, were mobilising the system, providing support and guiding partners into action. However, from that point onwards when the wider Welsh Government established the response and planning mechanisms, I do generally feel that the Welsh Government did engage with Public Health Wales across the breadth of the phases of the pandemic and, in fact, our capacity to respond to multiple, and often simultaneous, requests for data, information and guidance proved to be challenging on occasion in those early months.
126. I do feel that in general, the Welsh Government adequately took on board the advice from Public Health Wales, whilst being cognisant that the Welsh Government will consider information and advice from a range of sources prior to making decisions. There is one point over the specified period that I think the Welsh Government could have acted on the advice we provided at an earlier stage. This is in relation to the restrictions over the

Christmas period of 2020. We submitted advice notes on the 7³, 11⁴ and 15⁵ December 2020 all advising that urgent additional action is required before the Christmas period.

127. The Welsh Government published an updated Coronavirus Control Plan on the 14 December 2020⁶. This put in place four alert levels and how Wales would move between the levels. Our advice note of 15 December 2020, indicated that our interpretation was that Wales was at alert level 4 at that time and we recommended that urgent additional action was required, as soon as practicable, before the Christmas period, and also made recommendations in relation to the Christmas and post-Christmas periods. We went on to recommend that actions taken should be consistent with those described for alert level 4 in the Coronavirus Control Plan.
128. The Welsh Government made the decision on 19 December 2020 to move to alert level 4 from midnight that night. That followed a meeting earlier in the day where two of our staff were present, Dr Christopher Williams, the Incident Director for the day and Consultant Epidemiologist, and Catherine Moore, Consultant Clinical Scientist.
129. I did not have a full understanding of all the information that the Welsh Government had to hand on its assessment of people who were 'at risk', and other vulnerable population groups, in light of existing inequalities and how this influenced its decision-making. I personally had no role in identifying such individuals and providing advice to the Welsh Government. However, as set out in paragraphs 210 to 224 of my Corporate Witness Statement, Public Health Wales did provide a series of advice in relation to different categories of people, including at risk or vulnerable groups and those with protected characteristics, including the relation to inequalities. I am unaware as to the extent to which the Welsh Government took this information into account.
130. Throughout the pandemic I participated in a range of virtual meetings arranged by the IANPHI. These included the sharing of experiences by specific countries, through to focused sessions on common elements of the pandemic response across countries including risk communications, behavioural science and lessons learned. I generally shared the invitations and/or any outputs from these sessions with the Chief Medical Officer for Wales. In addition, in March 2020, I asked our World Health Organization Collaborating Centre if we could set up a mechanism to gather and share learning

³ Exhibit 38 INQ000191822 to my Corporate Witness Statement for Module 2B

⁴ Exhibit 54 INQ000056276 to my Corporate Witness Statement for Module 2B

⁵ Exhibit 45 INQ000191840 to my Corporate Witness Statement for Module 2B

⁶ Exhibit 53 INQ000056275 to my Corporate Witness Statement for Module 2B

internationally. Consequently, from March 2020, we provided 38 international horizon scanning reports that were published between March 2020 and March 2022 and, in addition, we provided two summary reports on the impact of Covid-19 on inequalities and mental health. These were all shared with the Welsh Government to inform their decision-making. However, I am unable to answer the degree to which the Welsh Government implemented the lessons learnt from the approach of other countries. Example topics covered in the international horizon scanning reports include:

- a. Epidemiological and data insights
- b. Existing and emerging evidence and guidance (for example, prevention and control measures, test, track and trace and social distancing)
- c. Response and recovery policies and approaches (for example, re-opening services, education, transport and risk communications)
- d. Wider socio-economic and equity impacts (for example, vulnerable groups)
- e. In-depth country insights

Divergence

131. In my view, the point at which the Welsh Government began to diverge from the UK Government was in the relaxation of restrictions coming out of the first UK lockdown which commenced on the 23 March 2020. I do not feel that the Welsh Government could have necessarily diverged prior to that time, and its approach prior to this lockdown was to be consistent with the other UK nations.
132. In my view I feel that divergence between the Welsh Government and the other three-nations in response to the Covid-19 pandemic was likely given that health is a devolved function and the four nations were not always experiencing the same epidemiology at the same time. In addition, there became an apparent difference in relation to the thresholds for restrictions - both going into them and coming out of them, at various points in the pandemic which translated into divergence in approaches.
133. I consider that the Welsh Government's approach to the pandemic generally worked well. However, I am not sufficiently close to the detail of the approaches taken in the other three nations and therefore do not feel able to compare the divergence in approaches. The role of Public Health Wales was to provide specialist public health advice on approaches to the Welsh Government and the decisions were taken by the Welsh Government. I am not

able to comment on the extent to which our advice was taken on board in the decision making.

Public health communications

134. My role in relation to public communications was focused around the communications provided by the organisation, ensuring that we had the necessary protocols in place with the Welsh Government clarifying how we and the Welsh Government (in relation to technical public health communications) would communicate with the public and ensuring that we provided access to the broader health and well-being information for the public at the earliest opportunity in the early weeks of the pandemic. We had decided that communications with the public would be via the Chief Medical Officer and our experts to ensure that there were a small number of consistent voices. In relation to behavioural science, we had a number of behavioural science experts in the organisation prior to the Covid-19 pandemic. During the pandemic, they were mobilised to work closely with Welsh Government officials in order to provide advice across a range of Covid-19 areas. I was not directly involved in the provision of expert communications or behavioural science advice.
135. In relation to the Welsh Government's public health communications, aspects that in my view worked well are;
- a. agreeing a clear communication protocol with the Chief Medical Officer for Wales in the first few weeks of the pandemic, that clearly outlined the respective roles between the Chief Medical Officer and Public Health Wales for the public announcements of the initial Covid-19 cases and the sad announcement of the early Covid-19 deaths in Wales.
 - b. keeping its website up to date on the latest position of the pandemic in Wales.
 - c. the openness in the Ministerial press briefings.
136. In my view, an area that could have been better was in relation to clearer public messaging when there was a clear divergence in restrictions compared to other UK nations. However, I do recognise that it was a challenge given the spill over of media channels, and it took a number of months into the pandemic for the broader UK media to more clearly differentiate between the differences in restrictions in each of the UK countries.

E. Legislation

137. I did not have any direct role in providing advice to the First Minister, the Welsh Government, and its representatives, on the public health and coronavirus legislation and regulations. I was however involved when the Chief Medical Officer asked Public Health Wales to work with Welsh Government officials to develop a protocol for the use of Part 2A Orders within the existing Health Protection (Part 2A Orders) (Wales) Regulations 2010, with enhancement to the process for its use for Covid-19. Myself and Dr Quentin Sandifer, worked rapidly with the magistrates service, local authorities and the Welsh Government in order to develop a robust new protocol for the use of Part 2A Orders should it be required. This was published on the 6 March 2020.

F. Lessons learned

138. In my view it became apparent that the Welsh Government, like every organisation, was evolving its response to the pandemic as the months progressed and as we proceeded through the different phases of the pandemic. I do think this reflected learning from the preceding months and phases and one example is it moving to a more rapid pace in order to do things at scale and, whilst I was not party to Welsh Government decision-making processes, it did appear that it became more rapid in its decision-making when required. In addition, as the pandemic progressed, it was apparent that the Welsh Government became more aware of the evidence of the broader population health and socio-economic harms of Covid-19 and began to put in place additional mechanisms to consider these impacts.
139. I have detailed a number of lessons learnt in paragraphs 226 to 250 of my Corporate Witness Statement. However, in relation to my lessons learnt from the Covid-19 response in supporting the Welsh Government's core political and administrative decision-making, my reflections would be around the need for more clarity of roles and responsibilities early on, and then subject to ongoing review. In the early phases, there was not sufficient clarity as to who (which organisation) was doing what and that did, on occasion, result in some misunderstanding and confusion from the perspective of partners and the public. A few recommendations would be to (not just for the Welsh Government but some also apply to partners):
- a. create the battle rhythm early and rapidly plan in anticipation of what is to come, it can always be stood down

- b. agree and clarify early on the respective roles and responsibilities of key players and review that periodically
- c. in the case of UK-wide incidents, ensure that public information is tailored to the devolved nations as early as possible, together with the necessary processes to do that, in order to avoid confusion. In the case of Wales, ensuring that information is provided in both Welsh and English is a fundamental requirement
- d. maintain an international horizon scanning mechanism in order to be aware of and consider any potential response to, planning for and management of, current or emerging public health threats
- e. create the operational handbooks with operating procedures, on the 'how-tos' including how to scale up contact tracing, establish field hospitals, mass sampling centres, public information, to ensure that the learning and organisational memories are not lost from this pandemic
- f. maintain a trained resource with common skills during peace time that can be rapidly refreshed and mobilised to respond to health emergencies (this would include all public services as a minimum).

Statement of Truth

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

Signed:

PD

Dr Tracey Cooper – Chief Executive of Public Health Wales

Dated: 19 September 2023