Witness Name: Andrew Jones
Position: Deputy Director of Health Protection and Screening Services, Public Health Wales
Statement No.: First
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Dated: 12 October 2023

UK COVID-19 INQUIRY

WITNESS STATEMENT OF MR ANDREW JONES

I, Mr Andrew Jones, 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 Deputy Director of Health Protection and Screening Services, Public Health Wales in response to a Request for Evidence under Rule 9 of the Inquiry Rules 2006 dated 8 June 2023 (UK Covid-19 Inquiry reference M2B/TAG/AJ/02).

2. Public Health Wales has been appointed as a Core Participant for Module 2B and Dr Tracey Cooper has provided the Corporate Witness Statement on behalf of the organisation. Where appropriate I have referred to this Corporate Witness Statement.

<u>Qualifications and Professional Experience (prior to January 2020) in the public health response to communicable disease</u>

3. I qualified, from the University of Wales in 1988, with a first-class honours degree in Environmental Health (BSc). I achieved a Masters in Public Health (MPH) from the University of Wales in 1994. In December 2003, I was registered with the UK Public Health Register (UKPHR), as a 'generalist specialist' in public health. I am not from a medical background but am qualified to be employed as a consultant in public health

in the UK. I continue to be registered and revalidate with the UK Public Health Register (UKPHR) and have been a Fellow of the Faculty of Public Health since 2006.

4. I have undertaken training in emergency planning and response and have participated in Exercise Wales Gold training on at least two occasions, my last attendance prior to January 2020 being in April 2019. Exercise Wales Gold provides an environment for exercising emergency scenarios by bringing together strategic leaders who would participate in a Strategic Co-ordinating Group (SCG) or a Recovery Co-ordinating Group (RCG) to respond to or recover from an emergency or major incident.

5. Between 1988 and 2003, I worked as an environmental health officer for several local authorities in South Wales. This included a period from 1999 to 2003 in a jointly appointed post with the Local Authority Environmental Health service and the Health Authority Director of Public Health. During this time, I gained experience of dealing with the public health response to both communicable disease and environmental hazard incidents from a local government and NHS perspective.

6. Between 2003 and 2009, I was employed by the National Public Health Service for Wales, initially as a generalist consultant in public health and from 2007, as a Regional Director/ Director of Health Improvement. In these posts, I gained further experience of dealing with the public health response to both communicable disease and environmental hazard incidents, at regional and all Wales level.

7. Between 2009 and 2016, I was employed as an Executive Director of Public Health in a University Health Board in Wales, where as part of a generalist public health and leadership portfolio I gained experience of a regional public health response to communicable disease incidents. This included contributing to the public health system response to the influenza pandemic (2009) and several national incidents including measles outbreak (2012/13) and the NHS Wales public health response to Ebola virus (2014/16).

8. I joined Public Health Wales as the Deputy Director of Public Health Services/Director of Integrated Health Protection in 2016 and was in this post immediately prior to January 2020 and the start of the Covid-19 pandemic.

9. I have not trained as a specialist in communicable disease and have not been employed in specialist / clinical roles. From my recollection during the above periods, whilst I gained experience in the response to a range of communicable disease

incidents, I had no specific experience in responding to cases or incidents involving coronavirus.

Health Protection and Screening Services

10. Health Protection and Screening Services is the name given to the largest Directorate in Public Health Wales (prior to June 2021, it was previously known as the Directorate of Public Health Services). An overview of the latest organisational structure of Public Health Wales has been provided in paragraph 6 of the Public Health Wales Corporate witness statement **[EXHIBIT AJ1 INQ000056268]**. The Health Protection and Screening Services Directorate is made up of 3 separate Divisions, namely Health Protection Services, Microbiology (Infection) Services and Screening Services, which each deliver specific functions. Health Protection services support and manage specialist staff providing a range of health protection advice including epidemiology and surveillance, acute response to communicable disease/environmental hazards (including outbreak response and management) and vaccine preventable disease. Microbiology (Infection) services support and manage the delivery of microbiology laboratory diagnostic services and staff providing specialist medical microbiology and infection management advice including pathogen genomics. Screening Services deliver a range of national screening programmes across Wales including the support and management of laboratory services and staff engaged in the delivery of population screening programmes e.g., breast screening, bowel screening. Each service has a lead Director and a senior management team. The service Directors come together, with the Executive / National Director, in a Health Protection and Screening Services Directorate Leadership team, which co-ordinates and provides governance across all these functions. The Directorate also has responsibility for the organisations Emergency Planning, Preparedness and Response (EPRR) function and hosts, supports, and manages the EPRR team.

Position held in Public Health Wales

11. In the following paragraphs I set out a description of the posts that I have held in Public Health Wales and how these changed between January 2020 and May 2022 (including during the Covid-19 response).

12. Prior to January 2020 and between January 2020 and November 2020, I was employed in my substantive role of Deputy Director of Public Health Services/ Director of Integrated Health Protection, in the Public Health Services (PHS) Directorate. I

returned to this substantive post on 1 June 2021, following a period of secondment. The title of the post changed on this date to 'Deputy Director of Health Protection and Screening Services', which reflected the renaming of the Directorate.

13. For context, this post had dual responsibilities and a broad portfolio. The dual responsibilities included:

- Deputy Director Public Health Services - support to the Executive Director of Public Health Services / Medical Director across a wide portfolio of responsibility including:
    - the discharge of their responsibilities as a member of the Executive Team / Board of Public Health Wales
    - Directorate wide business, performance and workforce management
    - support to the Executive Director as corporate lead for Emergency Planning, Resilience, and Response (EPRR).
    - A professional lead role for consultants in public health from backgrounds other than medicine.
- Director of Integrated Health Protection – providing leadership to the development of health protection including microbiology services including responsibility for workforce and financial management. In discharging these health protection responsibilities, I was supported by:
    - Professional consultant lead for Health Protection
    - National clinical consultant lead for (Medical) Microbiology

14. Both aspects of this dual role involved the development of strategic partnerships and effective working relationships with key partners including Welsh Government.

15. Between 1 December 2020 and 30 May 2021, I was seconded to the position of Interim Executive Director of Public Health Services. This period reflected the retirement of the previous Executive Director/Medical Director and the recruitment process for a substantive replacement. In this position, I attended Public Health Wales Business Executive Team and Public Health Wales Board in relation to the wider business of the organisation.

16. As previously described, I come from a professional background other than medicine. My secondment letter **[EXHIBIT AJ2 INQ000224449]** therefore confirms that I did not undertake the role of Executive Medical Director or provide medical advice (including

as part of the PHW Covid-19 response). These responsibilities were undertaken (via a separate secondment) by a senior colleague from a medical background.

Roles within the Public Health Wales Covid-19 response.

17. In the following paragraphs I set out a summary description of the roles that I discharged for Public Health Wales during the Public Health Wales (PHW) response to Covid-19 between January 2020 and May 2022.

18. Between January 2020 and March 2020, I discharged a liaison role (in support of the Strategic Director and PHW Covid-19 response). This role involved attendance at the PHW internal Incident Management Team (IMT) and engagement with key partners including officials in Welsh Government (mainly based in the Chief Medical Officer's Health Protection and Policy branch) and Executive Directors of Public Health in Health Boards in Wales.

19. Between March 2020 and November 2020, I discharged various support roles to the internal PHW Covid-19 response including support to:
    i. Public Health Wales policy and strategy including partnership engagement in developing the PHW Health Protection Response Plan and developing guidance (following a request from Welsh Government) for what became known as 'Covid-19 Local Prevention and Response Plans'
    ii. PHW Covid-19 operational response including attendance at multi-agency Strategic Co-ordinating Groups across Wales
    iii. PHW Workforce including supporting the re-mobilisation and management of Public Health Wales staff deployed into the Covid-19 response.
    iv. PHW engagement with NHS Wales Informatics Service (NWIS), (which became Digital Health and Care Wales (DHCW) including chairing (from July 2020) their Test Trace Protect CRM Service Management Board.

20. Between 1 December 2020 and 31 May 2021, as described in paragraph 15 above, I was seconded to the position of Interim Executive Director of Public Health Services. In this interim position, I also had a role as PHW Strategic Director, for Public Health Wales Covid-19 response. I discharged some but not all, (notably excluding those responsibilities related to medical leadership and medical advice) of the roles of the previous Lead Strategic Director. In undertaking this role, I worked alongside 2 other Strategic Directors, the Interim Executive Medical Director, and the Chief Executive in

providing leadership to the Public Health Wales Covid-19 response. We were also supported by 4 Incident Directors, appointed by PHW, who also provided specialist including clinical advice to the response.

21. In the role of Strategic Director in the PHW Covid-19 response, I contributed my professional knowledge, experience, and views. This included making presentations to meetings (e.g., Public Health Wales Board), contributing to discussions, preparation of reports as required and responding to requests for information. Examples of specific activities undertaken during this period included: chairing the internal PHW Gold group; chairing the external Public Health Strategic Co-ordination Support Group (PHSCSG) and coordinating/ approving specialist PHW Advice Notes and submitting them to the Chief Medical Officer in Welsh Government.

22. On 1st June 2021, I returned to my substantive role as Deputy Director and continued in a support role as part of the Public Health Wales Covid -19 response. During this period, I continued to support the work of the Wales Variant and Mutations Oversight (VAMC) Group, which I had commenced in February 2021. My contribution to the VAMC Group is further described in paragraph 84 to 90 of this statement. I remained in this post until 31 May 2022.

23. The various roles that I discharged, during different time periods, define the context in which I can provide the information in this personal statement.

Liaison role with Welsh Government and other partners

24. In the following paragraphs I outline the liaison role that I discharged during the January 2020 to March 2020 period of the PHW Covid-19 response and provide a list of the Welsh Government officials with whom I most frequently engaged.

25. From 22 January 2020, when Public Health Wales implemented the organisation's Emergency Response Plan in response to Covid-19, I was initially deployed into a proactive liaison role with key partners including Welsh Government.

26. This liaison role did not have any specific Terms of Reference at the time. However, the function is described in paragraphs 6.27 – 6.29 of the Public Health Wales Emergency Response Plan (Version 2, 2018). **[EXHIBIT AJ3 INQ000089558]** as:

Liaison with Health Boards:

- The organisation will proactively liaise with the Director(s) of Public Health and any other appropriate Health Board Executive (dependent on the incident).

Liaison with Welsh Government:

- The organisation will proactively liaise with Welsh Government officials on the progress of the incident response.

- At the request of Welsh Government Public Health Wales will send liaison staff to support the Emergency Coordination Centre Wales (ECCW).

27. In undertaking this liaison role, I was predominantly in contact with officials in the Chief Medical Officers (CMO) Health Protection and Policy Branch. I did not have any direct contact with Welsh Government Ministers. A search of my records identifies the following officials with whom I was in contact with most frequently:

Chief Medical Officer Health Protection Policy Branch (from 21 January 2020):

- Chief Medical Officer (CMO)
- Senior Medical Officer
- Professional Adviser to CMO Wales
- Head of the Health Protection Policy and Legislation Branch
- Other officials in the Health Protection Policy and Legislation branch

Chief Scientific Adviser for Health (from 26 February 2020)

- Chief Scientific Adviser for Health (CSA(H)
- Other officials supporting the CSA and TAC secretariat

28. Engagement with other Welsh Government officials was facilitated through officials in the Health Protection and Policy branch and included:

- Officials in the Community Safety Division (from 29 January 2020)
- Officials in the wider Health and Social Care Division (from 26 February 2020)

29. Liaison with other key partners was undertaken directly and included engagement with:

- Executive Directors of Public Health (Health Boards)

- Colleagues in Wales Ambulance Service Trust (WAST)
- Chairs / coordinators of the Four Local Resilience Forums across Wales

30. Communication with the parties described above in paragraphs 27 to 29 above, were mainly through direct conversations, face to face meetings, virtual meetings (telephone or video call based) and email. I was not part of any WhatsApp groups with Welsh Government officials and did not have private communications with Welsh Ministers or senior Civil Servants about Welsh Government decisions.

31. Contact with the Chief Medical Officer (CMO) Wales and his team commenced around 25 January 2020 and during January 2020 to March 2020, were usually as part of group email exchanges or scheduled meetings. The focus was primarily on the exchange of information between PHW and CMO team and ensuring, for example, that there was consistency in the information used in communication to partners and how such communication was made. **[EXHIBIT AJ4 INQ000224479, EXHIBIT AJ5 INQ000224493, EXHIBIT AJ6 INQ000224502, EXHIBIT AJ7 INQ000224514, EXHIBIT AJ8 INQ000224521, EXHIBIT AJ9 INQ000224522]**. From late January to March 2020, I represented PHW at the CMO (twice weekly) divisional morning meeting with officials in his team [**EXHIBIT AJ10 INQ000224437, EXHIBIT AJ11 INQ000224439]**. I reported relevant information back to the PHW Incident Management Team (IMT) the same day.

32. Contact with the Chief Scientific Adviser for Health (CSA(H) and his team (including TAC secretariat) commenced around 26 February 2020 and during February 2020 and March 2020, these were also usually part of group email exchanges and similarly related to sharing information and ensuring consistency of communication to partners from CSA(H) and PHW **[EXHIBIT AJ12 INQ000224440, AJ13 INQ000224441].** In late February 2020, my engagement with the CSA(H) facilitated PHW to nominate subject matter experts to a newly established Technical Advisory Cell **[EXHIBIT AJ14 INQ000224442]** and for PHW colleagues to access SAGE documentation via their membership of the new TAC**. [EXHIBIT AJ15 INQ000224443].**

33. Contact with the TAC secretariat, were generally in relation to receiving group emails containing diary invitations, agenda, and other information for TAC meetings (between 2 March 2020 to 14 September 2020) **[EXHIBIT AJ16 INQ000224444, EXHIBIT AJ17 INQ000224445, EXHIBIT AJ18 INQ000224446].** Similarly, my communication with the SAGE secretariat was limited to the receipt of emails containing minutes of SAGE meetings (between 28 February 2020 – 10 May 2020). **[EXHIBIT AJ19**

INQ000224447, EXHIBIT AJ20 INQ000224450, EXHIBIT AJ21 INQ000224451 and EXHIBIT AJ22 INQ000224452]. Respecting their 'official sensitive' classification of this information, I did not share these minutes, but between 28 February 2020 and 3 March 2020, I verbally updated PHW IMT on any relevant information. From 3 March 2020, it is my understanding that information arising from SAGE, including minutes were also received via a secure platform (Objective Connect) and were accessed and considered by colleagues nominated to attend TAC.

34. To my knowledge the information and actions arising from my liaison with officials in Welsh Government was used a) to facilitate partnership working with PHW and b) by officials to inform wider discussions within Welsh Government. I was not party to those wider discussions. For example, during late February / March 2020, liaison with officials **[EXHIBIT AJ23 INQ000224453]** facilitated the establishment of a single point of contact for PHW and CSA(H) to communicate information to partners. A description of the Public Health Strategic Co-ordinating Support Group (PHSCSG) and Terms of reference are provided in paragraph 41 of the PHW Corporate Witness Statement for Module 2B. **[EXHIBIT AJ24 INQ000056269]**

35. During this period, I was not in a subject matter expert role and did not provide any personal written specialist advice or briefing papers.

Covid-19 Intelligence Group

36. In both my liaison role and role of Interim Executive Director of Public Health Services, I was aware of the COVID Intelligence Group (CIG) and was copied to some emails relating to the meetings. However, I did not routinely attend this group, which was attended by other specialist colleagues from PHW Health Protection services.

Technical Advisory Cell (TAC)/Technical Advisory Group (TAG)

37. In my liaison role, I was aware of the establishment of TAC/TAG and facilitated PHW to nominate subject matter experts to attend the meetings. I was not one of these subject matter experts. In my liaison role during March 2020, I did however receive invitations to TAC meetings, my first invitation being on Monday 2 March 2020. During these initial meetings my contribution was limited to facilitating the nominated PHW subject experts to engage with the newly established TAC group and providing general feedback of information to the PHW IMT. I did not provide subject matter expertise to this group. A search of my personal records identifies that I did receive invitations and

agendas from the TAC secretariat. Public Health Wales had nominated other colleagues to attend TAC and my recollection is that after my initial engagement for strategic liaison purposes, I did not routinely attend TAC. A search of my personal records identified around half a dozen dates during the period March 2020 to May 2020 when I attended all or part of a TAC meeting in an observer capacity.

The Early stages of the pandemic

38. In the following paragraphs, I describe when and how I became aware of Covid-19 during the period January 2020 to March 2020

39. In my role as Deputy Director of Public Health Services/ Director of Integrated Health Protection, I first became aware of an emerging respiratory disease on 9 January 2020, when the professional lead consultant for Health Protection in Public Health Wales emailed me to advise that he had been invited by Public Health England (PHE), to attend an Incident Management Team (IMT) in relation to an undiagnosed respiratory disease in Wuhan, China. I was aware that the Professional lead consultant had also copied the email to a Senior Medical Officer (SMO) in the Health Protection and Policy branch in Welsh Government (as was our routine practice for such events). Later that day, I was copied in on an email, (from the professional lead consultant in Health Protection, to the Executive Director of Public Health Services) which contained a summary of meeting notes and a copy of a briefing paper prepared by the Public Health Wales Health Protection team titled*: Cluster of pneumonia of unknown aetiology in Wuhan city, China* []. **[EXHIBIT AJ25 INQ000224454, EXHIBIT AJ26 INQ000224457 and EXHIBIT AJ27 INQ000089574]**

40. On Friday 10 January 2020, the professional lead consultant in Health Protection, further advised me that the PHE IMT that morning had received a recommendation that Wuhan Novel Coronavirus infection be classified as an airborne High Consequence Infectious Disease (HCID) [**EXHIBIT AJ28 INQ000224458].** I updated the Executive Director, and the professional lead consultant updated the Welsh Government Senior Medical Officer (SMO).

41. During the following week commencing 13 January 2020, I was further updated on the Health Protection team attendance at the PHE IMT and of the first suspected case of the infection in Wales (which tested negative). I was therefore aware that PHW Health Protection team were engaging in regular PHE (4 Nation) IMTs and that we were engaged with Welsh Government via the Senior Medical Officer. During this time, I

supported the Executive Director of Public Health Services in developing internal communication briefings.

42. On 21 January 2020, I updated the Executive Director of Public Health Services and Chief Executive by email using information from a recently received PHE Sitrep and PHE IMT (held on the 20 January**) [Exhibit AJ29 INQ000224459].** On 21 January, I also personally attended the next scheduled PHE IMT meeting, which had moved to an 'enhanced incident' status, from this I understood that events were unusual and fast moving. I updated and supported the Executive Director (and Chief Executive), by coordinating and sharing a set of information papers to be used at both the Public and Private sessions of the Public Health Wales Board scheduled for 23 January 2020 **[EXHIBIT AJ30 INQ000224460, EXHIBIT AJ31 INQ000224461, EXHIBIT AJ32 INQ000224463, EXHIBIT AJ33 INQ000224470, EXHIBIT AJ34 INQ000224465, EXHIBIT AJ35 INQ000224466, EXHIBIT AJ36 INQ000224468 and EXHIBIT AJ37 INQ000224475].** Later during the day of 21 January, I met with Welsh Government officials and shared the latest update information with them also.

43. On 22nd January 2020, the Executive Director of Public Health Services, implemented the Public Health Wales Emergency Plan, based on the organisations criteria for declaring an 'Enhanced Incident'. The Executive Director, took the role of incident 'Strategic Director', establishing support arrangements including the deployment of senior colleagues into the role of 'Incident Director' and the establishment of a PHW Incident Management Team (IMT). During this week, I was deployed into the proactive 'liaison role' (described in paragraph 26), started to attend the PHW Incident Management Team (IMT) meetings (which commenced 23 January 2020) and began to contact key partners in Wales including Welsh Government officials (in the Chief Medical Officers Health Protection and policy branch) and Executive Directors of Public Health in Health Boards.

44. On 23 January 2020, I advised the Executive Director of Public Health Services that a further PHW briefing note had been sent by the Health Protection team to all NHS organisations in Wales **[EXHIBIT AJ38 INQ000224476 and EXHIBIT AJ39 INQ000224478]** and that I had been advised by Welsh Government officials that following the issuing of a Chief Medical Officer (CMO) Alert in England on 23 January 2020, that CMO Wales intended to issue an equivalent CMO Public Health Link Alert communication to all organisations in NHS Wales and partners the following day on 24 January 2020 **[EXHIBIT AJ40 INQ000224480, EXHIBIT AJ41 INQ000224481 and EXHIBIT AJ42 INQ000224484]**.

45. On 26 January 2020, I drafted and shared an agenda **[EXHIBIT AJ43 INQ000224485 and EXHIBIT AJ44 INQ000224487]** for a joint PHW/Welsh Government meeting that was led by the PHW Strategic Director and attended by CMO Wales. The meeting discussed strategic aims and actions for a public health response.

46. In the following weeks, momentum increased, with PHW health protection and microbiology teams engaged in the health protection response to suspected cases. The World Health Organisation (WHO) declared on 30 January 2020 that COVID-19 met the criteria of being a Public Health Emergency of International Concern (PHEIC) and I became aware of the first confirmed cases in the UK on 31 January 2020. I supported the PHW Strategic Director and PHW communications team with PHW internal and external communications.

47. In the first week of February 2020, I facilitated and attended meetings involving the PHW Strategic Director and National Clinical lead for Microbiology with CMO (Wales) relating to the approval of a Wales laboratory test for SARS CoV2. This was approved on 7 February and significantly improved the microbiology testing arrangements and turnaround times in Wales. **[EXHIBIT AJ45 INQ000224488 and EXHIBIT AJ46 INQ000224489]**

48. During February 2020, the PHW specialist health protection response continued, and an internal Strategic Gold Group began meeting (from 25 February 2020). My liaison role with Welsh Government and other partners continued and PHW responded, to the first confirmed case of COVID-19 in Wales, announced on 28 February 2020.

49. During the first week of March 2020, the PHW Emergency Planning, Resilience and Response (EPRR) team, helped to facilitate Exercise Seren City (a civil contingency exercise for all Category 1 responders in Wales), to test Wales response to Covid-19. **[EXHIBIT AJ47 INQ000056332].** In attending a CMO divisional morning meeting on 3 March 2020, I became aware that Welsh Government were establishing (internally) a health desk and communications cell in support of the health response to Covid-19. I shared this information with the PHW IMT. Shortly after this, I became aware that PHW started to receive requests from and to send responses to an Emergency Coordinating Committee Wales (ECCW) health desk generic email address.

50. In the following weeks of March 2020, I was aware of confirmed case numbers in Wales accelerating and as the response in Wales (with the rest of the UK) moved

strategically from the 'containment' to the 'delay' phase, on 12 March 2020, I supported the PHW Strategic Director by convened a meeting of PHW specialist health protection staff and Health Board Executive Directors of Public Health to discuss the changing approach. [**EXHIBIT AJ48 INQ000224491].**

51. During this period in March 2020, there was an increasing need to provide regular information updates to a range of partners across Wales including Local Resilience Forums (LRF), Health Boards, Local Authorities, Police, Fire and Ambulance services. In my liaison role, I supported the PHW Strategic Director to engage with Welsh Government officials (Community Safety division and Chief Scientific Adviser for Health) and the 4 Local Resilience Forum chairs to establish, co-ordinate and chair a single point of communication for information. This was named the Public Health Wales Public Health Strategic Co-ordination Support Group (PHSCSG). The Terms of Reference have been included as an exhibit in the PHW Module 2b Corporate Witness statement **[EXHIBIT AJ24 INQ000056269 as above]** and outlined the roles and responsibilities of the group. The meeting was routinely attended by representatives of a wide range of partners including Welsh Government officials, Health Boards, Local Authorities and Local Resilience Forums/Strategic Coordinating Groups and received updates from the Welsh Government Chief Scientific Adviser for Health or his representative, together with briefings from PHW epidemiologists. The meeting was chaired by the PHW Strategic Director, and the meeting rhythm was initially weekly, with the first meeting being held on 23 March 2020.

52. Confirmed case numbers continued to rise in March and Wales (with the rest of the UK) went into a national lockdown on 23 March 2020.

Liaison with UK Counterparts, WHO and other international organisations

53. In the next paragraphs I outline the scope of my liaison role outside of Wales including in relation to advice in relation to Non-Pharmaceutical Interventions (NPIs)

54. During the period January to March 2020, my liaison role for Covid-19 only involved engaging with partner agencies within Wales. I did not have a role in engaging with UK counterparts including PHE, either generally in respect of Covid-19 or specifically in relation to Non-Pharmaceutical Interventions (NPIs). Similarly, I did not have a role in engaging with the World Health Organisation (WHO) or other international

organisations. These types of engagement were undertaken by other colleagues in PHW.

Welsh Government Strategy (January – March 2020), the concept of 'herd immunity' and Welsh Government access to specialist advice

55. In the following paragraphs I describe my understanding of Welsh Government strategy, including my knowledge of a) any advice discussed on herd immunity b) Welsh Government access to specialist advice.

56. In my liaison role for PHW, I was not involved in or party to the decisions of the Welsh Government on strategy. I am aware that Public Health Wales had no role in the determination of the initial strategy for responding to Covid-19. My understanding is that the Welsh Government aligned with the UK Government strategy including the collective approval and adoption of a UK Coronavirus Action Plan published on the 3 March 2020. **[EXHIBIT AJ49 INQ000224492]**

57. I am not a clinical specialist and in my liaison role, I was not engaged in giving specialist clinical advice to Welsh Government. As a generalist public health professional, my understanding of 'herd immunity' is that it is the protection acquired in a population from an infectious disease either through vaccination or through previous infection. During my public health career, my practice has been to seek to advocate to achieve 'herd immunity' through the uptake of vaccination, together with a focus on protection to prevent the spread of any infectious disease in a population. To the best of my recollection and review of my personal records, I am not aware of being involved personally in any conversations with Welsh Government officials, or relaying any requests for advice to PHW colleagues, in relation to the concept or strategic context of 'herd immunity' in the response to Covid-19.

58. I am unable to comment on whether the Welsh Government was in any way curtailed or prevented from understanding the full scientific picture between January to March 2020 due to its access or lack of access to the medical and scientific advice being provided to the UK Government. I was neither involved in nor sighted to the engagement of Welsh Government with UK Government. Through my liaison role, I was aware that Welsh Government through the Chief Scientific Advisor for Health and his team were engaging with the Scientific Advisory Group for Emergencies (SAGE).

Asymptomatic Infection of Covid-19

59. In the next paragraph, I set out my recollection of my knowledge about asymptomatic transmission of Covid-19 during January to March 2020

60. During the early stages of the response, on 29 January 2020, I recall receiving (along with other PHW colleagues) via a general PHE distribution email, a copy of a technical document relating to 'asymptomatic transmission' of Covid-19 I forwarded this information to the PHW Strategic Director for information on the same day. **[EXHIBIT AJ50 INQ000224494, EXHIBIT AJ51 INQ000224496 and EXHIBIT AJ52 INQ000224497]**. During the period January – March 2020, to the best of my recollection and from a review of my records, I am not aware that I received any further documents and was not personally engaged in any discussions relating to 'asymptomatic transmission' of Covid-19. From reading the above report at the time and again when preparing this statement, my reflection as a public health professional, is that information relating to asymptomatic and presymptomatic transmission of Covid-19 was being considered by specialists during the early weeks of the Covid-19 response. I am not a clinical or virology specialist and was not sighted as to when and why this position changed. I am therefore not able to comment further.

Mass Gatherings

61. In the next paragraphs I set out my personal recollection and understanding as to whether I participated in or had awareness of discussions within PHW or Welsh Government in relation to whether mass gatherings should go ahead, including reference to named specific events that were scheduled to take place in March 2020.

62. Following a review of my personal records, I have no recollection of being involved in or having awareness of any discussions with Welsh Government officials, relating to whether mass gathering events specifically the Stereophonics concerts or the Scotland v Wales Six Nations rugby match, should take place. Following searches of my personal records, I can find no evidence of requests for advice on these mass gatherings, being requested through my liaison role, from Welsh Government to PHW.

63. From this search of my personal records, I have recalled that I was copied to email communications (on 11 and 12 March 2020) within PHW, between the PHW Communications team and PHW Incident Director, in response to a general request

received for PHW advice for people attending events and mass gatherings. A PHW media communication was subsequently released on 12 March 2020 [**EXHIBIT AJ53 INQ000224498].**

64. From a public health professional perspective, at that time, I was aware of the fast-changing circumstances and knowledge relating to the transmission of Covid-19 in Wales and I recall that some other mass gathering events in the UK and elsewhere were being or had been postponed. Instinctively, at the time, I thought that such information could have facilitated an earlier decision on the postponement of the rugby event. On reflection, my view is also now informed by ongoing learning about Covid-19 and discussions with PHW subject matter experts. I understand that such mass gathering events may not have played a major role in transmission, notably in the context of other activities such as domestic and international travel being permitted at the time. I understand that the rugby event was cancelled on 13 March 2020.

<u>The timing of the First National Lockdown, Four Nations Approach, Welsh Government Decisions and Scientific Advice</u>

65. In the next paragraphs I provide information on my knowledge and views in relation to the timing of the first national lockdown in March 2020, taking a 4 Nation approach, including Welsh Government decisions and access to scientific advice.

66. To my knowledge Public Health Wales was not involved in advising the Welsh Government on the national lockdown of March 2020. The meetings that I attended with Welsh Government officials in my liaison role, at this time, were to co-ordinate and share information and I have no evidence of being involved in or party to any decisions taken by Welsh Government in relation to the lockdown and am unable to speculate on any factors that may have impacted the decisions made.

67. As a public health professional, I have reflected that the implementation of Non-Pharmaceutical Interventions (NPIs) in relation to individuals and communities to control infectious disease outbreaks has been well established in the past and that immediately prior to March 23, 2020, lockdowns had started to be used as interventions for Covid-19 in other countries. I acknowledge that this type of intervention is a matter of judgement, but firstly I do believe that a national lockdown was needed at that time, given the number of rapidly increasing confirmed cases in Wales and the increase in the number of confirmed cases and deaths across the UK.

I attended the PHW IMT and could see the rapidly changing epidemiological data and the corresponding increasing workload for our health protection workforce. As a public health professional, viewing this data, I thought instinctively at the time and on reflection, that the decision for a national lockdown announced on 23 March, could have been made earlier.

68. Having contributed to health protection response at the four-nation (UK) level personally, I have reflected that it would have been challenging in March 2020 to have had a divergent response across the four nations of the UK. My reflection is that a 4 Nation response at that time made sense, notably as all four nations were still risk assessing the threat from COVID-19. An example of the benefit of this approach was the ability to use the same, consistent communication messages to individuals and the population of all 4 Nations in relation to reducing the transmission of Covid-19 in communities across the UK.

69. During my liaison role, I primarily engaged with the Chief Medical Officer and his team. I am not aware, from this engagement, of any desire to avoid a lockdown in March 2020. I was not part of Welsh Government decision making processes and am not able to comment on Welsh Government decision making.

70. From my liaison role, I am not aware of all the sources of advice that were accessed by Welsh Government in relation to a national lockdown. However, I was aware that Welsh Government were engaged with and receiving advice from SAGE / associated specialist UK groups and that Welsh Government had established a TAC in early March 2020. My reflection is that the Welsh Government will have received advice from a number of sources, in the period before the national lockdown. I am unable to speculate on the relative weight given to the advice received, but I understand that SAGE is recognised as the source of scientific and technical advice to support government decision makers during emergencies and information from that source would have been important.

71. In relation to the policy for implementing Non-Pharmaceutical Interventions in the UK (and Wales) prior to the first lockdown (which I understand from my Rule 9 request has been described as a 'slow and gradualist approach'), I was not part of the decision-making process of Welsh Government and am not able to comment on whether there was "groupthink" within Welsh Government and advisers.

72. As outlined in paragraph 67 and 68 above, my reflection now and at the time, is that the implementation of a 4 Nation approach to the national lockdown in March 2020, made sense. I was not sighted to the decision making and am unable to separate out a distinction between the timeliness of the implementation of this intervention in Wales and the rest of the UK, as these were aligned.

73. I am not a medical or clinical expert. However, as a public health professional, my understanding of the effect of lockdown interventions on the transmission of Covid-19 increased as we learnt more about the novel virus, and I listened to the specialist advice that was being given. On reflection, my understanding is that the earlier a lockdown intervention is introduced, the sooner the impact it has on reducing transmission of the virus and the longer the duration of this intervention, the better the potential suppression of the trajectory of the 'wave' of infection. In this context, I generally agree with Vaughan Gething's reflective statement (reported in the media on 2 February 2021) that 'if Wales had entered a national lockdown a week or two earlier in March 2020 "we'd have saved more lives". I again acknowledge in paragraph 68 above that Wales was however part of a 4 Nation approach at this time.

April 2020 Onwards

74. In the following paragraphs, I explain my role between December 2020 and May 2021 in supporting the provision of PHW Advice Notes, including in relation to the use of Non-Pharmaceutical Interventions (NPIs) to Welsh Government and provide my views on the timeliness of the Welsh Government decisions to impose, and implement the "firebreak" (during October 2020) and national lockdown (during December 2020).

75. The Public Health Wales process for providing PHW Advice Notes, including specific Advice Notes relating to NPIs has been described in paragraphs 185 - 193 of the PHW Corporate Witness statement. My personal involvement in this process is limited to the period between 1 December 2020 and 31 May 2021, when I was seconded to the role of Interim Executive Director of Public Health Services. I am aware that PHW was not involved in providing advice to Welsh Government in relation to the first national lockdown. I had no personal involvement in the provision of the initial PHW Advice Notes in October and November 2020, which related to the

'firebreak intervention'. I did however reference these PHW Advice Notes later during the preparation of PHW Advice Notes during December 2020.

76. During the period 1 December 2020 to 31 May 2021, I worked with the Incident Directors and other subject matter experts to co-ordinate the Public Health Advice Notes which were submitted to Welsh Government as described above. I was engaged in preparing, approving, and submitting a total of nine Public Health Wales Advice Notes during this period (Advice Note number 4 (dated 7 December 2020) **[EXHIBIT AJ54 INQ000056303]** through to Advice Note number 12 (dated 16 April 2021). [**EXHIBIT AJ55 INQ000056328].**

77. The extent to which these Advice Notes addressed the imposition of, easing of, or exceptions to specific Non-Pharmaceutical Interventions, has also been summarised in paragraphs 166 to 197 of the PHW Corporate Witness statement.

78. Three PHW Advice Notes were submitted in December 2020 prior to the move to Alert Level 4 (national lockdown) in Wales on 19 December 2020:

- Advice Note 4 - 7 December 2020 **[EXHIBIT AJ54 INQ000056303 as above]**
- Advice Note 5 – 11 December 2020 **[EXHIBIT AJ56 INQ000056302]**
- Advice Note 6 – 15 December 2020 **[EXHIBIT AJ57 INQ000056304]**

These were particularly focused on the worsening Covid-19 incidence and provided advice as to the need for additional restrictions. Specific reference to re-introducing restrictions like those used in March 2020 (national lockdown), was included in Advice Note 5 (11 December 2020), which also referenced the need for the introduction of 'urgent additional actions' before the Christmas break. Advice Note 6 (15 December 2020) reinforced the same advice and recommended the implementation of 'Alert Level 4' measures as soon as practicable, continuing these through the Christmas period and beyond.

79. In providing advice, PHW was conscious of the restrictions that the population had already been under during the previous months, the approaching Christmas festive season and the potential impact of these factors on, for example, the level of behavioral compliance in relation to future Non-Pharmaceutical Interventions. PHW Advice Notes also recognised that decisions needed to balance different considerations: reducing transmission, protecting essential health and social care

services, and minimizing the wider harm effects including those arising from impacts on the economy and, notably, the wider impact on population health outcomes in the medium/long term (for example, undiagnosed and untreated conditions, and other health harms including mental health and well-being).

80. During December 2020, I, with other PHW colleagues, attended scheduled meetings with CMO including on 3 December 2020 and also two meetings of the CMO Health Protection Advisory Group (HPAG) on 1 December 2020 and 15 December 2020, when the latest information and ongoing response to Covid-19 in Wales were discussed.

81. PHW also provided written briefing information including data analysis, immediately prior to Welsh Government reporting their decision on 19 December 2020 to move to Alert Level 4 from midnight that night. On the afternoon of Friday 18 December 2020, I had received an email request from the Chief Medical Officer for Wales, for a briefing on the new Variant of Covid-19. The request was to receive a briefing for the Minister for Health and Social Care for Monday 21 December **[EXHIBIT AJ58 INQ000224499]**. I shared an initial short draft summary briefing via email from myself to the Chief Medical Officer for Wales that same afternoon (18 December 2020), with receipt acknowledged [**EXHIBIT AJ59 INQ000224500, EXHIBIT AJ60 INQ000224503 and EXHIBIT AJ61 INQ000224504**]. On Saturday 19 December 2020, I was made aware that two senior members of Public Health Wales staff (the lead Consultant Epidemiologist and the Public Health Wales Consultant Clinical Scientist, Wales Specialist Virology Centre) had been asked to join a Welsh Government Cabinet meeting. I am aware that colleagues attended and updated the First Minister and the Cabinet about the situation regarding new information that Public Health Wales had received about the arrival of the Alpha (Kent) variant into Wales. Public Health Wales colleagues continued to prepare a full written briefing on this new variant and a 'summary PDF briefing note' was sent by email from the PHW Incident Director to Welsh Government officials (including the Chief Medical Officer for Wales) and other key partners on the morning of Sunday 20 December 2020 [**EXHIBIT AJ62 INQ000224505, EXHIBIT AJ63 INQ000224507**].

82. As previously described, at the time (October 2020) I was not specifically involved in the provision of PHW advice in relation to Non-Pharmaceutical Interventions (NPIs) and the introduction of a 'firebreak'. However, as Interim Executive Director of Public Health Services, I became aware that PHW Advice Note 1 (12 October) **[EXHIBIT**

AJ64 INQ000224508] had focused on Non-Pharmaceutical Interventions (NPIs) that could be introduced to control the pandemic including a stay at home / circuit breaker intervention, which PHW had advised needed to be sufficient, applied sooner rather than later (PHW suggested within the next two weeks) and for long enough (PHW suggested at least three weeks). The PHW Advice Notes also referenced the wider mental health and well-being needs of the population and the need for the consideration of the reintroduction of single household bubbles. I understand now that Welsh Government introduced a 'firebreak' intervention between 23 October and 9 November 2020. My reflection now, is that the introduction of written Advice Notes by PHW, was a good approach and that the first PHW Advice Note on 12 October was timely. Acknowledging that such decisions are a matter of judgement, I reflect that these additional firebreak restrictions were introduced within the period identified in the PHW Advice Note and lasted for 18 days. The intention of these interventions was primarily to restrict population mixing, thereby reducing the rate of transmission of the virus within the population. I have outlined my understanding and reflection regarding the potential benefit of the earlier implementation of such 'lockdown' interventions in paragraph 74 above. I am also aware that the PHW Advice Notes to Welsh Government during October, November and December 2020 also referenced other potential harm to the population arising from such restrictions (relating to mental health and well-being, access to health care, and employment) and I acknowledge that there is a balance involved in making such decisions.

83. In relation to the Wales 'national' lockdown on 19 December 2020, in coordinating and approving the PHW Advice Notes during December 2020, and applying learning described in paragraph 73 above, it was my view at the time, and now, that due to the ongoing rapid increase in Covid-19 incidence in Wales, that urgent additional restrictions were required, to control the transmission of the virus, before the Christmas break period. Given the continually deteriorating position, the PHW Advice Notes during December were consistent in stating that population / household mixing should be minimized. Whilst some further restrictions were introduced, I have reflected that a decision to move to Alert Level 4 (national lockdown) could have been considered and implemented earlier. I am also now able to reflect that to my knowledge, when giving this advice in December 2020, PHW were not aware of the first new 'Alpha' variant of Covid-19 and its 'more transmissible' properties, which we can reflect was having an impact on the rate with which the virus was spreading within and across communities.

Variants and Mutations of Concern Oversight (VAMC) Group

84. In these final paragraphs, I have explained my involvement in the Variations and Mutations (VAMC) Oversight Group in Wales.

85. Firstly, for context, it is important to acknowledge that at a UK level an expert UK Task Force to advise on Variants and Mutations of Covid-19 had been created. This included a 'Variant Technical Group' which I understand Public Health Wales specialist colleagues attended.

86. The Wales VAMC Oversight Group was established at the request of CMO Wales to link to these UK expert and technical groups and to coordinate and provide assurance in relation to the emerging surveillance and evidence of Variants of Covid-19 in Wales. It should be noted that risk assessments were the product of the UK-wide expert groups **[EXHIBIT AJ65 INQ000224509]** and the UKHSA published variant technical briefings **[EXHIBIT AJ66 INQ000224510 and EXHIBIT AJ67 INQ000224511].**

87. In my role as Interim Executive Director of Public Health Services I was requested to co-chair this VAMC group with a senior Welsh Government official: Deputy Director for Health Protection, Health and Social Services Group.

88. The VAMC Oversight group was not a decision-making group in relation to the Covid-19 response but coordinated emerging surveillance and evidence in relation to variants of Covid-19 in Wales. Information and advice from the VAMC Oversight group was channeled into both the PHW Covid-19 Incident Management Team (IMT), Welsh Government Covid-19 advisory groups including Covid Intelligence Cell (CIC) and TAC and for information to other partnership groups including Local Resilience Forums/Strategic Coordination Groups.

89. The Wales VAMC Oversight Group met on a regular meeting rhythm (mostly fortnightly) from 17th February 2021 until 16th February 2022, with a set agenda **[EXHIBIT AJ68 INQ000224512]**. The role of the group were agreed at the initial meeting **[EXHIBIT AJ69 INQ000224513]**. The group was supported by 4 workstreams, each with a senior lead, which focussed on relevant detail. The workstreams covered: Prevention; Sampling; Testing and tracing; Surveillance; Management (including enforcement action).

90. The VAMC Oversight group did not produce specialist advice and briefings as such, but it did request and approve the development of a number of documents to complement the existing 'Communicable Disease Outbreak Plan for Wales' and shape the consistent approach to response to VAMC across Wales. These documents were kept under review, updated as appropriate and included:

- A Strategic (conceptual) framework document which set out a tiered preventative risk-based approach to managing the issue of variants in Wales **[EXHIBIT AJ70 INQ000224515 and AJ71 INQ000224516].**

- Operational guidance documents to guide local and regional Test, Trace, Protect services and Public Health Wales's Integrated Health Protection Services. **[EXHIBIT AJ72 INQ000224517, EXHIBIT AJ73 INQ000224518, and EXHIBIT AJ74 INQ000224519];**

- A debrief exercise report capturing lessons learnt **[EXHIBIT AJ75 INQ000224520].**

Statement of Truth

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

Signed:

Personal Data

Print name: Andrew Jones

Dated: 12 October 2023