

Witness Name: Kieran Walshe

Statement No.:

Exhibits:

Dated: 19-12-2023

## **UK COVID-19 INQUIRY**

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### **WITNESS STATEMENT OF KIERAN WALSH**

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I, Kieran Walshe, will say as follows: -

#### **My role and background**

1. I am Director of Health and Care Research Wales and Professor of Health Policy and Management at the University of Manchester. I am also a non-executive director of the Christie NHS Foundation Trust, and chair of the board of the UK Health Services Research. I was previously associate director of the National Institute for Health and Care Research (NIHR) health services and delivery research programme from 2012 to 2015, and directed the NIHR service delivery and organisation research programme from 2008 to 2011. I have worked in health policy, health management and health services research for about 30 years. My own research largely focuses on quality and performance in healthcare organisations; the governance, accountability and performance of public services; and the use of evidence in policy evaluation and learning. I have led a wide range of research projects funded by the Economic and Social Research Council, Department of Health, NIHR, and EU FP7 programmes, and other government departments and NHS organisations. I have advised various government agencies and organisations including acting as an advisor on health reforms to the House of Commons health select committee and as advisor or expert witness to some public inquiries. My current research is mainly focused on reforms to health professional and organisational regulation, performance in the medical workforce and on clinical governance.

2. I took up my role as director of Health and Care Research Wales (HCRW) in October 2019 on a four year part-time secondment from my substantive appointment as a professor at the University of Manchester. HCRW is a virtual organization – with staff in the Research and Development Division (of which I am head of division) in the Health and Social Services Group in Welsh Government and in the HCRW Support and Delivery Centre based in Powys Health Board. HCRW funds, organizes and supports health and care research in Wales and fulfils broadly the same functions as the National Institute for Health and Care Research in England.
3. I would note that while in England, Scotland and Northern Ireland the roles of the Chief Scientific Advisor (Health) and director/head of the equivalent organisations to HCRW (NIHR in England, Chief Scientists Office in Scotland and Health and Social Care Research Division in Northern Ireland) were and are held by the same person, in Wales these roles were/are held by different people – me as director of Health and Care Research Wales and Dr Rob Orford as Chief Scientific Advisor (Health). This means that I attend UK wide/four nation meetings in relation to research (for example the board of the Office for the Strategic Coordination of Health Research, OSCHR) but Dr Orford attends meetings of the CSAs (Health).
4. During the pandemic, as director of HCRW I was mainly involved in contributing to the UK wide research response which was largely coordinated and led by NIHR, UK Research and Innovation (UKRI) and the Medical Research Council (MRC) and the office of the UK Chief Scientific Advisor/Government Office for Science. I was a member of the UKRI COVID19 group which oversaw the joint NIHR/UKRI rolling research funding calls during 2020/21, and attended some meetings in relation to the National Core Studies programme established by the UK CSA. Other HCRW staff were involved in a range of other research related groups and meetings – for example the Urgent Public Health group which determined which research studies should be supported for delivery in the NHS during the pandemic.

#### **TAG and the R&D subgroup of TAG**

5. I was a member of the Technical Advisory Group (TAG) convened by Welsh Government from about April 2020 and I chaired the research subgroup of TAG which was established in April 2020 and met weekly during most of 2020. The remit and membership of the R&D subgroup are attached (INQ000281257 and

INQ000281258). I did not at any stage attend SAGE or any of its subgroups. I was not directly involved in providing advice to Welsh Government Ministers – that function as I understand it was primarily fulfilled by the CSA (Health) and the Chief Medical Officer.

6. The main purpose of the TAG R&D subgroup was, at least initially, to coordinate and support the Welsh contribution to the UK wide research response to the pandemic. It was a forum in which information on the NIHR/UKRI research programmes which were launched in March/April 2020 was shared, and in which we sought to ensure that UK wide research initiatives had good Welsh engagement in our NHS and academic/research community. Progress in relation to the large research studies which were set up (such as the RECOVERY trial and a number of others) was shared and HCRW coordinated the involvement of NHS boards/trusts in Wales in those studies and, later in the programme of vaccine trials.
7. As the research response matured, and a growing volume of research results and findings became available, the role of the R&D subgroup shifted towards being a forum for the dissemination and sharing of research findings. For example, a number of the leads for National Core Studies attended either the R&D subgroup or TAG itself to provide feedback on those findings.
8. Both TAG and the R&D subgroup had, in my view, a fairly broad and diverse membership and my recollection of discussions in both groups was that they were very open and there was plenty of opportunity for debate and challenge. Many people were working outside their normal roles/responsibilities either formally (through secondments etc) or less formally in that they were involved in gathering and providing evidence to support pandemic decision making in areas which were outside their normal domains/areas of expertise. As noted above, the content of TAG and R&D subgroup meetings shifted appropriately during the pandemic in response to need.
9. As the pandemic developed, it was increasingly clear that making sense of the growing volume of research evidence, in the UK and internationally, was very challenging and there was a need for rapid evidence synthesis to support decision

making. In late 2020, we therefore established the Health and Care Research Wales COVID19 Evidence Centre, led by Professor Adrian Edwards at Cardiff University. He led a partnership across a number of groups in Welsh universities, Public Health Wales and Health Technology Wales who worked directly with TAG and its subgroups to identify questions and respond with rapid evidence synthesis. The R&D subgroup acted as a forum to coordinate these evidence needs and resources and to disseminate the work of the COVID19 Evidence Centre. The Centre operated from January 2021 to March 2023 and its final report detailing its work is attached (INQ000281259). I believe that the Centre was an important resource for Welsh Government and its work contributed positively to discussions and decision making in TAG.

10. I was not a member of any WhatsApp or other messaging groups.

#### **The early stages of the pandemic**

11. I first became aware of COVID19 sometime in February 2020, when it was mentioned in the Chief Medical Officer's senior management team meetings – and of course through the media coverage. I was not involved in providing advice to decision makers in the early stages of the pandemic, or in liaison with others apart from as detailed already in relation to TAG and the R&D subgroup, and my involvement in coordinating the UK research response.

12. I was not involved in CSA meetings in the early stages of the pandemic, nor in work on this period on issues such as asymptomatic transmission, growth rates, reproduction numbers, contact tracing or mass gathering events in March 2020.

#### **The timing of the first national lockdown**

13. To the best of my recollection I was not involved in the discussions in TAG or with decision makers in Welsh Government about the timing of the first national lockdown and so am not able to comment on this matter except on a personal basis. In my personal opinion, an earlier lockdown would have reduced infection rates and mortality.

#### **April 2020 onwards**

14. To the best of my recollection there were many discussions in TAG meetings about the management of the pandemic from April 2020 onwards. I recall those discussions as being open, constructive and challenging at times and certainly do not think there was a sense of “groupthink” in those discussions. I do recall many discussions of peoples’ adherence to restrictions/non-pharmaceutical interventions (what is termed by some people “behavioural fatigue”). I do not recall a discussion of asymptomatic patient discharges from hospitals to care homes, or of the UK wide “eat out to help out” scheme. There were multiple discussions in TAG of the various non-pharmaceutical interventions which were deployed, but I was not involved in discussions with decision makers in Welsh Government on the September firebreak/lockdown.

### **Communication of scientific advice**

15. I think TAG followed SAGE in shifting the traditional approach to publishing advice and being transparent, in response to public interest and concern. It was at times difficult to draw a clear and unambiguous line between advice and policy decision. The phrase “following the science” was, in retrospect, quite unhelpful as it contributing to blurring that line and suggested to some, I think incorrectly, that scientific advisors were responsible for policy decisions.

### **Lessons learned**

16. Overall, I think that TAG and its subgroups performed a vital function for Welsh Government during the pandemic and I think many members worked incredibly hard during this period to try to provide the best technical advice to decision makers. I think TAG and the TAG R&D subgroup largely functioned well in what were often difficult circumstances.
17. With the benefit of hindsight, it would have been helpful to have TAG and other groups more ready to be brought into action in the event of a pandemic or other similar emergency to advise Welsh Government, as part of a wider pandemic preparedness programme.
18. It is my personal opinion that the UK research response to the pandemic was, in large measure, excellent and made a huge difference to public health outcomes in the UK and internationally. The ability of NIHR, HCRW and equivalents in the other devolved nations alongside CSA/MRC/UKRI to pivot existing research capabilities

and resources towards research and to exercise a high degree of central coordination and direction of the research effort was central to that achievement.

### **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.

**Personal Data**

**Signed:** \_\_\_\_\_

19 December 2023

**Dated:** \_\_\_\_\_