

Witness Name: David Goulding

Statement No: M2B/WG/DG/01

Exhibits: 66

Dated: 19<sup>th</sup> December 2023

## **UK COVID-19 INQUIRY**

---

### **WITNESS STATEMENT OF DAVID GOULDING**

---

I, David Goulding, will say as follows:

#### **Preface**

1. I extend my deepest sympathies to those who have lost loved ones during the pandemic.

#### **Introduction**

2. I provide this statement in response to a request made by the Chair of the UK Covid-19 Public Inquiry ("the Inquiry") pursuant to Rule 9 of the Inquiry Rules 2006, dated 26 June 2023, and referenced M2B/WG/DG/01 ("the Rule 9 request").
3. The information provided is an overview of my background, experience, and roles in the emergency response to Covid-19 in Wales, in particular my role in supporting core political and administrative decision-making from the beginning of January 2020 to May 2022.

### **Background / qualifications and roles during Covid-19**

3. I began my career in emergency planning in 1975 working as an emergency planning officer for Gwent County Council. When I left in 2000, I was Head of Emergency Planning for five local authorities under a joint arrangement hosted by Newport City Council. I was also chair of the Wales local authority emergency planning officers' group and an emergency planning adviser to the Local Government Association and Welsh Local Government Association.
4. In my local government role, I was responsible for development and validation of local authority emergency plans and multi-agency plans for specific hazards. I attended training courses at the Emergency Planning College (part of the Cabinet Office Resilience Directorate) in Easingwold, York and became professionally qualified with a Master of Science degree in Civil Emergency Management, awarded by the University of Hertfordshire in 1995. I am a member of the Emergency Planning Society.
5. I joined the National Assembly for Wales (now Welsh Government) in January 2000 as a Health Emergency Planning Adviser ("HEPA") principally to advise NHS Wales organisations on their major incident plans. Since joining in 2000, there have been significant developments in the emergency planning landscape, both locally and nationally. In 2000, few NHS Wales organisations had full-time emergency planning staff but with the passing of the Civil Contingency Act 2004, all NHS Wales Health Boards and Trusts now have full time emergency planning staff.
6. Events such as the 9/11 terrorist attacks in 2001 and the H1N1 Swine Flu pandemic in 2009 also resulted in the Welsh Government's Health and Social Services Group ("HSSG") increasing its emergency planning staff. In 2000, I was the only full-time health emergency planning post but by January 2020, at the outbreak of Covid-19, there were five additional posts in a dedicated HSSG Health Emergency Preparedness Unit ("HEPU").

7. In 2014 there was a directorate restructure and the health emergency planning policy responsibilities that I had picked up by then were sensibly moved from me to an emergency planning policy lead who, as Head of HEPU, reported to a Deputy Director, a senior civil servant post. In 2016, I was able to partially retire but continued to advise on NHS Wales' emergency planning arrangements and chair the NHS Wales emergency planning advisory group. In response to Covid-19, from 1 February 2020, I reverted to full-time working.
8. I am professionally accountable to the Chief Medical Officer for Wales ("CMO(W)") Sir Frank Atherton with access to the CEO NHS Wales and Director General for Health and Social Services Wales, who, at the beginning of the pandemic, was Dr Andrew Goodall and is now Judith Paget. In January 2020, I also reported routinely to Neil Surman, the Deputy Director of Public Health. In January 2020, I had no staff reporting directly to me but did have the support of HEPU.
9. I exhibit as **M2BWGDG01/1 - INQ000300253** the Public Health Division organogram (dated October 2019) which shows the Health Emergency Preparedness posts (see bottom right section of the organogram) and the reporting line to the Deputy Director of Public Health. The organogram also shows my separate reporting line to the Deputy Director of Public Health.
10. During the pandemic, I had the following roles within the CMO(W)'s Covid-19 Response Team:
  - i. A planning and co-ordination role in relation to the national stockpile of Personal Protection Equipment ("PPE") and as a member of the HSSG Covid-19 Planning and Response Group ("HSSG PRG");
  - ii. Emergency planning adviser within the HSSG Covid-19 Planning and Response Group Cell ("HSSG PRG Cell"); and
  - iii. Chair of the Covid-19 Health Countermeasures Group ("HCG"). For reporting purposes, the HCG became a subgroup of the HSSG PRG. The HCG was also referenced as the Covid-19 Health Countermeasures Cell

("HCC") in the CMO(W)'s Covid-19 Response Team. I also chaired the Vaccination Consumables / PPE Group ("the VC / PPE Group") from 4 August 2020 until 17 January 2023.

11. I have set out below a brief description of each role followed by further details to inform the Inquiry's work. As HEPA I also regularly attended the following: meetings of the NHS Wales Chief Executive Officers (led by Dr Andrew Goodall); meetings of the HSSG Executive Directors Group (chaired by Dr Andrew Goodall and HSSG Director General); and the HSSG health professionals' catch-up meetings (chaired by the CMO(W)). I also had regular catch-up meetings with NHS Wales emergency planning officers and remained contactable for them throughout Covid-19. I also held a Covid-19 reflections session with them in June 2020. I exhibit below as **M2BWGDG01/2 – INQ000299389** (dated 26 June 2020) "Wales NHS Emergency Planners' Reflections on their Roles during the Response Phase to Covid-19".

*Planning and co-ordination role and member of HSSG PRG*

12. As HEPA I had a planning and co-ordination role from the beginning of Covid-19. My initial thoughts were about what emergency plans would HSSG need to consider in its response to Covid-19. The three documents that came to my mind were the Pan Wales Response Plan ("WRP") dated 2019 (exhibited as **M2BWGDG01/3 - INQ000107119**) the HSSG "Arrangements for Responding to Emergencies" dated January 2019 (exhibited as **M2BWGDG01/4 - INQ000216450**) and the Wales Health and Social Care Influenza Pandemic Preparedness and Response Guidance ("the 2014 Guidance") dated February 2014 (exhibited as **M2BWGDG01/5 - INQ000144731**). In February 2020, I advised Dr Andrew Goodall and Samia Edmonds of the potential relevance these emergency plans may have in HSSG's Covid-19 response. I exhibit as **M2BWGDG01/6 - INQ000298970** an email chain (dated 24 February 2023) showing my email to Dr Andrew Goodall, which was then forwarded by me to Samia Edmonds.

13. On 12 February 2020 I met with Samia Edmonds (HSSG Director of Planning) who had been asked by the CMO(W) to establish a HSSG Covid-19 Planning and Response Group (“HSSG PRG”). We discussed the integrated approach to health and social care that was outlined in the 2014 Guidance. On 14 February 2020 I met again with Samia Edmonds and Dr Gillian Richardson (Deputy CMO(W)) to discuss the membership and terms of reference of the HSSG PRG. I exhibit as **M2BWGDG01/7 – INQ000299965** the HSSG PRG’s draft terms of reference (dated 27 February 2020) which were agreed in early March 2020.
14. Samia Edmonds agreed to chair the HSSG PRG, with Dr Gillian Richardson as vice chair. I agreed to be a member of the HSSG PRG and remained so throughout the Covid-19 emergency, until HSSG PRG meetings were paused on 7 July 2022. Being a member enabled me to keep in touch with the latest information being provided to the HSSG PRG, keep in touch with what the impacts were in NHS Wales and social care and to provide advice and answers questions.

HEPA within the HSSG PRG Cell

15. My second role was emergency planning adviser in the HSSG PRG Cell. I remained in this role from its first meeting (held on the 16 March 2020) until its final meeting which was in mid-2022. The HSSG PRG Cell’s purpose was mainly to support the HSSG PRG and subgroup structure. Samia Edmonds, who chaired the HSSG PRG, was also chair of the HSSG PRG Cell. The initial staffing of the HSSG PRG Cell was two staff from the NHS Finance Delivery Unit and a third from HSSG (in addition to Samia Edmonds and me). The HSSG PRG Cell operated throughout Covid-19, although its membership changed during that period.
16. The HSSG PRG Cell met daily at the beginning of the pandemic to establish the HSSG PRG, the subgroup structure and reporting arrangements. My role was to provide advice to members of the HSSG PRG Cell and take a lead, where appropriate. For example, I supported work in developing a HSSG PRG risk tracker and took a lead in relation to the development of both: “Covid-19 preparedness and response: framework for the health and social care system in Wales” (“the Framework”) that was issued on 18 March 2020, which I exhibit as

**M2BWGDG01/8 – INQ000182426**; and draft NHS Wales surge guidance. I exhibit as **M2BWGDG01/9 – INQ000299731** draft guidance (dated 18 January 2021) entitled “COVID-19 managing extreme surge in Wales NHS”. I exhibit as **M2BWGDG01/10 – INQ000300254** draft guidance, dated December 2022, entitled “Guidance to Support Wales NHS Response to Extreme Pressure / Surge”.

*Chair of the Covid-19 Health Countermeasures Group (“HCG”)*

17. My third role was to chair the HCG, which became a subgroup of the HSSG PRG (and is referred to in the CMO(W)’s Covid-19 Response Team as the Health Countermeasures Cell). I chaired the HCG from 12 February 2020 until 1 June 2020 when it was stood down and placed on standby. As chair, I saw my role as mainly to co-ordinate arrangements in relation to the use of the pandemic stockpile in the Covid-19 response and ensure that the stockpiles were deployed in accordance with ministerial policy and infection control guidance.
18. As chair, I brought together key officials from NHS Wales Shared Services Partnership (“NWSSP”), Public Health Wales (“PHW”), HSGG Pharmacy and HSSG Social Services Integration Directorate. I worked closely with NWSSP staff, particularly Mark Roscrow (who was NWSSP Director of Procurement at that time and is now Program Director) and other key NWSSP officials who had responsibilities for PPE management, distribution, procurement, and quality of products. I also liaised with HSSG policy and professional officials and externally with Public Health England (“PHE”), NHS England Emergency Preparedness, Resilience and Response (“EPRR”) and the Department of Health and Social Care (“DHSC”).
19. Having stood down and placed HCG on standby on the 1 June 2020, in August 2020 I agreed to a request from the Deputy CMO(W) to chair another consumables / PPE Group to co-ordinate the logistics needed to support the Covid-19 vaccination program. I undertook this role from 4 August 2020 until 17 January 2023.

My roles from the beginning of January 2020 until May 2022

20. In January 2020, I was aware that the Welsh Government's response to any national emergency was set out in the Pan Wales Response Plan ("WRP") exhibited above as **M2BWGDG01/3 - INQ000107119**. The WRP included details for establishing an Emergency Co-ordination Centre (Wales) (ECCW) in Cathays Park and there was an expectation (as set out in paragraphs 3.17 and 3.18 of the WRP) that HSSG would establish a Health Desk in ECCW to co-ordinate NHS Wales information flows and reporting.
21. As HEPA, in January and early February 2020, my concern was to ensure that HSSG was able to establish a Health Desk in ECCW. The HSSG had its own "Arrangements for Responding to Emergencies" document (exhibited above as **M2BWGDG01/4 - INQ000216450**) that included the details necessary to establish a Health Desk in ECCW. A Health Desk had been set up many times before in emergency situations stretching back to the 2009 Swine Flu pandemic right up until 2019 when it was also set up in response to the risk of a no deal Brexit.
22. In the first week of February 2020, I discussed with the Head of HEPU the need for HEPU to relocate to ECCW and be ready to establish a Health Desk should ECCW be formally activated. I exhibit as **M2BWGDG01/11 - INQ000298962** an email (dated 5 February 2020) sent by me to the four staff in HEPU at that time, including the Head of HEPU, advising them on what I considered would be the Health Desk role in the position, as it was then, of ECCW not being formally activated.
23. On Wednesday 5 February 2020 the HEPU moved to ECCW. The Health Desk subsequently had an important role in HSSG's response to Covid-19, including providing a contingency contact point for NHS Wales CEOs and Directors of Social Services. I exhibit as **M2BWGDG01/12 - INQ000182386** a letter from Dr Andrew Goodall, dated 5 March 2020, entitled "COVID-19 NHS Planning and Response" which states at paragraph six that the Health Desk is in place in ECCW to provide a link to NHS Wales and Social Services. I was in regular contact with the Health Desk, particularly in the early months of the pandemic, providing advice to those

working on the Health Desk and dealing with queries, including those relating to PPE.

24. In early February 2020, I was also concerned about the relevance, in a Covid-19 pandemic, of the 2014 Guidance (**exhibited above as M2BWGDG01/5 - INQ000144731**). The 2014 Guidance listed national countermeasures for pandemic influenza, and the extent to which those pandemic influenza countermeasures would help the health and social care response to a coronavirus pandemic, was uncertain to me in February 2020. From my experience during the H1N1 Swine Flu pandemic, however, I knew that the PPE in the pandemic influenza stockpile would be needed.
25. As mentioned above, in early February 2020 I met with Samia Edmonds (HSSG Director of Planning) and Dr Gillian Richardson (Deputy CMO(W)) concerning arrangements to establish a HSSG Covid-19 Planning and Response Group ("HSSG PRG"). The HSSG PRG had its first meeting on 20 February 2020 and met regularly thereafter. The draft terms of reference (**exhibited above as M2BWGDG01/7 - INQ000299965**, dated 27 February 2020) were agreed in early March 2020. In its terms of reference, the governance and accountability of the HSSG PRG is stated as being to Dr Andrew Goodall (CEO NHS Wales) and Sir Frank Atherton, the CMO(W).
26. The HSSG PRG's terms of reference were subsequently revised. I exhibit as **M2BWGDG01/13- INQ000300255** the revised terms of reference dated 23 November 2021, and as **M2BWGDG01/14 – INQ000300148** the revised terms of reference dated 1 December 2021. The governance and accountability of HSSG PRG had by then changed to Judith Paget (Director General / CEO NHS Wales) and the CMO(W) via the HSSG Executive Directors Team (EDT) Contingencies Group.
27. The HSSG PRG Cell was established on 16 March 2020. Its terms of reference (**exhibited as M2BWGDG01/15 – INQ000299027**, document dated 11 June 2020) were developed in time for them to be included in "Covid-19 preparedness and



response: framework for the health and social care system in Wales” (“the Framework”) (exhibited above as **M2BWGDG01/8 – INQ000182426**).

28. In late February 2020, I advised Samia Edmonds (HSSG Director of Planning and chair the HSSG PRG) of the need to develop a Covid-19 framework for the healthcare system in Wales, so that the Covid-19 structures that were being put into place were visible. I coordinated development of the Framework with support from the HEPU and the HSSG PRG Cell. The Framework set out the Covid-19 leadership of the Wales healthcare system, the HSSG PRG and HSSR PRG Cell structures and information relevant to the healthcare response at that time. The Framework was signed off by Samia Edmonds as chair of the HSSG PRG Cell and issued on 18 March 2020.

29. I also provided advice on the structure and content of two Addendums to the Framework. The first Addendum (exhibited as **M2BWGDG01/16 - INQ000300145**, dated November 2020) was approved on 5 January 2021. I exhibit the second Addendum (dated December 2021) as **M2BWGDG01/17 - INQ000300147**. The Addendums reflected changes that had been made to the HSSG Covid-19 structure since the original Framework had been issued (on 18 March 2020).

30. During Covid-19 there were concerns of the potential for NHS Wales hospitals to become overwhelmed with Covid-19 patients. I had previously been involved in work on NHS surge planning through my involvement in the UK pandemic influenza review particularly working with NHS England. In my HEPA role on the HSSG PRG Cell I picked this work up again (to be ready with draft guidance on managing an extreme surge) to help Wales NHS organisations in a situation where the number of people requiring treatment was greater than the resources available.

31. I worked on draft extreme surge guidance at various times from the beginning of Covid-19, seeking contributions from HSSG policy and professional advisers, to have draft guidance in place which could be reviewed and issued quickly, should it become necessary. Dr Heather Payne (HSSG Senior Medical Officer for Maternal and Child Health and chair of the Wales Moral and Ethical Group)

contributed to the guidance, placing emphasis on the need to consider human rights, for clinical decisions to be based on sound ethics, and to provide principles to aide good clinical decisions. I exhibited examples of draft surge guidance above at paragraph 16 (**M2BWGDG01/9 – INQ000299731** and **M2BWGDG01/10 – INQ000300254**). This guidance was drafted as a contingency and never needed to be issued.

32. As mentioned above, my third role in the CMO(W)'s Covid-19 Response Team was to chair the Covid-19 Health Countermeasures Group ("HCG"). I exhibit as **M2BWGDG01/18 – INQ000299574** the terms of reference for the HCG, dated 10 March 2020. I had discussed with the CMO(W), in an informal 1:1 discussion in late January 2020 my role in the Covid-19 response and of the need for me to co-ordinate and advise on the deployment of the HSSG national pandemic influenza countermeasures, which included PPE.
33. During the 2009 H1N1 Swine Flu Pandemic, I had coordinated the distribution of national countermeasures to NHS Wales and social care and had some experience of what was involved. At the time of Covid-19 I was also a member of the UK Clinical Countermeasures Board for the Pandemic Influenza Preparedness Program ("PIPP") which included the PPE stockpile. PIPP was aimed at providing health countermeasures capable of responding to the reasonable worst case pandemic influenza with a 50% clinical attack. PHE led the UK procurement process on behalf of the four-nations working with NHS Supply Chain (England).
34. Following the 2009 Swine Flu there had been a move towards a proportionate but precautionary approach to the UK pandemic influenza stockpile strategy. The proportionate approach meant that for some products a strategy to implement Just in Time ("JIT") replenishment, or 'top-up', at the time of a pandemic would be put in place. For example, in relation to FFP3 respirators the target volume was 80% of the requirement to be held in the stockpile and 20% in a JIT framework to be called on in the event of a pandemic.
35. The initial Just in Case ("JIC") stockpile would be sufficient to still provide for the requirements early in a pandemic influenza, until the quantities of the newly

procured JIT top up countermeasures were delivered. I exhibit, as **M2BWGDG01/19 – INQ000300003** an NHS Supply Chain report (dated July 2020) entitled “Pandemic Influenza Preparedness Programme (PIPP) Just in Time (JIT) Lessons Learned”. The report compares the change to JIC / JIT post Swine Flu and details the failure of the JIT frameworks.

36. At the beginning of Covid-19, the Wales share of the UK health countermeasures stockpile was 4.78% based on the Barnett formula. The items in the stockpile were as advised by expert groups such as DHSC’s New and Emerging Respiratory Threats Advisory Group (NERVTAG) and comprised of the items below:

- i. Consumable products including: FFP3 respirators; surgical masks; eye protection; liquid hand soap; detergent; hand hygiene (a brand of hand sanitiser); clinical waste bags; paper towels; aprons; and gloves;
- ii. Antiviral medicines to reduce severity of symptoms, antibiotics, and intravenous fluids for the treatment of influenza related secondary bacterial infections, and a range of medical consumable products; and
- iii. Needles and syringes for a pandemic influenza vaccination program.

37. At the beginning of Covid-19 HSSG had a Service Level Agreement (“SLA”) in place with NHS Wales Shared Services Partnership (“NWSSP”) in respect of the storage and distribution of national countermeasures, including PPE. I exhibit as **M2BWGDG01/20 – INQ000177448** (dated 1 April 2019) the SLA. I also exhibit as **M2BWGDG01/21 – INQ000300270** (dated 19 February 2020) an excel spreadsheet showing the Wales pandemic influenza stock holding in February 2020.

38. Through the CMO(W)’s department Health Boards were asked for information on their PPE stocks in the event of Covid-19 cases and by 5 February 2020 a stock had been established. On 12 February 2020, I met with representatives from NWSSP and others to discuss deployment of the pandemic influenza countermeasures in the response to Covid-19 and set up the HCG. I exhibit as

**M2BWGDG01/22 - INQ000298968** an email dated 12 February 2020 which provides the list of actions from that meeting.

39. I chaired meetings of the HCG with Mark Roscrow (NWSSP Program Director and now Procurement Head of Service) subsequently agreeing to be the deputy chair. For reporting purposes, HCG became a subgroup of the HSSG PRG. I exhibit (as **M2BWGDG01/23 - INQ000210806**, dated 11 March 2020) a structure chart showing the Health Countermeasures Network (which was the HCG) reporting into the HSSG PRG.
40. Core representatives on HCG initially were: NWSSP for procurement, storage, and distribution; PHW for infection control; Social Services Integration Directorate in relation to social care; and HSSG Pharmacist Adviser for medicines. Other representatives who attended later meetings included the military (advising on distribution and logistics) and the Finance Delivery Unit and Deloitte (modelling PPE demand). Administrative support to HCG was provided by HEPU and the HSSG PRG Cell who produced a sitrep slide for the HSSG PRG and HSSG PRG Cell.
41. On 6 March 2020, before the WHO announced Covid-19 to be a pandemic, advice was sent to Vaughan Gethin (Minister for Health and Social Services) seeking approval to release PPE to GP's and to NHS Wales and social care when required, which the Minister approved. I exhibit as **M2BWGDG01/24 – INQ000226927** a ministerial advice submission from me dated 6 March 2020 and cleared by Samia Edmonds (as chair of HSSG PRG).
42. On 10 March 2020 I received Ministerial approval to widen the PPE supplies to community pharmacists. I exhibit as **M2BWGDG01/25 – INQ000298992** an email (dated 10 March 2020) confirming that the Minister for Health and Social Services was content with widening the PPE to include community pharmacists.
43. At the HCG meeting on 16 March 2020 several important actions were agreed and on 17 March 2020, I sent out an email to HCG members reinforcing what had been

agreed at the meeting and stressing the importance of their delivery. I exhibit that email as **M2BWGDG01/26 – INQ000299018**.

44. Further measures were also agreed by the Minister for Health and Social Services. I exhibit as **M2BWGDG01/27 – INQ000252549** a Written Statement by the Minister for Health and Social services (dated 19 March 2020) entitled “COVID-19: Distribution of Personal Protective Equipment (PPE) to social care settings”. I exhibit as **M2BWGDG01/28 – INQ000299063** a Written Statement by the Minister (dated 25 March 2020) entitled “Personal Protective Equipment (PPE)”. These measures reflect the outcomes of discussions held in the HCG and the advice provided to the Minister at that time.
45. In the months from February to May 2020 I had daily telephone conversations with HCG members, NWSSP, the military, HSSG policy and professional advisers, UK health departments, PHE, and NHS England officials. Over that four-month period, the HCG implemented ministerial decisions and extended the distribution of PPE to other health care groups, not just for NHS Wales and social care as was envisaged when the pandemic influenza stockpile was first established.
46. In those four months, the following groups were added to receive PPE, each requiring contingency arrangements to be put into place for delivery: GPs; pharmacists; dentists; optometrists; hospices; and healthcare inspectorate Wales. PPE infection control guidance also changed, and the HCG dealt with those changes. I exhibit **M2BWGDG01/29 – INQ000299113** a Written Statement by the Minister for Health and Social services (dated 2 April 2020) entitled “Statement on PPE Guidance”.
47. The terms of reference for the HCG were revised on 19 April 2020 (agreed on 27 April 2020). I exhibit a document showing the original and revised terms of reference as **M2BWGDG01/30 – INQ000299787** (dated 19 April 2020). I also exhibit as **M2BWGDG01/31 – INQ000299789** examples of weekly reporting slides to the HSSG PRG (dated 20 April 2020 and 11 May 2020).

48. It became apparent in the early HCG meetings that, unless action was taken, the PPE in the pandemic influenza stockpile would run out. Before that situation arose, I agreed at a HCG meeting that NWSSP should use whatever PPE it held for Brexit or for business-as-usual purposes to maintain Covid-19 PPE supplies to frontline healthcare services. The increase in demand for PPE was also met through mutual aid between the four-nations, NWSSP engaging in international procurements and through offers of PPE supplies coming into Welsh Government. Ensuring that the additional PPE that was coming into Wales was fit for purpose before being issued to the NHS and social care was the responsibility of the NWSSP's Surgical Materials Testing Laboratory (SMTL) who were able to screen out products that did not afford the necessary level of protection to healthcare staff. I exhibit as **M2BWGDG01/32 – INQ000299855** (dated 14 April 2021) a press release from Audit Wales entitled "The Welsh Government and NHS Shared Services responded well in challenging circumstances to source Personal Protective Equipment".
49. In April 2020, a military liaison team was deployed to support HSSG, and I met with a senior Ministry of Defence ("MOD") officer who had agreed to lead a review of the distribution arrangement for PPE. I exhibit (as **M2BWGDG01/33 – INQ000299125**) an email dated 3 April 2020 sent to Samia Edmonds and me from the lead military officer, which encloses a report entitled "Welsh Government PPE Distribution Military Assessment Team (Mat) Report". I exhibit the report, dated 2 April 2020, as **M2BWGDG01/34 – INQ000299126**. As a result of this report further work was undertaken by the military, which was agreed by Dr Andrew Goodall (NHS Wales CEO and HSSG Director General) that resulted in the military reviewing the storage and distribution arrangements of Local Health Boards and local authorities, through their Joint Equipment Stores. Responsibility for addressing any outstanding MOD recommendations, however, fell to Professor Alan Brace who had been appointed in April 2020 as Director of PPE Supplies by Dr Andrew Goodall.
50. With Professor Brace's appointment and with PPE supplies stabilising, on 1 June 2020 I stood down (and placed on standby) the HCG. I exhibit as **M2BWGDG01/35 – INQ000299360** (dated 1 June 2010) the HCG slide from its last meeting held on

1 June 2020. I also exhibit as **M2BWGDG01/36 – INQ000299368** an email (dated 5 June 2020) sent to Professor Brace (Director of Finance / PPE Supplies) and Samia Edmonds (as Chair of the HSSG PRG) which attaches my handover note. Sir Frank Atherton (CMO(W)), Dr Andrew Goodall and Neil Surman, Deputy Director of Public Health were also recipients of the email and handover note. The handover note itself (which I exhibit as **M2BWGDG01/37 – INQ000299369**, also dated 5 June 2010) sets out what HCG had achieved and what was still outstanding.

51. NWSSP introduced regular updates of the items of PPE being deployed. I exhibit as **M2BWGDG01/38 – INQ000299776** (dated 29 May 2020) an NWSSP summary and dashboard slide that shows that between 9 March 2020 and 29 May 2020 over 126 million items of PPE had been issued to healthcare services in Wales.
52. During the time HCG operated, there was UK cooperation. At the beginning of February 2020, I contacted Gareth Thomas (of PHE) who was chair of the UK Clinical Countermeasures Board to discuss the PPE JIT frameworks. On 4 February 2020, Gareth Thomas held a teleconference with devolved governments and agreed to establish a Covid-19 subgroup of the UK Pandemic Clinical Countermeasures Board. The Covid-19 subgroup first met on 7 February 2020 via Skype. I exhibit as **M2BWGDG01/39 – INQ000300271** (dated 7 February 2020) a note of that meeting.
53. There were efforts made to consolidate UK working on PPE and twice weekly supply chain meetings were held, chaired by Alan Wathey (Head of Supply Resilience and Sustainability, DHSC) and invites to attend were extended to devolved governments. I exhibit as **M2BWGDG01/40 – INQ000299984** (dated 2 March 2020) minutes of a supply chain meeting which took place on 2 March 2020. There were also regular telephone calls between NHS Supply Chain officials and with NWSSP officials, which were discussed at the HCG meetings.
54. The Covid-19 subgroup meetings and the twice weekly supply chain meetings seemed to stop as DHSC made changes to their PPE structures and sought to formalise a UK agreement on mutual aid and sharing of PPE procurements (the

PPE Four Nations Protocol). Professor Brace (who Dr Andrew Goodall had appointed to lead on Wales PPE supplies) led for HSSG in those discussions. I did however comment on a revised draft PPE Four Nations Protocol. I exhibit as **M2BWGDG01/41 – INQ000299380** an email (dated 11 June 2023) from me to **NR** (Head of General Medical Services, who was supporting Professor Brace in his Director of PPE Supplies role) providing my comments on the revised draft PPE Four Nations Protocol.

55. In August 2020, I was asked by Dr Gillian Richardson (Deputy CMO(W)) who had been appointed to manage the Covid-19 Vaccination Program, to again pick up a health countermeasures role and co-ordinate arrangements for the deployment of health consumable products needed to support the vaccination program.

56. I established the Vaccination Consumables / PPE Group (“the VC / PPE Group”) which again included NWSSP, PHW, HSSG Pharmacy, and others including Welsh Blood Service and vaccination policy colleagues and HEPU. I chaired the VC / PPE Group, with Mark Roscrow acting as deputy chair. The VC / PPE Group reported, as a subgroup, into the Vaccination Program Board, chaired by Gillian Richardson (Deputy CMO(W)). The VC / PPE Group’s purpose was to co-ordinate Wales’ arrangements for securing and delivering products essential for the Covid-19 vaccination program. I exhibit as **M2BWGDG01/42 – INQ000299852** the terms of reference of the VC / PPE Group (dated 12 April 2021).

57. The consumable products that were needed for the vaccination program included: PPE; needles and syringes; diluent for mixing vaccines; products for the cleaning of vaccination sites; and sharps bins for the disposal of needles and collection of waste. Weekly meetings took place to review the consumable packs and respond as targets were revised and different vaccines became available. In addition, it also became necessary through the VC / PPE Group to take on delivery of one of the vaccines, which required cold chain storage and distribution that NWSSP were able to provide.

58. The first meeting of the VC / PPE Group took place on 4 August 2020. I exhibit as **M2BWGDG01/43 – INQ000299547** (dated 4 August 2020) the minutes of that



meeting. I also exhibit as **M2BWGDG01/44 – INQ000300256** (dated 17 January 2023) a note of the last meeting of the VC / PPE on 17 January 2023. The VC / PPE Group reported weekly into the Vaccination Program Board and the meetings were focused on logistics and operational delivery.

59. A key aspect of the success of the consumable's vaccination program was the regular meeting with PHE and its replacement the United Kingdom Health Securities Agency ("UKHSA") who were managing the UK consumables for the vaccination program. Through this network we were able to access the products, the appropriate training / information materials needed, and schedule the quantities and deliveries, to meet our requirements. If there were operational problems, the network of contacts that had been established attended to this issue. The needles and syringes that were in the pandemic influenza stockpile were also mostly used in the Covid-19 vaccination program.

60. As we had emerged from the first wave of Covid-19, Dr Andrew Goodall (HSSG Director General) and the CMO(W) (Sir Frank Atherton) asked Samia Edmonds (chair of the HSSG PRG Cell) and me to lead a review of the HSSG Covid-19 structure. As part of my role in the HSSG PRG Cell, I worked with Samia Edmonds and other HSSG PRG Cell members on the review. Samia and I presented the review findings to HSSG's Executive Directors, and the recommendations were agreed. I exhibit the final report as **M2BWGDG01/45 - INQ000066465** (dated 25 September 2020) which is entitled "A Review of the Health & Social Services Group Response Structure to COVID-19".

61. In July 2021 the HSSG Executive Director Contingency Group agreed to a second review of HSSG Covid-19 response structures, which again was led by Samia Edmonds and me. I exhibit as **M2BWGDG01/46 - INQ000022616** (dated 11 October 2021) the final report which is entitled "Second Review of the Health & Social Services Group Response Structure to COVID-19".

62. Progress by Executive Directors delivering on the recommendations were monitored and reports on progress featured regularly on the HSSG Executive Director Team (EDT) Contingency Group agendas. I exhibit as **M2BWGDG01/47**

- **INQ000066471** (dated October 2022) an update document entitled “Progress on recommendations for the H&SSG Reviews of the Covid Response” provided to the EDT Contingency Group.

63. The Rule 9 request has specifically asked for me to confirm whether I held any other roles within the HSSG during the specified period. I can confirm I held no other roles within HSSG during the specified period, other than those outlined above.

**Initial response to the pandemic - January to March 2020**

64. The Rule 9 request has asked when and how I first became aware of Covid-19 in my official capacity, and to set out in general terms my recollection of what happened after I first became aware of Covid-19. In response I would state that I do not recall being formally alerted to Covid-19 but in early January 2020 I was aware of the growing concerns. I did, however, receive a copy of the CMO(W)’s public health link that was issued on 31 January 2020 and arranged for it to go out to the NHS Wales emergency planning leads.

65. In late January, I also had an informal discussion with the CMO(W) about my role and the outcome of that was my focusing on deployment of the pandemic influenza stockpile, including PPE. In the period of January to March 2020, as outlined above, my involvement was with the HSSG response arrangements. I undertook a planning and co-ordination role within the CMO(W)’s Covid-19 Response Team in relation to deployment of the PPE in the national stockpile and as a member of the HSSG PRG. I was also HEPA within the HSSG PRG Cell and I chaired the HCG.

66. The Rule 9 request has asked me to explain my understanding of the Welsh Government’s initial strategy in relation to Covid-19 during January - March 2020. In response I state that I was not involved in the Welsh Government’s initial strategy in relation to Covid-19. I was aware that work on Covid-19 legislation was being undertaken at speed but was not involved in that work or sighted on it.

67. My understanding of the Welsh Government's initial response to national emergencies was to fully engage with the UK response structure, including being represented at COBR meetings and provide a national co-ordination structure as set out in the Pan Wales Response Plan (exhibited above as **M2BWGDG01/3 - INQ000107119**).
68. The Rule 9 request has asked to what extent was the concept of "herd-immunity" considered by the Welsh Government as a strategy for responding to Covid-19 during this period. In response I would state that I was not involved or aware of any Welsh Government discussions on herd-immunity during this initial period (or at any time during the Covid-19 response).
69. The Rule 9 request has asked if in my opinion, herd-immunity was an appropriate strategy to respond to the initial threat of Covid-19 (i.e. in the period January to March 2020) and whether I think this approach was adequately considered by the Welsh Government. In response I would again state that I was not involved or aware of any Welsh Government discussions on herd immunity during this initial period (or at any time during the Covid-19 response). I would say that any measures aimed at containing the spread of the virus for as long as possible would, however, seem to me to be the appropriate strategy in order to prevent illness and the health and social care services becoming overwhelmed with patients and in order to give additional time for a vaccine to be produced. I would also say that herd-immunity as a public health concept may have been considered, even if only to have discounted it.
70. The Rule 9 request has asked for my opinion on (focusing on the period between January to March 2020) whether Welsh Government appreciated the seriousness of the threat of Covid-19, and whether Welsh Government was making the necessary preparations to respond in the early stages of the pandemic. In response I would state that my involvement was within the HSSG, which did appreciate the seriousness of the situation and was making the necessary preparations.

71. In this period, the CMO(W) had set up his Covid-19 Response Team, a HSSG Health Desk was established in ECCW on 5 February 2020, the Covid-19 Health Countermeasures Group (“HCG”) held its first meeting on 12 February 2020 and the new system wide HSSG Covid-19 Planning and Response Group (“HSSG PRG”) had held its first meeting on 20 February 2020. The “Covid-19 preparedness and response: framework for the health and social care system in Wales” (“the Framework”) was issued on 18 March 2020 (exhibited above as **M2BWGDG01/8 – INQ000182426**).

72. The Rule 9 requests asks questions in relation to two events which occurred in March 2020, namely a Stereophonics concert and a Six Nations Rugby match between Scotland and Wales. I was not aware of and had no role in Welsh Government discussions as to whether those events should go ahead.

73. The Rule 9 request has asked for my views in relation to the initial lockdown of March 2020, and if I have any comments in respect of international travel during the early stages of the pandemic. I would state that I have no reason to question the lockdown strategy or the timeliness of it being implemented and was not involved in any discussions concerning that strategy. In addition, I was not involved in Welsh Government decisions regarding international travel but would have expected that the decisions made were based on the evidence available at that time.

74. The Rule 9 request has asked for me to explain whether, in my view, 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, with particular focus on whether the Welsh Government was sufficiently sighted on Scientific Advisory Group for Emergencies (“SAGE”) advice, or able to sufficiently participate in SAGE meetings, during this period. In response I state that I was not involved in the scientific and medical advice that the UK Government was sharing with Welsh Government so I cannot comment on whether the Welsh Government was curtailed or prevented from understanding the full picture.

75. I would add, however, that if the Welsh Government were not full members on SAGE, then there is a potential gap in the Wales situation not being fully reflected and taken account of, in those SAGE discussions.

76. The Rule 9 request asks for me to comment on the extent to which I believe Welsh Government decisions from January to March 2020 aligned with the UK Government, whether the Welsh Government should have made more or less decisions independently of the UK Government during this stage of the pandemic, and whether I think the Welsh Government was curtailed in any way by the decisions of the UK Government during this stage of the pandemic. I would state that in the period from January to March 2020, I was focused on health countermeasures and HSSG planning and response arrangements. I was not sighted on the outcomes from the COBR meetings that were taking place to which Welsh Government would have had senior representation on, nor was I sighted on how those decisions were dealt with by Welsh Government.

### **UK Coronavirus Action Plan**

77. I was not involved in the drafting of the UK Coronavirus Action Plan ("the Plan") but was asked to provide comments on the draft version.

78. I received a copy of the draft version of the Plan on 27 February 2020 from Gethin Jenkins (Policy Advisor at the Cabinet Office). I sent a holding response on 29 February 2020 and copied in Reg Kilpatrick (Welsh Government Covid-19 Director General), the CMO(W) (Sir Frank Atherton), Rob Orford (Chief Scientific Adviser for Health), Samia Edmonds (chair of HSSG PRG) and other officials.

79. On 29 February 2020 (shortly after I submitted my response) Neil Townley (Covid-19 Incident Team, DHSC) sent the latest draft version asking for comments and / or amendments back before noon on 1 March, in time for comments to be incorporated in a version for a COBR meeting that was to be held on 2 March 2020. I sent my response to Neil Townley at 11:15 am on 1 March 2020 and again copied in senior Welsh Government officials to my response.

80. I exhibit as **M2BWGDG01/48 – INQ000298975** (dated 1 March 2020) an email chain which displays what is discussed at paragraphs 77 – 79 of this statement. I also exhibit as **M2BWGDG01/49 – INQ000298976** (dated 1 March 2020) the draft version of the UK Coronavirus Action Plan (“the Plan”) with my comments, which I attached to the email I sent to Neil Townley on 1 March 2020.

### **Role in core decision-making and advice provided to the Welsh Government**

81. The Rule 9 request has asked me to outline any role I played in core decisions taken by the Welsh Government over the course of the pandemic, in particular core decisions concerning non-pharmaceutical interventions (NPIs) in Wales. In relation to the role(s) I played generally, I have outlined these above in this statement. To respond directly in relation to my role in NPIs, I had no role in the core decisions taken by Welsh Government over the course of the pandemic concerning the imposition of, easing of, or exceptions to NPIs in Wales.

82. The Rule 9 request asks whether I was involved in the preparation and provision of advice provided to the Welsh Government over the pandemic regarding its proposed and actual management of the pandemic. In addition, the Rule 9 request asks the extent to which I played any role, including in the provision of information, data, analysis or advice on decisions concerning the imposition of, easing of, or exceptions to various NPIs. In response to those questions, I state I had no involvement in the preparation and provision of advice to the Welsh Government regarding its proposed and actual management of the pandemic and had no role in advising or influencing the decision making in relation to the imposition of, easing of, or exceptions to NPIs.

83. I am also asked to identify any key areas which I consider worked well, and any key areas in which I consider there were issues, obstacles or missed opportunities, with regards to the lockdowns and other NPIs implemented in Wales over the course of the pandemic. As I was not involved in any discussions and decisions around lockdowns and other NPIs implemented in Wales I do not believe I would be able to provide an informed view on this.

84. In relation to my working relationship with the CMO(W) I would say that I have found the CMO(W) to be very approachable and believe that we have a good working relationship. During Covid-19, he understood that my priorities would be the pandemic influenza countermeasures and supporting the HSSG's planning and response structure. I was part of his Covid-19 Response Team and attended informal health professionals' catch-up meetings with him and other health professionals in his team.
85. In relation to engagement with the UK Government and its representatives over the pandemic I did engage with the DHSC and other devolved health departments, PHE, NHS England, and the United Kingdom Health Securities Agency ("UKHSA") during the pandemic, primarily in relation to health countermeasures.
86. I found the relationships were generally good and the contact enabled in those early months mutual aid to operate in both directions. I also engaged with the MOD who assessed and reported on Wales' PPE storage and distribution arrangements at both national and local levels, which was very helpful.
87. The engagement with UKHSA on the products to support the vaccination program was also extremely helpful and beneficial to our arrangements and success of the vaccination program. I would also acknowledge the close working relationship I had with NHS England EPRR and its Director of Resilience (National).
88. The Rule 9 request asks my view on whether the Welsh Government gave sufficient consideration in its decision-making to the impact of NPIs on at risk and vulnerable groups and those with protected characteristics considering existing inequalities, and to explain any role I played in identifying such groups / individuals and providing advice to the Welsh Government. I was not involved in the discussions or decision making concerning the impact of NPIs on at risk groups and vulnerable groups and those with protected characteristics, so I am not able to provide an informed view.
89. I am also asked my opinion in relation to lessons learned by the Welsh Government from the approaches of other countries to the pandemic. I was not aware of any

Welsh Government initiatives to learn the responses to Covid-19 of other countries so cannot offer an informed opinion on this.

### **Divergence**

90. The Rule 9 request has asked my view on the date or point in time the Welsh Government's approach began to diverge from UK Government, the factors leading to divergence, and whether the divergence came at the appropriate time. I am asked for advice / briefings I was involved in, either supporting or disagreeing with divergence relating specifically to NPIs including the use of 'firebreak' lockdowns. My response is that I was not involved in or sighted on the Welsh Government decision making process throughout Covid-19 and therefore do not feel I can offer an informed view on the questions posed.

91. I am also asked for my view on whether divergence between the Welsh Government and the other UK nations in response to Covid-19 was necessary. In my view the Welsh Government and the other three countries would have needed to have responded to Covid-19 to meet the circumstances in their respective countries at that time. The response by Welsh Government would need to take account of the Covid-19 clinical attack rate in Wales and pressures on its health and social care services at that time rather than the situation in other UK nations.

92. I am also asked to outline (i) when divergent approaches worked well in the Welsh Government's response to the pandemic, and (ii) when a different approach was taken in Wales but a four-nations approach may have worked better. I was not involved in the Welsh Government's approach and its decision making in dealing with Covid-19 cases in Wales. Where the Welsh Government did diverge, I would have expected the reason for it would have been based on the information the Welsh Government had at that time and the circumstances current in Wales at that time. On the question when a different approach was taken in Wales, would a four-nations approach have been better? From a public messaging perspective possibly, but only if the advantage of doing that outweighed the disadvantages and was based on the evidence available.



### **Public health communications**

93. The Rule 9 request requests details of the role(s) I played in the use of public communications and behavioural management in the Welsh Government's emergency response to Covid-19. I am also asked to comment on which areas of public health communications worked well, and any areas in which I assess there were issues, obstacles or missed opportunities. I had no role in public health communications in Wales in relation to the steps being taken to control the spread of the virus, transparency of messaging, the use of behavioural management and the maintenance of public confidence in Welsh Government (including the impact of any alleged breaches of rules and standards by Ministers, officials, and advisers). As I had no involvement with public communications and behavioural management with Welsh Government I do not believe I can offer an informed view or analysis of the questions posed.

### **Lessons learned**

94. I am asked by the Rule 9 request to provide my opinion on whether Welsh Government core decision-making in response to the pandemic in Wales was sufficiently robust and effective, and whether key decision-makers had adequate advice, evidence and / or data on which to base their decisions. In response to that part of the request I would state that the pandemic planning assumptions were focused on influenza and not a coronavirus pandemic and that key decision makers were reliant on the advice, data and evidence that was available at the time. In my opinion SAGE should have had a key role in informing decisions, particularly where the science is unknown, and its advice to Welsh Government and the evidence that underpinned it would have been important. If Welsh Government did not have full membership on SAGE, then there could have been a potential gap in the Wales situation not being reflected in SAGE discussions and hence ownership of its outcomes.

95. I am also asked to outline any advice and / or data which was not provided to key decision-makers, but which I feel would have been beneficial to inform the decision-making process. In my opinion in respect of PPE usage it was difficult in those early days to estimate volumes that would be needed going through Covid-19. HSSG appointed Professor Alan Brace as Director of PPE supplies in April 2020 and so recognised the issue of PPE supply and demand. NHS Finance Delivery Unit and Deloitte staff were also brought in to help with PPE demand modelling.
96. The Rule 9 request asks for my views on how to ensure key decision-making is effective in a prolonged crisis, including the relevance of decision-making structures in achieving this objective. In response I would say that during the 2009 Swine Flu pandemic, there were regular health ministerial and officials' meetings, which helped provide for a coordinated health response. I believe there is a case for establishing a planned four-nations health and social care response structure to support health coordination over a long crisis, such as a pandemic. Such a structure would need the appropriate feed in of available medical and scientific evidence and data but would provide a common recognised picture. In my opinion having a COBR response structure in itself, which devolved governments are not full members of, is not sufficient to provide the basis for effective national co-ordination, information sharing, build trust and support mutual aid across health and social care in a national emergency such as a pandemic.
97. In my opinion it is worth devolved governments being invited to be full members of SAGE, COBR and the UK Threats and Hazards Committee and have equal status on these UK contingency planning and response fora.
98. The Rule 9 request draws my attention to two HSSG reviews (one dated 25 September 2020 [INQ000022615] and a later review of October 2021 [INQ000022616]) and asks me for my views on whether Welsh Government's approach over the course of the pandemic reflected any lessons learned from decisions made at earlier stages of its response. As discussed at paragraphs 60 and 61 of this statement, I was involved in two reviews of the HSSG Covid-19

response structures. I am also aware that the recommendations from the HSSG reviews were fed into a Welsh Government corporate review led by Liz Lalley (Director Risk Resilience and Community Safety).

99. The Rule 9 request asks for information on key challenges, lessons learned and recommendations to improve a future response. I would say that the key challenge was responding to a coronavirus pandemic that hadn't been planned for, which meant that the national pandemic influenza countermeasures that we did have were insufficient for what we had to deal with. The lesson for me is the importance of getting right the National Security Risk Assessment ("NSRA"). At the time of Covid-19 we were planning for an influenza pandemic, so we were unprepared for a coronavirus pandemic. I would recommend any measure that helps restore confidence in the NSRA, particularly in relation to significant and catastrophic risks.

100. A key challenge for the four-nations was to respond quickly, flexibly and develop a range of national and UK structures and plans whether for surveillance, mass testing, lockdown, capacity planning, mass vaccination, border control etc. The lesson is a need for a greater focus on national and UK emergency plans for pandemics and other significant and catastrophic risks. There is, however, no legislation or national direction that sets the standards for national planning four-nations responses to the significant and catastrophic risks in the NSRA. The nearest we have to that approach is the 2011 UK Pandemic Influenza Strategy, which did provide for a coordinated four-nations approach to pandemic influenza planning including for national countermeasures. I think that the joined-up approach between the four-nations benefitted because the strategy was agreed by all four Health Ministers. I exhibit the UK Influenza Pandemic Preparedness Strategy 2011 as **M2BWGDG01/50 – INQ000187481** (dated 10 November 2011).

101. Covid-19 posed challenges for four-nations co-ordination not least because different parts of the country were affected differently and at different times. I do think there would be benefit in having a visible preparedness and response co-ordination structure for the four health and social services / care departments in respect of the NSRA risks. I was involved in the 2009 Swine Flu Response and

saw the benefit once the Cabinet Office arranged for regular four-nations health ministers' meetings prior to the COBR meetings.

## **Documents**

102. In relation to the documents requested by the Rule 9 request I have sought to provide key documents which I consider: answer, support or illustrate a matter addressed in this witness statement; provide important context for a matter addressed in it; or will otherwise assist the Inquiry in understanding matters I have addressed.

103. In relation to informal or private communications about the Welsh Government's response to Covid-19, I made no informal or private comments about the Welsh Government's response to Covid-19. I have made no private messages or personal emails to Ministers, senior civil servants or advisers about the Welsh Government's response to Covid-19. I was not a member of any WhatsApp groups between January 2020 and May 2022, but in November 2022 joined the NHS Wales emergency planners' WhatsApp Group.

104. I am also asked by the Rule 9 request for copies of any minutes from meetings of the CMO(W)'s Covid-19 Response Team. I do not recall receiving the minutes of these meetings.

105. The Rule 9 request also asks for documents in relation to the Covid-19 Health Countermeasures Cell. I was chair of the Covid-19 Health Countermeasures Group ("HCG") (which for reporting purposes became a subgroup of the HSSG PRG). The HCG was referenced as the Covid-19 Health Countermeasures Cell ("HCC") in the CMO(W)'s Covid-19 Response Team. I chaired meetings of the HCG on the following dates and exhibit the minutes (please note the minutes provided for 4 May 2020 are draft minutes):

- i. 12 February 2020 (exhibited as **M2BWGDG01/51 – INQ000298969**)

- ii. 17 February 2020 (exhibited as **M2BWGDG01/52 – INQ000299988**)
- iii. 24 February 2020 (exhibited as **M2BWGDG01/53 – INQ000299983**)
- iv. 9 March 2020 (exhibited as **M2BWGDG01/54 – INQ000298993**)
- v. 16 March 2020 (exhibited as **M2BWGDG01/55 – INQ000299832**)
- vi. 23 March 2020 (exhibited as **M2BWGDG01/56 – INQ000299066**)
- vii. 30 March 2020 (exhibited as **M2BWGDG01/57 – INQ000299127**)
- viii. 6 April 2020 (exhibited as **M2BWGDG01/58 – INQ000299156**)
- ix. 13 April 2020 (exhibited as **M2BWGDG01/59 – INQ000299969**)
- x. 20 April 2020 (exhibited as **M2BWGDG01/60 – INQ000299994**)
- xi. 27 April 2020 (exhibited as **M2BWGDG01/61 – INQ000299249**)
- xii. 4 May 2020 (exhibited as **M2BWGDG01/62 – INQ000299981**)
- xiii. 11 May 2020 (exhibited as **M2BWGDG01/63 – INQ000299274**)
- xiv. 18 May 2020 (exhibited as **M2BWGDG01/64 – INQ000299997**)
- xv. 26 May 2020 (exhibited as **M2BWGDG01/65 – INQ000299355**)
- xvi. 1 June 2020 (exhibited as **M2BWGDG01/66 – INQ000299785**)

### 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:

Personal Data

Dated:

19/12/23