

Tuesday, 4 July 2023

(10.00 am)

**DR ANDREW GOODALL (continued)****Questions from LEAD COUNSEL TO THE INQUIRY (continued)****MR KEITH:** Good morning, Dr Goodall.**A.** Bore da, good morning.**Q.** Could we commence, please, with the issue of the Welsh Government's corporate risk register. What are risk registers?**A.** So I would say that we have two different risk registers which are associated in this area. We would have a National Risk Register, which would be in the arena of our hazards and threats, our emergency planning and preparedness, and there would be a route for reviewing those.

We would -- we also have our corporate risk registers in the organisation, which tend to capture a much broader range of risk areas, issues which have to be addressed by the organisation. So that can include matters of workforce, matters of delivering government policy, but the running of the organisation. So I would say there's a difference between those two approaches, but we use both.

**Q.** The first one, the National Risk Register, the Inquiry has heard evidence, in the main from Cabinet Office

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**A.** (Inaudible)**Q.** There happen to be more local resilience forums in England than there are in Wales, there are only four in Wales, but that is the local risk assessment process?**A.** Yes.**Q.** Focusing on the national level, risks which present themselves to the United Kingdom and England are not necessarily the same risks that may present themselves to Wales, because you might have a particular form of threat or hazard in Wales, I don't know, a particular form of flooding or a particular locality which might be flooded, and therefore a different risk to that which may develop in relation to parts of England or the United Kingdom generally?**A.** Yes, I would agree. The broad range of risks and threats would be consistent, but of course there would be some geographical differences in the Wales context. I think because we only had -- we only have four local resilience fora, we didn't feel that we needed to really work those through, although the Wales Resilience Forum does have a programme of work that will highlight those risks that emerge. But I would agree with you that -- you know, where we are now, you know, we are introducing a Wales risk register, and it's for the very points that you say, that irrespective of health areas and

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witnesses, in Whitehall, concerned with the production and maintenance of a United Kingdom risk register which sets out a number of risks, I think there are over 100 now in the NSRA, the latest variant of the National Risk Register, and the Inquiry's also heard evidence from Scottish witnesses in relation to the maintenance of a Scottish risk assessment process.

Is there an analogue for Wales in terms of the risk register?

**A.** So we use the National Risk Register, and that would be consistent with the advice that you've had from Cabinet Office colleagues. There are risk registers which are used at the local resilience forum level and they are part of those local and regional arrangements. There is no intermediate Wales hazards and threats risk register which draws those together. The Wales risk -- Wales Resilience Forum will oversee those arrangements but we try to allow that to be focused at the local resilience fora level deliberately, with our four fora in Wales.**Q.** There are risk assessments and risk assessment plans at the local resilience forum level?**A.** Indeed, yes.**Q.** In the same way that there are risk assessment plans at the local resilience forum level in England?

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preparedness, there are some more unique issues.

For example, coal tip safety in Wales, and some of the, you know, natural resource issues as well.

**Q.** I can't recall when Scotland introduced its own Scottish risk assessment process, but on the premise that it was some time ago, has the Welsh Government specifically considered the merits of a Welsh risk assessment process over the ten or so years from the inauguration of the risk assessment process in Whitehall, which I think was 2010?**A.** I think certainly with the transfer of responsibilities in 2018, I think that was in our thinking to look to convert it, but in some respects we were not looking to, at that point, duplicate some of those UK-wide areas, because it felt that they were providing the appropriate backdrop to the hazards and threats that we were facing at that time.

In terms of our current thinking, and indeed reflecting on our own lessons and actions that we've adapted, that is absolutely part of our thinking now that we do need to represent it in that way, so there is a Wales risk register in respect of those hazards and threats under review at this moment by the current resilience team.

**Q.** You refer to thinking; is there any guidance or

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1 paperwork to which we may refer ourselves where this  
 2 issue has been specifically considered by the  
 3 Welsh Government?

4 **A.** No. I would have expected that, as we absorbed those  
 5 responsibilities in 2018, it would have formed a pattern  
 6 of work to review, not because that was being pressed at  
 7 that time, but the reality was, in 2018, our resilience  
 8 attention had just switched and we weren't able really  
 9 to discharge some of those early expectations from  
 10 sector assurance plans, so there is no documentation as  
 11 such, but I know there had been some thinking over that  
 12 previous time relying on, actually, the individual risk  
 13 assessments that came up from the local resilience fora,  
 14 and I said that was translated in document style into  
 15 the programme of work for the Wales Resilience Forum.

16 **Q.** Dr Goodall, I'm sorry to press you, you say there was  
 17 a pattern of work and thinking was done in a document  
 18 style; was a document drawn up in which the issue of --

19 **A.** No.

20 **Q.** -- a Welsh risk assessment was debated?

21 **A.** No, I'm just reflecting that there was no document at  
 22 that time.

23 **Q.** Right. In hindsight, and it must surely follow because  
 24 the Welsh Government's position now is that there is  
 25 a need for a Welsh-centric risk assessment process, that

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1 but the resilience team have actually been producing  
 2 a Wales risk register as one of our lessons learnt.

3 **Q.** Has that team made a decision on a piece of paper saying  
 4 "The time has come to seek ministerial approval for the  
 5 creation of a risk assessment process for Wales"?

6 **A.** The team has not done that, in line with your wording,  
 7 so no.

8 **Q.** So that's the first part, the National Risk Assessment  
 9 process. The second part to which you made reference is  
 10 the corporate risk register.

11 **A.** Indeed.

12 **Q.** Is that process in existence because the government, the  
 13 Welsh Government, like commercial entities and other  
 14 government bodies, is required to assess what risks may  
 15 face that particular entity, the Welsh Government, and  
 16 obliged to identify the steps that are required to  
 17 mitigate the risk to ensure that the consequences that  
 18 would normally flow from that risk developing can be  
 19 addressed?

20 **A.** Yes, in respect of Welsh Government as an organisation,  
 21 and in respect of capturing the risks and issues that  
 22 the organisation is facing itself, yes.

23 **Q.** Could we have, please, INQ000128968.  
 24 Is this the corporate risk register for the  
 25 Welsh Government in July 2014?

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1 that was an error? It should really have been done at  
 2 the time that the Transfer of Functions Order was made  
 3 in 2018, so that there would be a risk assessment  
 4 structure to which these new executive functions from  
 5 Whitehall could be attached?

6 **A.** Yes, it helps the clarity of the functions and  
 7 responsibilities that moved across, and that helps to  
 8 clarify a change from support and de facto leadership  
 9 arrangements into the co-ordination role. So, yes,  
 10 I would agree. And as I've said, you know, our current  
 11 thinking and experience and activities that are taking  
 12 place are actually looking to produce an intermediate  
 13 Wales risk register that reflects our own priorities in  
 14 Wales.

15 **Q.** You've now used, if I may respectfully suggest, another  
 16 euphemism: you're "looking to produce". Has the process  
 17 started of --

18 **A.** Yes.

19 **Q.** -- writing a risk assessment process for Wales?

20 **A.** Yeah, the resilience team is reviewing and has  
 21 instigated arrangements to look at a Wales risk  
 22 register.

23 **Q.** Has the decision been made to produce a Welsh risk  
 24 assessment process and register?

25 **A.** Those arrangements haven't been endorsed by ministers,

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1 **A.** Yes, it is.

2 **Q.** If we could go to page 5 and row P5, thank you -- so  
 3 page 6 actually.

4 P5 says "Resilience (Major Emergencies):  
 5 "If we fail to provide leadership to ensure Wales is  
 6 prepared for and resilient to the full range of national  
 7 hazards and threats, including pandemic influenza,  
 8 terrorism, major flooding, severe weather and currently  
 9 the impact of the fire fighters' industrial action, then  
 10 there is a risk to the health and well-being of the  
 11 citizens of Wales."

12 Then if we could go back up to page 6 and the bottom  
 13 half, the document sets out, does it not, mitigating  
 14 steps, so things that need to be done in order to make  
 15 sure that that risk doesn't develop into reality? And  
 16 the controls are: comprehensive governance structure;  
 17 links with responder agencies, liaison; investment in  
 18 facilities and communications; emergency contact  
 19 arrangements; the existence of a pan-Wales response  
 20 plan; ministerial agreement to strategies, in particular  
 21 the 2011 document; and Welsh Government-led pandemic  
 22 influenza group meetings.

23 So all, I suppose, the various moving parts of the  
 24 Welsh Government and what it's doing in relation to  
 25 meeting the risk of pandemic influenza.

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1 Can you tell from this document, Dr Goodall, what  
 2 the overall view was of the state of those mitigating  
 3 actions? So does the document tell you whether or not  
 4 the Welsh Government believes that it has adequately  
 5 addressed the risk by virtue of its mitigating actions?  
 6 Is there a reasonableness or a critical review of the  
 7 overall state of play in this document?  
 8 **A.** It sets out the initial assessment of the risk, which is  
 9 the score of 20, that scale runs up to a maximum of 25,  
 10 and it provides the score on the right-hand side after  
 11 those actions have been deployed, which, allowing for  
 12 the actions that are set out under the control section,  
 13 gives that a residual score of 12. So whilst they don't  
 14 read across individually and directly to that number,  
 15 they would be capturing a rounder view that there was  
 16 a sense of assurance about the actions that were taking  
 17 place at that stage, and this would have been in the  
 18 run-up to some of the Exercise Cygnus-type arrangements  
 19 at that time.  
 20 **Q.** Can you tell from the colour-coding on the right-hand  
 21 side the degree of reasonableness of the actions that  
 22 were being taken? So is this a category red, "Major  
 23 risk, impossible to mitigate", or an orange risk, which  
 24 is, "That's all right, we've identified reasonable  
 25 mitigating steps and we think the risk has now reduced",

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1 quickly and effectively so that continuity of business  
 2 critical activities is lost."  
 3 The mitigating measures are now identified as: the  
 4 existence of a "Business Continuity Plan"; in very broad  
 5 terms, the disaster recovery plans are in place; the  
 6 assertion that "Lessons are learned from disruption  
 7 events"; and the claim that "Emergency response  
 8 protocols are in place and are practised through  
 9 desk top and live exercises".  
 10 So a number of questions, please, Dr Goodall.  
 11 Firstly, why has the identification of the risk  
 12 become so much more broad and opaque by 2019? There is  
 13 no specific consideration of pandemic influenza being  
 14 a risk and therefore no specific consideration of what  
 15 mitigating measures might be necessary to meet that  
 16 risk; why was that?  
 17 **A.** Yeah. So there was a change in the development of the  
 18 corporate risk register, from the earlier version that  
 19 you've showed as part of the evidence, through to,  
 20 I think it was 2017, 2016/2017, when the risk register  
 21 had been reviewed and set out more in the context of the  
 22 specific issues that were relevant to the running and  
 23 operation of the organisation, and this disruption event  
 24 description was translated, therefore, into: could the  
 25 organisation reassure that it was able to instigate its

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1 or is there some sort of other categorisation?  
 2 **A.** No, it would be your latter description, which would be  
 3 indicating that there was a view that those mitigating  
 4 steps would have reduced the overall risk assessment  
 5 score.  
 6 **Q.** To what sort of level?  
 7 **A.** To --  
 8 **Q.** And --  
 9 **A.** -- an amber level.  
 10 **Q.** What does amber mean?  
 11 **A.** Amber means that -- need to keep it under observation,  
 12 under consideration, it's not at the highest level of  
 13 escalation for actions.  
 14 **Q.** All right.  
 15 Can we now move forward, please, to the analogous  
 16 entry for June 2019, just before the pandemic.  
 17 INQ000215558, please. If we could scroll in so that  
 18 we may read it a little more clearly.  
 19 For quarter 1, 2019 to 2020, the risk is identified  
 20 as a:  
 21 "Disruption Event, Affecting People, Places,  
 22 Finances, Communications and IT.  
 23 "If there is a significant disruption event (whether  
 24 an 'act of god' or planned attack/event) the  
 25 Welsh Government may struggle to recover its operations

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1 own arrangements, so its own internal business  
 2 continuity plans, that it was able to have disaster  
 3 recovery arrangements for IT, and became more internally  
 4 focused in respect of a smaller range of risks that were  
 5 set out in the risk register at the time.  
 6 From my personal experience, because I was the  
 7 Director General for Health and Social Services, we had  
 8 actually included pandemic flu and other health  
 9 emergencies preparedness within the context of our  
 10 group-based risk register, and I think rightly, whilst  
 11 of course that would touch on some of those internal  
 12 areas, because of our oversight of the system, we  
 13 actually did need to make sure that we were covering off  
 14 those pandemic flu risks in that arena, and they were  
 15 consistently described in there. But there was a shift  
 16 in the corporate oversight and the way in which the risk  
 17 register was put together. So this is: can we set up  
 18 the emergency co-ordinating centre? Do we have a rota  
 19 in place? Do we have our own resilience plans  
 20 internally? And looking at it for the internal  
 21 operation of the organisation.  
 22 **LADY HALLETT:** I'm sorry, Dr Goodall, I don't follow.  
 23 Wouldn't a corporate risk register always focus on the  
 24 operation and running of the business with specific  
 25 issues relating to it? I'm not following what you mean

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1 by it changed, other than it obviously did change.  
 2 **A.** It changed to look at the way in which the civil service  
 3 itself would step up in the emergency context, and also  
 4 recognising that emergency planning and response over  
 5 time had been limited to individual and almost rare  
 6 events. We'd seen a pattern of requiring our  
 7 contingencies arrangements to kick in much more often  
 8 and using our internal co-ordinating arrangements. So  
 9 there was a decision that was taken corporately  
 10 reflecting on risk register arrangements and that  
 11 decision was manoeuvred through. It was a much smaller  
 12 list of corporate risks that were held at that level.

13 **MR KEITH:** Dr Goodall, can I ask you, as you answer, please,  
 14 just to slow down a little.

15 **A.** Of course.

16 **Q.** You're going very fast for the stenographer.

17 **A.** Of course.

18 **Q.** Dr Goodall, this is a risk register for the entirety of  
 19 the Welsh Government, is it not? It is the  
 20 Welsh Government corporate risk register?

21 **A.** Yes, it's the Welsh Government risk register for the  
 22 operation of the civil service of the organisation, yes.

23 **Q.** Yes. Risk registers are meant to identify risks facing  
 24 the particular body to which the risk register relates,  
 25 namely the Welsh Government and its administration and

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1 because it was then in their risk register, nobody  
 2 outside that group would have been required to focus for  
 3 the purposes of the risk register on pandemic flu on the  
 4 part of the Welsh Government, because it was no longer  
 5 in the risk register?

6 **A.** I don't feel that represents the position, because there  
 7 was a lot of preparedness activity taking on. I know  
 8 that Cabinet received updates in 2018 and in fact had  
 9 instigated sector resilience plans from all of the  
 10 sectors in Wales, which were explicitly on pandemic flu,  
 11 and that would have reflected the seriousness and the  
 12 high level of risk associated with it.

13 But there is a danger in looking at the risk  
 14 register that whilst it covers a series of individual  
 15 areas that you would lose some of that expectation  
 16 within the organisation if you weren't able to report up  
 17 those concerns from the health group, I agree.

18 **Q.** You make, if I may respectfully suggest, a good point,  
 19 which is that of course work and preparation continues  
 20 by-the-by, but would you agree that if you take out of  
 21 a formal quasi-legal document which is designed to  
 22 ensure that the leaders of the Welsh Government focus on  
 23 the greatest risks which face the government as a whole  
 24 and the people of Wales, there will inevitably be  
 25 a tendency to take your eye off the ball, because nobody

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1 governance. Influenza pandemic was generally regarded  
 2 as the greatest risk facing the nations of the  
 3 United Kingdom; it was a Tier 1 risk in the  
 4 United Kingdom risk register. So why, if that is -- if  
 5 it is or was the greatest risk facing, generically, the  
 6 Welsh Government, was the consideration of that risk,  
 7 the detail of that risk, the proposed mitigation of the  
 8 risk, the actions required to meet that risk, downgraded  
 9 by virtue of being put into the Health and Social  
 10 Services Group risk register -- which is not the  
 11 Welsh Government, it is one part of the  
 12 Welsh Government, it is the health and social services  
 13 part of the Welsh Government -- and necessarily then  
 14 taken out of the generic corporate risk register?

15 **A.** Simply, at the time the risk register was developed to  
 16 be more generalised about the response, because of the  
 17 pattern of experiences of other events happening and the  
 18 need to step up the Wales resilience arrangements. So  
 19 that was the decision that was taken at the time in  
 20 development.

21 **Q.** Do you accept, Dr Goodall, that the inevitable  
 22 consequence of that decision was that whilst the civil  
 23 servants and ministers in the Health and Social Services  
 24 Group part of the Welsh Government would have been  
 25 thereafter focusing on the risk of pandemic influenza,

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1 is saying, "Right, what must we do? Our own risk  
 2 register says this is the greatest threat or hazard that  
 3 we face, we must focus specifically on what we're doing  
 4 to meet it"?

5 **A.** I'm concerned that it is possible that organisations  
 6 would shift their attention. I would hope that the  
 7 manner in which we continue to focus on the hazards and  
 8 threats and that risk profile in terms of the oversight  
 9 of the Wales Resilience Forum would have kept that  
 10 attention, and certainly we continued with our  
 11 preparedness activities through that period of time.

12 Of course I had the opportunity to raise any  
 13 additional concerns from the Health and Social Services  
 14 Group perspective because we were overseeing those  
 15 arrangements within the detail of those plans as well  
 16 where pandemic flu did feature.

17 **Q.** Mr Vaughan Gething, who was, firstly, Deputy Minister  
 18 for Health and then subsequently, until 13 May 2021,  
 19 Cabinet Secretary for Health, Well-being and Sport, has  
 20 provided a statement to the Inquiry in which he says  
 21 this:

22 "... preparedness was not a particular focus of  
 23 interest or concern in government, the Senedd or  
 24 outside, and I do not remember any significant  
 25 questioning on the topic either in government, the

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1 Senedd, in the media or elsewhere."  
 2 Elsewhere in his statement he says:  
 3 "... preparedness had not featured prominently  
 4 before in my work, that changed when I had a part in  
 5 Exercise Cygnus."  
 6 That would tend to suggest, Dr Goodall, that at  
 7 a high general level, whilst individual parts of the  
 8 Welsh Government were getting on with doing what they  
 9 felt they needed to do for preparing the Welsh people  
 10 for the Tier 1 risk of a pandemic influenza, there was  
 11 an absence of particular focus by the government on  
 12 preparedness; would you agree?  
 13 **A.** I know the minister was very personally involved in  
 14 Exercise Cygnus, but we would have taken some confidence  
 15 and at that point the moderated scores, but I note the  
 16 minister's statement and we would have raised those  
 17 issues with the minister if we had had significant  
 18 concern about our response and preparedness at that  
 19 time. But I know that he obviously had reflected, given  
 20 his involvement in Exercise Cygnus, about its  
 21 significance.  
 22 **Q.** Had the risk rating for disruption events, including  
 23 pandemic influenza, gone up between 2014, the first  
 24 chart we looked at, and 2019 to 2020?  
 25 **A.** The --

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1 more confidence that the arrangements were working.  
 2 That would have come back on experience of instigating  
 3 some of these arrangements, like disaster recovery, over  
 4 that previous time. So it's a lower residual score, it  
 5 was at that time showing a high level of assurance.  
 6 **LADY HALLETT:** The risk has gone down from 8 out of 25. The  
 7 state of preparedness has got better according to this  
 8 risk register.  
 9 **A.** Indeed, yes, it had dropped from 12 to 8, yes.  
 10 **MR KEITH:** Was that in part because further actions were  
 11 identified as having been -- or actions were identified  
 12 as having been put into place, a business continuity  
 13 plan, generically disaster recovery arrangements were in  
 14 place, lessons were being learned, and response  
 15 protocols were in place? Is that why the overall risk  
 16 had gone down, because those things were being done?  
 17 **A.** Yes, it was, and also, as I say, because of that broader  
 18 use of it as being the internal trigger rather than  
 19 a cross-Wales trigger.  
 20 **Q.** But the reality was different, was it not, because, as  
 21 you agreed yesterday, the major civil contingencies  
 22 planning documents, the communicable disease plan, the  
 23 2011 strategy, the Health and Social Services Group  
 24 pandemic influenza response plan, none of them had been  
 25 updated since 2014, the Transfer of Functions Order in

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1 **Q.** The overall risk rating and whether or not the risk had  
 2 been mitigated.  
 3 **A.** The overall risk score stayed at the same very high  
 4 level.  
 5 **Q.** What about the risk score after the mitigating events  
 6 are taken into account?  
 7 **A.** The mitigation score had dropped from 12 to 8 and, as  
 8 I said, we had used that more in terms of the internal  
 9 triggers for business continuity, so there was  
 10 a different assessment, but the score had gone down from  
 11 12 to 8.  
 12 **Q.** What does that mean, that the score had gone down from  
 13 12 to 8?  
 14 **A.** It means that, in respect of the mitigations and that  
 15 more general view, there was a view that those areas  
 16 would give a degree of confidence about the  
 17 responsiveness of the organisation and the triggers that  
 18 we'd utilise internally in the organisation.  
 19 **Q.** May we be clear, please, Dr Goodall. The reduction from  
 20 12 to 8 signified an appreciation or acknowledgement by  
 21 the Welsh Government that the mitigating features, the  
 22 measures it had identified to meet that risk, were no  
 23 longer as effective as they had been in 2014; their  
 24 impact had been diluted. Is that not right?  
 25 **A.** The score here would mean that there would have been

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1 2018 had taken place, but the Welsh Government did not  
 2 have the full resources, the capacity or the structural  
 3 system to be able to accommodate those changes of  
 4 executive function, not all the recommendations from  
 5 Exercise Cygnus or Taliesin had been implemented, and  
 6 the workstreams that did take place throughout 2018 and  
 7 2019 were significantly interrupted by  
 8 Operation Yellowhammer?  
 9 So how can those control or mitigation measures have  
 10 been properly advanced as a reason for mitigating the  
 11 overall risk?  
 12 **A.** Yes, in hindsight on those scores, with the experience  
 13 we went through, that residual score, despite those  
 14 broader areas, should have been higher, but it wasn't at  
 15 the time.  
 16 **Q.** But, Dr Goodall, somebody compiling or somebody in the  
 17 Welsh Government would have known when this risk  
 18 register was being compiled that those mitigation  
 19 measures were to a large extent chimera, they simply  
 20 didn't reflect the reality of the position on the  
 21 ground, did they?  
 22 **A.** I think they were genuinely reflections at the time  
 23 about the way in which we had worked through various  
 24 internal arrangements, including business continuity.  
 25 We'd had experiences around disaster recovery and it

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1 would have been demonstrating some assurance from the  
 2 teams at that time, but I obviously can't change the  
 3 score that is there at that time.

4 **Q.** Do you agree that those mitigation measures were not  
 5 accurately described in that risk register? At  
 6 quarter 1 of 2019, those mitigating measures did not  
 7 reflect the reality of the absence of work within the  
 8 Welsh Government in terms of the updating of the  
 9 planning, the guidance, the resourcing, the response to  
 10 the exercises, or the capacity to meet the Transfer of  
 11 Functions Order?

12 **A.** I think personally, in hindsight, that should have been  
 13 a higher residual score, yes.

14 **Q.** Yes. Therefore those mitigating measures identified  
 15 there are inaccurate, they were simply not an adequate  
 16 reflection of the reality?

17 **A.** They are generalised statements, but they would have  
 18 been --

19 **Q.** They are --

20 **A.** -- business continuity arrangements that were referred  
 21 to as part of that as well, but, as I said, the residual  
 22 score in hindsight should have been higher at that time,  
 23 I agree with you.

24 **Q.** Dr Goodall, they are either inaccurate or they are too  
 25 general.

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1 simply didn't have that within the coronavirus response.  
 2 But I do agree that there were a range of areas in there  
 3 which were not looking to contain mechanisms, and  
 4 therefore more focus on those non-pharmaceutical  
 5 interventions would have genuinely helped in the  
 6 response.

7 **Q.** Were all the pan-Wales or Wales-centric health emergency  
 8 pandemic influenza-related guidance documents all  
 9 similarly tainted by that strategic error? So  
 10 presumably the 2011 strategy, which was a UK document,  
 11 was looked at by the Welsh Government, which would then  
 12 rely upon it for the purposes of drawing up its  
 13 communicable disease guidance, its Health and Social  
 14 Services Group pandemic guidance, its civil  
 15 contingencies guidance, its pan-Wales response plan, and  
 16 so on, but they were all drawn, weren't they,  
 17 strategically from that original single United Kingdom  
 18 document?

19 **A.** Yes, the UK document directed and was the framework that  
 20 we all worked within. It set out the strategy, and that  
 21 would have translated through. It would have been  
 22 different with some of the arrangements like the  
 23 outbreak plan for Wales, because, given the particular  
 24 focus there, there would have been a focus on  
 25 containment rather than the pandemic flu principle,

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1 **A.** Yeah.

2 **Q.** Which is it?

3 **A.** I think they were too generalised, and that probably  
 4 gave some inappropriate assurance on arrangements in  
 5 there. Within the Health and Social Services Group  
 6 plan, we were able to highlight some of the higher level  
 7 of actions that were taking place on behalf of the  
 8 sector, and I hope that that would have mitigated some  
 9 of that in terms of the way we worked our way through  
 10 those.

11 **Q.** Briefly turning to some of those plans and the guidance,  
 12 do you agree that the 2011 strategy, the UK pandemic  
 13 influenza strategy, was not updated before the pandemic  
 14 struck, insofar as Wales was concerned, and that, as it  
 15 happened, doctrinally, strategically, it contained, as  
 16 the evidence now very plainly establishes, a number of  
 17 flaws; would you agree with that proposition?

18 **A.** I agree it wasn't updated, and I do agree, given the  
 19 emergence of novel coronavirus pandemic, that there were  
 20 a number of assumptions in there that directed us to not  
 21 plan for a range of areas, and that might have included  
 22 mass gatherings, non-pharmaceutical interventions. We  
 23 would have been reliant more in a pandemic flu response  
 24 for a series of opportunities to treat, to vaccinate, to  
 25 use antivirals, almost as an initial response, and we

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1 which was an expectation that it would get to a level of  
 2 community transmission.

3 **Q.** Therefore, because the 2011 strategy failed to recognise  
 4 through the inherent unpredictability of respiratory  
 5 viruses that there may be a non-influenza catastrophic  
 6 outbreak with different incubation periods, different  
 7 transmission levels, different viral load impact, none  
 8 of those issues or the associated countermeasures that  
 9 might have been drawn up to deal with those problems  
 10 were addressed in any -- as with Scotland -- pan-Wales  
 11 documentation?

12 **A.** Yeah, there was a strong focus on beyond the detection  
 13 and assessment stage to be able to use, in a pandemic  
 14 flu context, treatments and antivirals and to deploy  
 15 those, and that was unavailable to us with the  
 16 coronavirus pandemic.

17 On the updating of documents that you raised, we did  
 18 update the pan-Wales response plan in 2019, we updated  
 19 the health group response activation in 2019 as well,  
 20 but it would be right to say that even if we had updated  
 21 the plan back in 2018, I don't feel that those  
 22 underlying principles would have necessarily changed at  
 23 that point. Of course, even if we had updated them in  
 24 Wales, we would have updated them again because of a UK  
 25 set of changes.

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1 Q. Whatever the variants, whatever the updates, they were  
 2 still harnessed to that strategic yoke from the original  
 3 document?  
 4 A. Indeed.  
 5 Q. The inevitable consequence of all that was, wasn't it,  
 6 that in the early weeks of Covid -- and I refer now to  
 7 a statement from Mr Kilpatrick -- it became absolutely  
 8 apparent that the model which had to be drawn up from  
 9 scratch in the early days of February and March 2020  
 10 simply didn't align with the Public Health Wales  
 11 Communicable Disease Outbreak Plan, which of course was  
 12 the sole plan that Wales was relying upon for dealing  
 13 with a communicable disease outbreak? It just didn't  
 14 help them at all.  
 15 A. Yeah, the outbreak plan would have tended to have been  
 16 focused on outbreaks in a more local setting and would  
 17 tend to be discharged within the local resilience fora  
 18 setting, and obviously the translation to a national  
 19 level would have been something different.  
 20 Certainly in, you know, reviewing the infectious  
 21 diseases emergencies plan for Wales, that also was not  
 22 really focusing on the broader sort of societal issues  
 23 that were under review by the UK pandemic flu plan, and  
 24 that, equally, would have needed us to step in  
 25 differently at that kind of national level.

25

1 place, literally within 24, 48 hours.  
 2 Q. Could you describe for us, please, the width of that  
 3 exercise, how significant it was in the general pantheon  
 4 of exercises? Because it was in two parts, I think.  
 5 The first part addressed the technical and procedural  
 6 aspects of communications between local resilience  
 7 forums, the four resilience forums in Wales, and the  
 8 strategic co-ordinating centres, which deal with the  
 9 response, as opposed to planning; and the second part of  
 10 the exercise appears to have been -- and it took place  
 11 on a single day -- with examining the strategic  
 12 decision-making of the strategic co-ordinating groups.  
 13 So it appears in general terms to have been addressing  
 14 the mechanics and the working practices of that lower  
 15 level in the civil contingencies structure, the local  
 16 level. Is that a fair summary?  
 17 A. Yes, at the time I was a local health board chief  
 18 executive and would have had involvement in those  
 19 arrangements and through, you know, my organisation at  
 20 the time. But, yes, it was looking to test the  
 21 resilience of those local agency relationships and  
 22 absolutely in the context of the local resilience fora  
 23 structures as well. Of course that was up through the  
 24 co-ordination mechanisms up at the Welsh level as well.  
 25 Q. So the exercise didn't address directly the workings, in

27

1 I mean, my view is that we were using the plans as  
 2 the basis of our response, that it gave us foundations,  
 3 and certainly that would be true of the pan-Wales  
 4 response plan, but we had to adapt very quickly to the  
 5 emerging situation and with the knowledge that was  
 6 coming through very, very quickly at that time.  
 7 Q. All right.  
 8 Now, may we then turn, please, to plans -- away from  
 9 plans to exercises.  
 10 The two major exercises with which we need to be  
 11 concerned are Exercise Taliesin and Exercise Cygnus, are  
 12 we not?  
 13 Exercise Taliesin was in 2009. Was that  
 14 a Welsh Government or a United Kingdom exercise?  
 15 A. That was actually a United Kingdom exercise. We  
 16 discharged it very significantly, though, in Wales.  
 17 I actually remember being part of that exercise at the  
 18 time, because I was two years into being a chief  
 19 executive.  
 20 Q. Was that an exercise which took place contemporaneously  
 21 with the swine flu outbreak and therefore was able to  
 22 pick up some of the lessons that were learnt necessarily  
 23 from the outbreak itself?  
 24 A. Yeah, it almost immediately went into the early part of  
 25 the swine flu outbreak, as the exercise was taking

26

1 fact, of the central Welsh Government, so the workings  
 2 of the Cabinet of the First Minister or the  
 3 directorates, including Health and Social Services, or  
 4 that part of the government, but of course they were the  
 5 bodies that would receive whatever information was  
 6 coming from the local resilience forums and the  
 7 strategic co-ordinating groups?  
 8 A. Well, I would say "and". I think they were absolutely  
 9 focused on ensuring that those local resilience  
 10 arrangements worked and responder organisations were  
 11 part of it, but in the context of working in Wales, the  
 12 structures would have come together at the national  
 13 level as well, and there would have been involvement at  
 14 that time from the Health and Social Services Group, its  
 15 equivalent.  
 16 Q. Could we have, please, INQ000128976, which is the report  
 17 from that exercise. Exercise Taliesin/swine flu  
 18 structured debriefing report, it took place in the  
 19 Emergency Coordination Centre on 18 November 2009,  
 20 although there was an earlier day, as I suggested,  
 21 I think, in April where --  
 22 A. There was.  
 23 Q. -- there was an exercise from 8 till 8 in the evening  
 24 for the strategic co-ordination groups and local  
 25 resilience forums. It was prepared for the Wales

28

Resilience Partnership Team, and if we could go, please, to page 13, I think we'll find the recommendations or conclusions. If we could scroll back out, please, at the bottom of the page:

"The following conclusions are based on the issues raised at the workshop for swine flu and Exercise Taliesin ...

"In spite of pandemic flu being known as the highest risk and with considerable investment being made in recent years to ensure that the UK is prepared to cope with such an event, a number of gaps were exposed in plans which need to be addressed ahead of a more serious pandemic. These issues in particular are ..."

Then if we could -- could we scroll back out so that we can get our steps in relation to -- our bearings in relation to the particular areas: excess deaths, social care, schools and early years settings, and -- over the page -- information gathering, cultural approach based on the worst-case scenario, and overall the response to swine flu did not fully test the plans in place.

So there were some quite serious issues arising out of Exercise Taliesin on the areas which I've identified.

To what extent were those areas still the focus of concern at the time of Exercise Cygnus held in Wales for

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INQ000107136.

This is the recommendation document that came, as I've suggested, from that first part of Exercise Cygnus; when the United Kingdom adjourned or delayed its own Exercise Cygnus, Wales went ahead with its part of Cygnus in 2014. We can see that the first paragraph refers to the fact that a Tier 1 UK exercise was meant to be held in October 2014 with three phases. There were initially 11 scheduled -- local resilience fora scheduled to participate in England, but they didn't, of course, because that was put off, while Wales had all four of its local resilience forums agreeing to take part.

If we could scroll back out, please.

Strategic objectives were identified and then "Exercise Play", the workshop, is identified, and then right at the bottom of the page we can see that the main cross-government element scheduled for the week commencing 13 November was postponed.

Could we then go to page 2, please.

"Exercise Outcomes", a number of issues were raised dealing with excess deaths, so that was still an issue by the time of Exercise Cygnus, as you've just rightly acknowledged.

"Communication -- information demands and situation

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Wales alone in 2014, four years later? So were all these issues addressed or did they continue to pose concern by the time of Cygnus?

A. Yeah, whilst actions had taken place on those areas, looking at the list -- I haven't got the whole list in front of me at this stage, but there were still concerns expressed about clarity of school closure proposals, as I've already indicated that is something that would also go back to some of the founding principles of the 2011 pandemic flu strategy. The social care responsiveness and capacity in there, albeit that there would have been actions aside from emergency planning that we would have undertaken to have an understanding of capacity in social care. It's not line managed like the NHS, so it's a different flow of information. And on the excess deaths, whilst I know that there was work that took place at that time, it still seemed that with Exercise Cygnus we still needed to provide clarity, and a lot of that was around the changing assumptions or the challenge to some of the assumptions about potential deaths as well. So I think that was always a point of modelling that seemed to be asking for more assurance in the system as well, and that was repeated for Exercise Cygnus.

Q. If we look at the Cygnus recommendations, they are in

30

reporting needs to be centralised to reduce duplication ... There needs to be consistency of messaging across the board ..."

Does that mean communication in the sense of media and dealing with the public, or communication between the moving parts in the civil contingencies structure?

A. Your latter point, the moving parts of the structures.

Q. That's an important issue, is it not?

A. It's an important issue.

Q. If they don't communicate, then the system isn't likely to perform very well in terms of responding to whatever emergencies present themselves?

A. Indeed that's true, and whilst different arrangements require different data flows, yeah, the importance of having enough data but also making sure that there is enough time to be acting on the back of that evidence and data as well.

Q. Regulation we needn't be overly concerned with.

"Resources -- There needs to be a national stockpile of resources made available."

School closures, still an issue. Demands for data collection, still an issue. National pandemic flu service, one SCG, strategic co-ordinating group, expressed concern.

Then over the page, the recommendations -- sorry, at

32

the top of the page:

"Vulnerable People -- Concerns were expressed over the capacity and readiness of privately owned care homes to have robust contingency plans."

Then recommendations were made.

So is this the position, Dr Goodall: a number of features which had come out of the earlier exercise had still not been addressed by the time of Exercise Cygnus, and some of them were of considerable importance and went to the centrality of the civil contingencies health response as a whole? These were significant matters.

A. Yes, some of those would have continued, and I would say that there were activities taking place to understand and address those areas, but they continued to feature. You know, I know, for example, that we were able to take assurance back from local resilience fora on their views of being able to manage excess deaths on modelling numbers, which took place back in, I think, 2018. But I still don't feel that the work was fully completed even by that point on the back of the Cygnus recommendations.

Certainly on care home understanding of capacity, having clarity on the local government responsibilities and their local business continuity plans for homes was important, and to seek that assurance, but at the

33

been fairly limited, hadn't it, and therefore it was obviously desirable that the Welsh Government took part in the adjourned exercise in 2016?

A. Yes, I agree.

Q. The recommendations from that, insofar as Wales was concerned, were contained in a document, a Wales debrief report, at INQ000128979.

October 2016. Exercise Cygnus had taken place earlier in October 2016, so this is obviously the debrief report.

If we could go, please, just scroll through the first -- well, let's have a look at the first page.

We can see there that the references to the nature of Exercise Cygnus:

"... a Tier 1 UK pandemic flu exercise with full ministerial participation. In Wales, the Exercise began on the 14th ... continued on [the] 18th ..."

It involved, again, multi-agency groups from all four local resilience forums.

There was a -- the main exercise was on the 19th and 20th, with the CMO leading COBR officials at a meeting, leading officials at a COBR meeting, and the Cabinet Secretary for Health, Well-being and Sport, that would be Mr Vaughan Gething, and the Minister for Social Services and Public Health participating.

35

national level -- and this for me was beyond just the emergency planning response, we did need to have more understanding of simple issues like the numbers of beds available across Wales. So in my Director General role we did commission an exercise to understand that capacity, just to try and have a similar understanding to the way in which we would use some of our NHS data as well, but it was still not to full resolution, I agree.

Q. The issue of the capacity of the adult care sector to cope with the demands of a pandemic was perhaps the most significant failing identified at the time of Exercise Cygnus in 2014, was it not?

A. Yes, I would agree that that was still an area of concern.

Q. It was the most significant area of concern because it directly went to matters of life and death in the care home sector; would you agree?

A. Indeed, and it was a serious issue for local authorities and their discharge of their responsibilities, and it was important to keep that focus up. As I said, it's why we wanted to have a broader understanding of those numbers.

Q. In 2016 the delayed United Kingdom exercise took place, and it was an exercise which Wales participated in because the original Exercise Cygnus in 2014 had only

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There is then a reference to the NHS workshop on the 14th, and how the local resilience forum pandemic planning checklist and various injects were considered for the purposes of the exercise.

If we could go forward to the next page, there is a reference to countermeasures awareness workshop. Then if you would bear with me one moment, Dr Goodall.

(Pause)

We'll go straight to the recommendations page. While we wait for that to come up, is it right that the overall position was that there were -- there we are, thank you very much indeed, very sharp attention by our brilliant technician.

Page 4:

"Recommendations

"... 1 -- All organisations were asked to review their pandemic plans ...

"Recommendation 2 -- All organisations to ensure there is sufficient awareness ... of what is ... within the Welsh National Stockpile.

"Recommendation 3 -- All organisations to review their local delivery points and antiviral collection points ..."

If we could just scroll further forward one page, we will see if there were any more recommendations, and

36

1 there weren't.

2 So insofar as Wales was concerned, only a small

3 number of the recommendations from the overarching

4 exercise were relevant?

5 A. There were more recommendations than that, I think, if

6 you scroll --

7 Q. Ah, is that because the recommendations were split up --

8 A. In sections.

9 Q. By reference to particular parts of the exercise.

10 A. Particular parts.

11 Q. All right, yes, there we are, page 7. We have

12 recommendations 4 and 5.

13 I believe there were 12 in all?

14 A. There were 12 within the Welsh context. There were 22

15 obviously when the overall Exercise Cygnus

16 recommendations came through, and I would say that they

17 also remained relevant to us, of course.

18 Q. Of the 12 recommendations of the overall 22

19 recommendations, the 12 that were relevant to Wales, how

20 many of those recommendations concerned issues which had

21 still not been addressed from the earlier Taliesin

22 exercise and the earlier Cygnus exercise?

23 A. Because of our particular use of this exercise, we

24 hadn't quite gone into all of those arrangements in that

25 way, but certainly the broader Exercise Cygnus

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1 the Wales pandemic flu task and finish group about which

2 you debated the merits of -- with my Lady yesterday?

3 Was that the task and finish group that was put into

4 place to try to address such concerns as were coming

5 out -- finally out of Exercise Cygnus in 2016?

6 A. Yes, they were the practical arrangements. And

7 of course we reached out to the pandemic flu UK

8 arrangements as well and were observing in part of those

9 arrangements and participating.

10 Q. That task and finish group, as you said yesterday,

11 wasn't able to finish its work, because, although it

12 identified the tasks, it never finished them?

13 A. Also, as I said yesterday, we ended up moving our

14 resilience activity and focus on to other matters.

15 On the Exercise Cygnus arrangements, 15 of the

16 actions were completed, seven of them were still not

17 marked as complete and under consideration. I can

18 describe how on some of those measures I think that they

19 actually had more significant activity. As an example,

20 there was a draft communication strategy that had been

21 worked on and was available, but it hadn't been issued.

22 We had worked through a draft extreme surge guidance

23 plan, but at that point it wasn't issued, it was only in

24 draft and under consideration, so there were a number of

25 areas that we hadn't finalised or completed, as I said

39

1 recommendations and the 22, they would have continued to

2 show some consistent concerns that even if plans or

3 activities were taking place they still hadn't come to

4 the best outcome that would give resilience in those

5 arrangements as well. So we took the Wales

6 recommendations and drew them into the Exercise Cygnus

7 recommendations just for ease of access.

8 Q. The reality was, wasn't it, that the concerns about the

9 adult social care sector had not gone away two years

10 later, the communication issue had not gone away, but,

11 in addition, by the time of the Exercise Cygnus report

12 in 2016 there was then additional concerns being

13 expressed about countermeasures, the stockpiling; is

14 that correct?

15 A. There was a wish to understand the level of provision

16 that had been made to have assurance on those

17 countermeasure arrangements, but, as part of the Welsh

18 response at the time, we had particularly wanted to test

19 and exercise that, so it didn't mean that we didn't have

20 stocks or countermeasures in place, it was just making

21 sure that they were going to be appropriate for the

22 modelling data that was emerging through Exercise Cygnus

23 as well. So that was an intention for us to try and

24 focus particularly on those countermeasures.

25 Q. Was it at that point that the Welsh Government set up

38

1 yesterday.

2 Q. It may be thought, Dr Goodall, that in the event of

3 a disease outbreak in a pandemic, two of the most vital

4 concerns would be the ability to surge your provision of

5 health services, and a second would be your ability to

6 be able to provide adequate care and resource to

7 vulnerable people, particularly those in the

8 care sector, in order to be able to deal with the

9 terrible consequences of a pandemic.

10 It was those two areas, the surge planning and the

11 guidance and the arrangements for the protection of the

12 adult social care sector, that were not addressed by the

13 task and finish group after 2016, even though those were

14 areas which had been flagged up as long ago before as

15 Exercise Taliesin; correct?

16 A. Whilst the extreme surge guidance hadn't been issued, it

17 was available as a draft, and ultimately we were able to

18 use that when we were responding very quickly to the

19 coronavirus pandemic. But as I indicated, it wasn't

20 issued.

21 In respect of the care home resilience arrangements,

22 it was really important to maintain a focus on those

23 arrangements, absolutely, and to make sure we were able

24 to take assurance from the sectors and the systems

25 reporting in to us.

40

1 **Q.** In addition to this incomplete task and finish process,  
 2 did the Welsh Government, following something called the  
 3 Pollock review a few years before, which had been  
 4 a review specifically commissioned to address why it was  
 5 that lessons weren't being learnt from reviews and  
 6 inquiries, set up something called the Joint  
 7 Organisational Learning strategy, a body called the  
 8 Wales Learning and Development Group, and then  
 9 ultimately the Wales Pandemic Flu Preparedness Group, to  
 10 also look into why learning was not being properly put  
 11 into place following exercises?  
 12 **A.** It did do that, and it also led to the arrangements put  
 13 in place first of all with training, which had been  
 14 instigated back in 2008, but also the pattern of the  
 15 annual conferences, both generally for civil  
 16 contingencies and also for the health sector, that  
 17 allowed us to be able to draw in those mechanisms with  
 18 the organisations and the first responder arrangements  
 19 as well. So they also allowed us to have  
 20 an understanding of the focus of those activities over  
 21 that time as well.  
 22 **Q.** But that additional -- and I'm sorry, I've described it  
 23 repeatedly as labyrinthine -- process itself wasn't able  
 24 to ensure that all the recommendations and the learning  
 25 from the various exercises were put into place, was it?

41

1 **Q.** It was never updated, was it?  
 2 **A.** It wasn't, no, I do agree with that, although it had  
 3 been worked on with colleagues and experts within that  
 4 particular system, but I agree that it hadn't been  
 5 updated by that point, but there was critical care surge  
 6 guidance.  
 7 **Q.** The consideration that it was thought necessary to give  
 8 to reviewing and amending the pandemic influenza  
 9 framework for local authorities and social services  
 10 providers was never complete?  
 11 **A.** It wasn't completed, but we did, through our resilience  
 12 arrangements, take assurance from local resilience fora  
 13 on their preparedness and also from local authorities as  
 14 first responders on their arrangements. So there was  
 15 an assurance link through to whether those organisations  
 16 felt that their plans were sufficiently resilient or  
 17 robust.  
 18 **Q.** There was no national resilience structure, assurance  
 19 structure, put into place in the way that there is in  
 20 England and in respect of local resilience forums in  
 21 England, there was no national resilience standard  
 22 process put into place, a national resilience assurance  
 23 process by which local resilience forums could be  
 24 checked put into place either, was there?  
 25 **A.** There was a self-assessment process for them within the

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1 **A.** No. As I said yesterday, there were actions that were  
 2 incomplete.  
 3 **Q.** In particular, as a result of resourcing problems, we  
 4 looked at this through Sir Frank Atherton, the strategic  
 5 decision taken to await work from Whitehall before  
 6 getting on with doing work in Wales on the pandemic flu  
 7 preparedness group workstreams, and also because of the  
 8 diversion of attention away from civil contingencies  
 9 planning towards the necessary preparations for  
 10 a no-deal EU exit, those workstreams were never  
 11 completed?  
 12 **A.** Yes, you're right, and we obviously talked about  
 13 Operation Yellowhammer yesterday, and the way in which  
 14 it needed to take resources within the organisation,  
 15 although that did give us some insight into sector  
 16 resilience plans more generally as part of that process.  
 17 **Q.** Standing back, in relation to the areas of concern  
 18 expressed after Cygnus, one of the key issues during  
 19 Cygnus was, as I've suggested to you, healthcare demand,  
 20 the surge in demand for critical care, that work was  
 21 still being finalised in 2018, but it never reached  
 22 fruition, did it?  
 23 **A.** It was still in draft at that time. There had actually  
 24 been guidance issued on critical care surge earlier,  
 25 I think back in 2012.

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1 responsibilities the Welsh Government had before 2018,  
 2 before it had the legal duties. It didn't have the  
 3 performance and assurance role, but from 2018 it would  
 4 have allowed us to start discharging those assurance  
 5 roles, and there was a sector resilience assurance  
 6 exercise that was undertaken in 2018, and it was in the  
 7 context of pandemic flu.  
 8 **Q.** Was there any non-self-assessment, any external  
 9 assurance process for checking the validity, the worth,  
 10 the merit of the plans that were being put into place to  
 11 deal with a pandemic influenza?  
 12 **A.** It was generally a self-assessment process for LRFs and  
 13 also for individual organisations. We had used some  
 14 peer review examples where Welsh local resilience fora  
 15 would look at each other's progress and make  
 16 assessments.  
 17 **Q.** There was in 2018 an understanding that following the  
 18 Transfer of Functions Order there needed to be a review  
 19 generally of the civil contingencies structure in Wales;  
 20 is that correct?  
 21 **A.** Yes, I agree. We needed to understand how we were going  
 22 to properly and fully discharge those responsibilities.  
 23 **Q.** What happened to that general review of civil  
 24 contingencies following the Transfer of Functions Order?  
 25 **A.** Whilst we had done the sector resilience oversight and

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we had expanded the team with the new responsibilities coming over, our attention and activity had simply moved across to Operation Yellowhammer and the EU exit arrangements, and that meant that the resilience team was embedded in that work as well as a very large part of the organisation as well. So the discharging of those responsibilities as we intended was put on pause, even though we were using and deploying the civil contingency mechanisms for EU exit.

**Q.** The inability to carry out that review, of course, an inability which existed prior to Wales being struck by the pandemic, has been described by one of your own ministers as "extremely disappointing". You've seen the reference in Mr Kilpatrick's statement.

Even after the pandemic struck, when the review of civil contingencies in Wales took place in 2023 -- it did earlier this year, did it not --

**A.** It did.

**Q.** -- did it then become apparent that there were still flaws in the civil contingencies system, in particular in relation to leadership capacity, effective and continuous training and exercising, a system for the systematic capture of lessons from exercises, the need for an establishment of minimum standards for competency, skills, qualifications, training and

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I have three questions, Dr Goodall, and I have ten minutes, so I'll be keeping an eye on the time. Yesterday Sir Frank Atherton, when he was giving his evidence, was referred to a document which had been produced for the Health Protection Advisory Group.

For the reference that is INQ000177362.

I won't take you to that document, but I'd just like to read, first of all, what he said in evidence.

He was taken to the document and it was introduced to him as a paper prepared for the committee, that's the Health Protection Advisory Group, in July 2019, six months before the pandemic struck, and the document contained within it this statement:

"The current microbiology/infection services in Wales are fragile and are struggling to deliver on a day to day basis the prevention, early diagnosis and frontline support that professionals and the public require."

He was asked whether that was not a major concern, and he agreed it was a major concern.

I'd like to ask you about a document that you've referred to in your witness statement that you've exhibited, and if it could be brought up on the screen, please. The number is INQ000177552.

You've referred to it in your third witness

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development?

**A.** Yes, indeed. They remain the themes in those areas and that work is under way to make sure that they are resolved. There is a system that captures the lessons learned now, which is held on an all-Wales level by Public Health Wales, and that is a new introduction since 2017, but we do need to make sure that we embed those arrangements and deal with the actions as well as the culture and behaviour around those issues as well.

**Q.** So, Dr Goodall, would you agree that, given that many of those issues had been raised consistently, continuously from 2012 onwards, that is an egregious example of locking the stable door after the horse has bolted?

**A.** We've had to learn many lessons and adapt and, you know, we need to ensure that we keep addressing the issues, from our planning and also from our recent experiences as well.

**MR KEITH:** I've no further questions.

My Lady, you've given permission for three areas of questioning to be advanced by Covid-19 Bereaved Families for Justice Cymru.

**LADY HALLETT:** Thank you.

#### Questions from MS HARRIS

**MS HARRIS:** Good morning. I'm Bethan Harris. I appear on behalf of Covid-19 Bereaved Families for Justice.

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statement at paragraph 128.

Hopefully that can be brought up on the screen.

Thank you. I think it's there.

This is a ministerial advice. You see it, Dr Goodall?

**A.** Yes, I can, thank you.

**Q.** Thank you. It's addressed to the Minister for Health and Social Services. It's dated 2 September 2019: "Subject: Strengthening and improving the National Health Protection Service in Wales."

Box 1:

"What is the issue you are asking the Ministers to consider?"

"This advice summarises the current health protection challenges faced in Wales and sets out the investment needed to meet this challenge and to strengthen and improve our National Health Protection Service."

Then it goes on to refer to the actions which are being recommended, which are to increase the revenue that's necessary, and indeed we heard Sir Frank Atherton refer to the request for additional revenue in this area when he gave his evidence yesterday.

I'd like to refer you to what is stated with regards to the context, which is on the next page, if we could

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1 kindly go to that on the screen, please, headed  
 2 "Advice":  
 3 "4. Context -- What is the situation that has led  
 4 to this advice?"  
 5 First of all, the "recent terrorism incident in  
 6 Salisbury" is referred to, uncertainties caused by EU  
 7 exit, growing threat posed by antimicrobial resistance,  
 8 increased threat of high-consequence infectious disease,  
 9 such as Ebola, and then goes on to refer to:  
 10 "International and domestic events demonstrated  
 11 fragilities in all the respective national health  
 12 protection services operating within the UK, which the  
 13 responsible authorities in all four nations are seeking  
 14 to address."  
 15 Then it goes on to say:  
 16 "Response to these threats relies on the same  
 17 physical and human infrastructure which is currently  
 18 under pressure to deliver basic health protection  
 19 services. Health professionals in Wales are not  
 20 confident that they could at all times provide  
 21 an effective response to high consequence infections or  
 22 other chemical and biological threats.  
 23 "The National Health Protection Service in Wales is  
 24 fragile; and the service today is confronted by a number  
 25 of challenges. These include ..."

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1 of all, do you agree that the document that I initially  
 2 referred to, the one that Sir Frank Atherton was  
 3 referred to yesterday, and this particular document, in  
 4 September 2019, they imply that there was a very real  
 5 need to improve on infection prevention and control  
 6 services in Wales at that time in 2019?  
 7 A. Yes, I remember not just the document but the discussion  
 8 at the time. It was a very honest assessment that had  
 9 come through that group, also on the advice and  
 10 expertise of Public Health Wales, and it was really  
 11 important that we were responding to those concerns  
 12 about fragility, and the decision was made to support  
 13 that. In fact the previous year we had actually made  
 14 some additional financial investment in Public Health  
 15 Wales in this arena as well.  
 16 Q. Do you agree that, in terms of pandemic preparedness and  
 17 being prepared for the Tier 1 risk that everyone across  
 18 the UK, including in Wales, was aware of, that there  
 19 would need to be capacity to meet a significant increase  
 20 in need for infection prevention and control services?  
 21 A. Yes, indeed. I mean, the NHS faces day-to-day pressures  
 22 whilst it's discharging many activities and supporting  
 23 its communities. The day-to-day pressures of the  
 24 service, you know, would need to have some resilience  
 25 built in to be able to deal with those extra

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1 Then, first of all, it refers to UK-wide shortages  
 2 of trained staff and then:  
 3 "- laboratory estates on many sites which are no  
 4 longer fit for purpose ..."  
 5 The next bullet point:  
 6 "- the need for increased ward-based clinical  
 7 services and services in the community to support both  
 8 infection prevention and antimicrobial stewardship."  
 9 It then goes on to say:  
 10 "Although microbiology is a shortage speciality  
 11 UK wide, recruitment to Wales is particularly  
 12 challenging when the laboratory estate on many sites is  
 13 not fit for purpose, and a lack of investment in new  
 14 technologies and redeployment of scientists means  
 15 microbiologists are unable to spend time on the  
 16 frontline supporting professionals ..."  
 17 I'm going to skip the next paragraph. Then finally  
 18 that:  
 19 "Health protection professionals in Wales consider  
 20 that, adequately resourced, there is much more they  
 21 could contribute in the prevention, diagnosis and  
 22 management of infection and in guiding prudent use of  
 23 antibiotics."

24 So that, as I say, is a document that you've  
 25 exhibited, and what I'd like to ask you about is, first

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1 responsibilities as well. So yes, the existing service  
 2 was under pressure, which was why we were addressing it,  
 3 but we were also trying to build in some resilience into  
 4 the system with the investment as well.  
 5 Q. Going to what I think you are saying, and I'll ask you  
 6 to confirm, were the two or two of the main pandemic  
 7 preparedness planning documents -- I'm going to ask you  
 8 whether they actually reflect the importance of  
 9 infection control and prevention.  
 10 First of all, if you can perhaps confirm that the  
 11 Wales Framework for Managing Major Infectious Disease  
 12 Emergencies, October 2014, was one of the main  
 13 preparedness guidance documents that was current in  
 14 Wales from 2014 onwards, right up to when the pandemic  
 15 hit?  
 16 A. Yes, it would have covered responsibilities and maybe  
 17 not gone into all of the detail. Certainly the outbreak  
 18 plan for Wales would have really dealt with some of the  
 19 very specific issues in terms of discharging that on  
 20 a local level.  
 21 Q. Yes, thank you. So that's one of the documents. It's  
 22 right, isn't it, that that document, the Wales Framework  
 23 for Managing Major Infectious Disease Emergencies, you  
 24 may be familiar with its content without me needing to  
 25 take you specifically to the document, but I'd like to

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1 refer you to a passage in it, and it was indeed  
 2 a passage that was highlighted yesterday, again in  
 3 Sir Frank Atherton's evidence. Paragraph 11.1:  
 4 "All hospitals need to establish ways of caring for  
 5 large numbers of infectious patients on a scale outside  
 6 their normal experience, including those requiring high  
 7 dependency care."  
 8 So just to confirm, that document clearly recognised  
 9 the importance of infection control in the context of  
 10 being prepared for a pandemic?  
 11 **A.** Yes, I agree.  
 12 **Q.** Indeed.  
 13 The other document is the Wales Health and  
 14 Social Care Influenza Pandemic Preparedness and Response  
 15 Guidance, again another one of the major preparedness  
 16 guidance documents, 2014, that remained in force  
 17 throughout up until the pandemic hit; yes?  
 18 **A.** Yes, indeed, yeah.  
 19 **Q.** Thank you.  
 20 **A.** We'd hoped to review it in 2018, but it was the document  
 21 in 2014 that was an important response document for us,  
 22 yes.  
 23 **Q.** That one referred to the meticulous use of infection  
 24 control procedures being part of preparedness and part  
 25 of what would be needed in the event of a pandemic?

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1 proposals and plans and they would have been able to  
 2 make some local decisions on that infrastructure as  
 3 well.  
 4 **Q.** Right. So you're saying things were done, but do you  
 5 accept it wasn't enough?  
 6 **A.** When we were receiving that national protection  
 7 proposal, that was showing that we needed to invest more  
 8 and have more flexibility and capacity, yes.  
 9 **Q.** Thank you.  
 10 I'm going to just deal with a second question very  
 11 briefly, because I know that I'm running out of the time  
 12 that's allocated. Thank you for those answers.  
 13 I'd like to ask you a question on PPE, and perhaps  
 14 putting to one side matters of what the arrangements  
 15 were with regards to how much PPE was stockpiled and  
 16 what was the extent of the actual availability of PPE  
 17 that was planned and put in place.  
 18 The distribution system for accessing PPE and  
 19 distributing it, was the resilience of that system in  
 20 Wales adequately tested in advance of the pandemic?  
 21 **A.** The PPE stockpiles, where we were making sure that we  
 22 had about 15 weeks' worth of supply available, were well  
 23 tested. When we were in the coronavirus response, we  
 24 really had to utilise the excellence of the national  
 25 procurement service arrangements to change the

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1 **A.** Yes.  
 2 **Q.** That's familiar to you. Thank you.  
 3 So what I want to ask you is: do you accept that,  
 4 when we look at what we had in September 2019, in the  
 5 document I referred you to, which you've exhibited, and  
 6 we look at those documents in 2014 and what they flag up  
 7 in terms of needs, in terms of infection prevention and  
 8 control, that there just wasn't a robust enough process  
 9 of following up on what the Welsh Government's own  
 10 guidance said, that there wasn't a critical review as to  
 11 whether things were actually put in place that had been  
 12 stated in the documents?  
 13 **A.** We would have worked with individual health boards in  
 14 Wales who would have used their funding for a variety of  
 15 areas. Public Health Wales, of course, would have made  
 16 its assessment, and when it came forward with its  
 17 national plan we were very happy to support it.  
 18 I mean, certainly, and I speak from personal  
 19 experience as a local health board chief executive, we  
 20 had tried to ensure that new hospital builds were  
 21 supporting an infection control outlook, including  
 22 single room arrangements, for example, but that was not  
 23 available to all of the estates, and they were certainly  
 24 possible with new build arrangements in Wales, but we  
 25 would have worked with individual organisations on their

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1 distribution model quite quickly.  
 2 But to your question, I don't think that they were  
 3 rigorously tested. They may well have featured as part  
 4 of the procurement service's own resilience proposals.  
 5 But certainly we adapted very quickly to ensure we could  
 6 distribute the PPE at least out to the regional centres  
 7 before they needed to go through to the frontline staff  
 8 and services.  
 9 **Q.** Just finally, obviously this module is not looking at  
 10 what actually transpired and how things played out on  
 11 the ground in any detail, but do you acknowledge that  
 12 there were problems with distribution?  
 13 **A.** We ended up having to change our distribution model,  
 14 rather than to 11 centres to literally get to hundreds  
 15 of sites in matters of days, so it was a very different  
 16 response that was required at the time.  
 17 **Q.** Right. In retrospect, would it be right to say that  
 18 there hadn't been sufficient scrutiny of the resilience  
 19 of that distribution system in advance of the pandemic?  
 20 **A.** We were assured on the existing arrangements, but at the  
 21 scale, the severity and the duration of the  
 22 arrangements, we would have needed to have done more  
 23 work based on the experience that we had to the  
 24 coronavirus pandemic.  
 25 **MS HARRIS:** Thank you.

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1 Thank you, my Lady, those are my questions. Thank  
2 you very much.

3 **MR KEITH:** My Lady, I omitted to ask about one particular  
4 area which I know has been of concern to my Lady.

5 **LADY HALLETT:** The stenographer has been going for a long  
6 time. Is it important to deal with it?

7 **Further questions from LEAD COUNSEL TO THE INQUIRY**

8 **MR KEITH:** Yes, it's about the Chief Scientific Adviser  
9 system in Wales, and I wanted to ask two questions in  
10 relation to that, if I may.

11 Dr Goodall, it is this: it appears from material  
12 that the Chief Scientific Adviser for Health in Wales --  
13 a man who is actually, I think, a Mr Rob Orford --  
14 because he is concerned with being the Chief Scientific  
15 Adviser for Health is not part of the UK Chief  
16 Scientific Adviser system; and secondly, do we have it  
17 right that, for whatever reason, the Chief Scientific  
18 Adviser in Wales and the Chief Scientific Adviser for  
19 Health in Wales are not at the centre of the Welsh civil  
20 contingency structure, so they don't actually give  
21 advice on civil contingencies to the Welsh Government?  
22 Have I summarised the position correctly?

23 **A.** Yeah, you've summarised those correctly. There were  
24 some changed arrangements put in place during the  
25 pandemic itself to access those, but they were --

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1 **MS BLACKWELL:** Thank you.

2 My Lady, may we have permission to publish it,  
3 please?

4 **LADY HALLETT:** Yes.

5 **MS BLACKWELL:** Thank you.

6 We can take that down, thank you.

7 I'd like to begin by establishing through you,  
8 Dr Sandifer, the creation of Public Health Wales. It  
9 was formulated in 2009 by the Minister of Health and  
10 Social Services, following a review of public health  
11 functions undertaken in 2006; is that right?

12 **A.** That's correct.

13 **Q.** Thank you.

14 The functions of Public Health Wales are three-fold:  
15 it provides data and science-based leadership,  
16 specialising in public health expertise and  
17 co-ordination and advice, and is a delivery of key  
18 public health services; second, it works closely with  
19 public health boards, local authorities and other  
20 partners, including education and housing; and, third,  
21 it protects and improves the health and well-being and  
22 seeks to reduce health inequalities. Is that right?

23 **A.** That's correct.

24 **Q.** Thank you.

25 The structure of Public Health Wales has a senior

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1 certainly Rob, as the CSA Health, was involved in the  
2 pandemic response, but they had traditionally not been  
3 directly involved in the preparedness.

4 **MR KEITH:** Thank you.

5 **LADY HALLETT:** Thank you very much, and I shall return  
6 at 11.40.

7 **(The witness withdrew)**

8 **(11.22 am)**

9 **(A short break)**

10 **(11.40 am)**

11 **LADY HALLETT:** Ms Blackwell.

12 **MS BLACKWELL:** My Lady, may I please call  
13 Dr Quentin Sandifer OBE.

14 **DR QUENTIN SANDIFER (sworn).**

15 **Questions from COUNSEL TO THE INQUIRY**

16 **MS BLACKWELL:** Dr Sandifer, thank you very much for the  
17 assistance you've so far given to this Inquiry, and also  
18 thank you for coming to give evidence today.

19 You have prepared a witness statement which we see  
20 at INQ000192266. Your signature appears at page 83.

21 There we are.

22 You signed this statement on 27 February this year.

23 Can you confirm, please, that it's true to the best of  
24 your knowledge and belief?

25 **A.** Yes.

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1 management team that has changed in certain respects  
2 since its incorporation in 2009, but the chief executive  
3 since 2014 has operated a corporate level business  
4 executive team structure, where collective  
5 decision-making at a corporate level is a key feature,  
6 in addition to each director having clear accountability  
7 and responsibility for a specific portfolio; is that  
8 right?

9 **A.** That's correct.

10 **Q.** The second key role is that of National Director of  
11 Health Protection and Screening Services and Medical  
12 Director, a title which was previously known as  
13 the Executive Director of Public Health Services,  
14 Medical Director.

15 **A.** That's correct, and I held that latter title from  
16 October 2012 until December 2020.

17 **Q.** Thank you.

18 In your role at executive level responsibility,  
19 which we'll go into in more detail throughout the course  
20 of your evidence this morning, is it right that you have  
21 now become a consultant adviser for pandemic and  
22 international health for Public Health Wales?

23 **A.** Yes, following my retirement in December 2020,  
24 I returned in 2021 and undertook that contracted  
25 consultancy role on a part-time basis.

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1 Q. Thank you.  
 2 I want to turn for a moment to deal with the funding  
 3 of Public Health Wales, and to confirm with you, please,  
 4 Dr Sandifer, that there are two main sources of funding  
 5 for the organisation: funding from the Welsh Government  
 6 and other National Health Service Wales organisations  
 7 who provide remuneration for the provision of services  
 8 delivered by Public Health Wales?  
 9 A. That's correct.  
 10 Q. You tell us at paragraph 41 in your witness statement  
 11 that:  
 12 "In exercising its role as functions, Public Health  
 13 Wales was not held back in any way by the funding made  
 14 available by the Welsh Government."  
 15 And that, in your view:  
 16 "There are no examples of insufficient funding  
 17 curtailing the ability to fulfil Public Health Wales'  
 18 role and functions in a timely manner in relation to the  
 19 pandemic."  
 20 Is that right?  
 21 A. That's right.  
 22 Q. Public Health Wales funding increased dramatically from  
 23 2009 to 2010, when it was set at £41.5 million, to  
 24 £152.9 million by the time we reached 2019 to 2020.  
 25 What was the cause of that dramatic increase in

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1 A. Yes, it is.  
 2 Q. So as well as having health protection and microbiology  
 3 responsibilities, it also had an EPRR function, didn't  
 4 it?  
 5 A. It did.  
 6 Q. In terms of the allocation of budget for emergency  
 7 preparedness, resilience and response functions, that  
 8 increased from 2014 to 2015 and £387,000 to 2020 to  
 9 2022, £884,000. Can you explain why there was such  
 10 a dramatic increase in that part of the budget, please.  
 11 A. Yes. I think it's fair to say it's very difficult to  
 12 tease out what exactly were the financial elements  
 13 attached to EPRR, because of course EPRR is a function  
 14 delivered by the whole of the organisation, and in  
 15 particular from our health protection and microbiology  
 16 services. But I do recognise those figures, and the  
 17 reason why there was such an increase is that following  
 18 the Ebola outbreak in Wales in 2014 to 2016, and on the  
 19 back of reviews that we undertook both to our emergency  
 20 planning and business continuity arrangements, we  
 21 introduced some changes in 2017/2018 including,  
 22 for example, expansion of our emergency planning support  
 23 workforce, the appointment of a lead manager, and all of  
 24 those appointments attracted the need for further  
 25 investment.

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1 funding, and why was it made?  
 2 A. Well, the figure that you started with, the £41 million,  
 3 reflected a half year position, because the organisation  
 4 was established at the beginning of October 2009. The  
 5 full year figure, which is reflected in the 2010/2011  
 6 accounts, was around £81 million.  
 7 The principal reason for the expansion in funding  
 8 was partly as a result of some transfers of functions  
 9 that were discharged in other bodies in Wales,  
 10 transferring in to Public Health Wales, with the funding  
 11 attached to those, and also in part as a result,  
 12 likewise, of some service transfers, for example our  
 13 diabetic retinopathy service was transferred in from  
 14 a local health board into Public Health Wales and  
 15 brought with it a substantial amount of financial  
 16 resources.  
 17 Then there were some other additional investments  
 18 made by Welsh Government during the course of the  
 19 ten years, including in health protection, but also in  
 20 other areas like policy, research, international health  
 21 development.  
 22 Q. Thank you.  
 23 Can you confirm, for the purposes of the Civil  
 24 Contingencies Act of 2004, Public Health Wales is  
 25 a Category 1 responder?

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1 Q. Right.  
 2 Did you think at the time, in 2014 to 2015, that the  
 3 EPRR budget was sufficient?  
 4 A. I think Public Health Wales discharged its EPRR  
 5 functions within the resources available to it, but in  
 6 doing so, at that time, it should be said that the EPRR  
 7 function was located in our Health Protection Team, and  
 8 it is probably true to say that it was subsidised by the  
 9 Health Protection service.  
 10 Q. Well, you tell us at paragraph 196 in your witness  
 11 statement that "the health protection services in Public  
 12 Health Wales were under-powered". What did you mean by  
 13 that?  
 14 A. So that paragraph refers to our assessment of the  
 15 initial phase of the coronavirus response.  
 16 So, if I could just summarise, perhaps, to help  
 17 the Inquiry understand the pattern of investment:  
 18 between 2010 and 2019 there had been no budget cuts and  
 19 there had been an increase in both the financial  
 20 resources and the workforce in the health protection and  
 21 microbiology services, which is where most of the EPRR  
 22 functions were based and from which they were delivered.  
 23 Q. Right.  
 24 Well, just before we leave the issue of finance and  
 25 budgets, you also tell us at paragraph 78 that in

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1 February 2019 the Welsh Government confirmed additional  
 2 funding for the National Health Protection Service and  
 3 that there was £1 million capital funding in that year  
 4 to directly support the automation of the laboratory  
 5 services across Wales and £0.6 million minimum revenue  
 6 for the continued development of the Pathogen Genomics  
 7 Unit. Is that right?  
 8 **A.** That's correct, and that reflected, in fact, a series of  
 9 investments that had been made since 2014 in our health  
 10 protection and our microbiology services.  
 11 **Q.** Dr Tracey Cooper, your successor in post, tells us in  
 12 her witness statement that that funding facilitated  
 13 enhancements to the microbiology laboratory network and  
 14 infrastructure, but that those improvements were still  
 15 being made and implemented at the time of the pandemic;  
 16 do you agree with that?  
 17 **A.** If I could just gently correct, Dr Tracey Cooper's the  
 18 chief executive of Public Health Wales and had been so  
 19 since June of 2014, and remains still the chief  
 20 executive.  
 21 **Q.** Thank you.  
 22 **A.** But to your point, yes, that is correct.  
 23 **Q.** All right. She also told us that that funding was only  
 24 a part response to the need raised by Public Health  
 25 Wales for the strengthening of the health protection

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1 particularly fragile?  
 2 **A.** Yes, that fragility was created in 2015/2016 with the  
 3 retirement of a number of senior microbiologists and  
 4 difficulties that we had recruiting to those posts. And  
 5 the investment that we referred to, the fragility and  
 6 the investment we referred to, was accompanied actually  
 7 also by some internal actions we took to strengthen the  
 8 model for the delivery of microbiology at the same time.  
 9 **Q.** To what extent did Public Health Wales provide advice to  
 10 the Welsh Government on its pandemic preparedness?  
 11 **A.** So Public Health Wales has throughout its existence  
 12 provided specialist advice and direct support systems  
 13 leadership to Welsh Government and the wider health,  
 14 social care and local government system in Wales in  
 15 respect of EPRR, and so, yes, that included specific  
 16 advice to Welsh Government on its pandemic planning  
 17 arrangements, learning and development, exercising and  
 18 training.  
 19 **Q.** What level of representation did Public Health Wales  
 20 have on scientific advisory bodies such as SAGE and  
 21 NERVTAG?  
 22 **A.** So Public Health Wales has never been a member -- or at  
 23 least, I'll put it the other way around. Representation  
 24 from Public Health Wales, there has been no  
 25 representation from Public Health Wales on NERVTAG.

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1 system across Wales, so she appears to be saying -- and  
 2 please correct me if I'm wrong -- that a plea had been  
 3 made for further investment, and the investment in terms  
 4 of the laboratory services that was received was only  
 5 a part response; do you agree with that?  
 6 **A.** It was. We began our discussions with Welsh Government  
 7 in the second half of 2017 about what we regarded as the  
 8 additional investment required to strengthen our  
 9 National Health Protection Service. This also coincided  
 10 with what we believed was some necessary investment,  
 11 such as you referred to, the capital investment, in  
 12 particular technologies, molecular diagnostics and  
 13 genomics sequencing in particular. But -- and we were  
 14 grateful for the investment that we did receive, but we  
 15 had still anticipated and therefore made the case for  
 16 further investment, which then came through later  
 17 in 2019.  
 18 **Q.** Is that partly because in 2017/2018 the organisation  
 19 identified to the Welsh Government in particular the  
 20 need to strengthen the health protection system and what  
 21 Dr Cooper describes as a particularly fragile  
 22 microbiology service?  
 23 **A.** Yes.  
 24 **Q.** All right. Do you agree that at the time and before  
 25 that investment was made, the microbiology services were

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1 Likewise, we've not had a seat on SAGE pre-pandemic.  
 2 **Q.** Right. Do you think that Public Health Wales deserved  
 3 a place on NERVTAG and SAGE?  
 4 **A.** I do think that it would be beneficial for Public Health  
 5 Wales to be on NERVTAG. I recognise that SAGE is  
 6 established in specific circumstances --  
 7 **Q.** Yes.  
 8 **A.** -- and that government representation would be the most  
 9 appropriate sitting outside of government. We didn't  
 10 presume that that would include us but we would  
 11 of course always be happy to support Welsh Government  
 12 had we been asked.  
 13 **Q.** In terms of responsibility at a local level, Public  
 14 Health Wales' duties and responsibilities, and its  
 15 obligations indeed under the Civil Contingencies Act,  
 16 meant that it worked closely with local resilience fora;  
 17 is that right?  
 18 **A.** Yes, we had representation on four -- all four local  
 19 resilience fora in Wales.  
 20 **Q.** Did Public Health Wales also chair the Wales Risk Group?  
 21 **A.** We did. One -- the senior manager for our combined --  
 22 in 2017/2018, we combined our business continuity and  
 23 emergency planning arrangements. Our business -- our  
 24 manager for that service did lead that group from  
 25 January 2018 till November 2020.

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1 **Q.** What, if any, discussion was there during the meetings  
 2 of that group about the National Risk Assessment?  
 3 **A.** So what that group did is it took the National Risk  
 4 Assessment and then, with Welsh Government and with  
 5 representatives from the four local resilience fora,  
 6 considered how that risk assessment applied within Wales  
 7 and the steps and actions that should be taken,  
 8 including the inclusion of the risks in local resilience  
 9 fora, community risk registers.  
 10 **Q.** Did that also involve an assessment of any gaps in  
 11 preparedness that might exist at the local level?  
 12 **A.** We also, as I've already said, had representation at the  
 13 local level, and our representation at the local level  
 14 included liaising with each of the local resilience fora  
 15 about their assessed risks and advising them  
 16 accordingly.  
 17 **Q.** So how did Public Health Wales have the necessary  
 18 arrangements in place to effectively support and enable  
 19 the local resilience fora to make their own rapid and  
 20 effective responses to the pandemic when it struck?  
 21 **A.** So Public Health Wales' Health Protection Team, together  
 22 with the microbiology service, used our emergency  
 23 response plan as the basis for our initial response to  
 24 the pandemic in 2020, and in doing so we were aware that  
 25 the local resilience fora in turn were standing up their

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1 responsibilities, I'd now like to look at some of the  
 2 plans that were in place over the course of the Module 1  
 3 time period.  
 4 First of all, please, can we look at INQ000089558,  
 5 which is the Public Health Wales Emergency Response  
 6 Plan.  
 7 We can see that this version is version 2, created  
 8 in September of 2018, and if we go to page 2, please, we  
 9 can see that under the heading "Sponsoring Executive",  
 10 you appear as the sponsoring executive.  
 11 What does that mean in terms of this particular  
 12 document?  
 13 **A.** What that means is that, as the executive lead for  
 14 public health emergency planning in Wales, this document  
 15 was endorsed by me and commended by myself to our board  
 16 for consideration.  
 17 **Q.** What was the purpose of this document? How was it  
 18 intended to be used?  
 19 **A.** So this document, as it says at the top, provides the  
 20 specific arrangements for our strategic and tactical  
 21 response to emergencies, incidents and outbreaks.  
 22 It's the top level document of a suite of documents  
 23 also that sit with this. It is an internal document,  
 24 but it has been written very much in the spirit of the  
 25 Civil Contingencies Act, was shared with and therefore

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1 strategic co-ordinating groups, as it appropriate, as  
 2 a response.  
 3 **Q.** What is the Wales Resilience Forum and how does Public  
 4 Health Wales contribute to that?  
 5 **A.** Wales Resilience Forum is a structure within  
 6 Welsh Government that is chaired by the First Minister  
 7 and includes representation from all multi-agency  
 8 partners at a strategic level to consider the risks  
 9 across the piece, so not confined only to health, and  
 10 I represented Public Health Wales as a member of that  
 11 group.  
 12 **Q.** How does that sit with the Wales Resilience Partnership  
 13 Team?  
 14 **A.** The Wales Resilience Partnership Team was a group  
 15 underneath the Wales resilience fora, in part providing  
 16 secretariat functions, and in part tasked with the  
 17 operationalisation of some of the activities that had  
 18 been discussed at the Wales Resilience Forum.  
 19 **Q.** Did you also sit on the Wales Resilience Partnership  
 20 Team?  
 21 **A.** I didn't, but our emergency planning and business  
 22 continuity manager did.  
 23 **Q.** Right, thank you.  
 24 All right, now having established the body that  
 25 Public Health Wales became in 2009 and its functions and

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1 deliberately made known to our local resilience fora  
 2 partners.  
 3 **Q.** So they had access to this?  
 4 **A.** They and Welsh Government had access to this document.  
 5 **Q.** Thank you.  
 6 Can we go to page 9, please, and look at  
 7 paragraph 1.1. Thank you. We can see here under the  
 8 heading "Introduction" that:  
 9 "The Public Health Wales Emergency Response Plan  
 10 details the organisation's response arrangements to any  
 11 emergency, incident or outbreak that impacts on, or  
 12 requires the mobilisation of, public health resources  
 13 and capabilities. The Emergency Response Plan provides  
 14 a framework to establish, create and improve  
 15 resilience."  
 16 Did this document replace an earlier iteration, and  
 17 if so, when was that first created, please?  
 18 **A.** So this document replaced an earlier version which had  
 19 been approved by our board in November 2016, and indeed  
 20 it was about the fifth -- I'd have to just remind  
 21 myself, we had a plan in 2009, 2012, 2014, 2016 and,  
 22 yes, this would have been the fifth iteration of the  
 23 plan in 2018.  
 24 **Q.** It wasn't updated, was it, until 2022, I think?  
 25 **A.** That's simply because events overtook us. At the

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1 beginning of 2020, which is -- I mean, we review our  
2 plans annually anyway. The plan was still, we  
3 considered, relevant at the beginning of the outbreak of  
4 the pandemic, but we, during the course of the pandemic,  
5 recognised that the plan would need updating and at the  
6 earliest appropriate time we did so.

7 **Q.** Thank you.

8 Can we go to page 10, please, and have a look at the  
9 roles and responsibilities. We can see that, third row  
10 from the bottom -- can we just scroll out, please, here  
11 we are:

12 "Facilitate epidemiological follow-up of affected  
13 populations and communities as necessary."

14 To what extent did Public Health Wales achieve this?  
15 What was this intended to represent?

16 **A.** So in an incident, an emergency, particularly in  
17 an outbreak, what we always sought to do was to assess  
18 the impact of that on the populations affected. We did  
19 this during the Covid response, a wide range of  
20 assessments were undertaken, including epidemiological  
21 assessment. But an example would be: had there been  
22 a chemical release from a factory with a cloud of gas  
23 discharged and floating over a local population, we  
24 would follow -- after that event had been resolved, we  
25 might well follow up with the affected population to see

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1 **A.** It has, yes.

2 **Q.** And it was -- it involved the CMO, the Chief Medical  
3 Officer for Wales, but you tell us in your witness  
4 statement that there was a period of abeyance of the  
5 group before it was re-established in May of 2018. Why  
6 was the group put into abeyance, which required it to be  
7 re-established in May of 2018?

8 **A.** So the group is a non-statutory advisory group to the  
9 Chief Medical Officer, and in 2014 the then Chief  
10 Medical Officer retired and the group therefore ceased  
11 to meet. The current Chief Medical Officer came into  
12 post later in the year, and then, at the beginning of  
13 2018, he decided that he would like to re-establish the  
14 group.

15 **Q.** What was the involvement of Public Health Wales in that  
16 group?

17 **A.** Public Health Wales has always been a member of the  
18 Health Protection Advisory Group.

19 **Q.** To what extent was pandemic preparedness discussed  
20 during those group meetings?

21 **A.** So, the group looked at the whole breadth of public  
22 health threats and hazards, and Public Health Wales  
23 advised and supported the group, for example by  
24 preparing technical documents and papers for it to  
25 consider, and influenza pandemic preparedness had been

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1 if there had been any longer term impact.

2 **Q.** Do you agree that within this document, the EPRR  
3 information largely focuses on command and control  
4 measures and doesn't include any specific detail on how  
5 to handle a coronavirus outbreak, and it doesn't go into  
6 any plan for non-pharmaceutical interventions?

7 **A.** So I think I should explain that this plan, which is  
8 an all-hazards plan, it's a generic plan, was written in  
9 the context of Public Health Wales as a Category 1  
10 responder, being able to demonstrate that it was  
11 fulfilling the requirements of the Civil Contingencies  
12 Act and the duties and responsibilities, including  
13 statutory and non-statutory guidance, and that is how  
14 this document has been written.

15 **Q.** So is your answer that you wouldn't have expected that  
16 level of detail to be involved or incorporated into  
17 a document such as this?

18 **A.** I would expect that information to be in other  
19 documents.

20 **Q.** Right. Well, we'll move to look at other documents in  
21 a moment. But before we do -- we can take that down,  
22 please -- I would like to ask you about the Health  
23 Protection Advisory Group. That is a group that had  
24 been or indeed has been in existence for many years,  
25 hasn't it?

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1 one of the subjects of discussion in the group.

2 **Q.** What was discussed about it?

3 **A.** So we had been aware that in 2016, or 2014, as has been  
4 discussed already, there had been an exercise in Wales  
5 and that there had also been an exercise at the UK level  
6 that Wales had participated in, and that had generated  
7 recommendations and outputs which needed to be followed  
8 through.

9 **Q.** So did Public Health Wales become involved with the  
10 recommendations that fell out of Exercise Cygnus and the  
11 other exercises that ran before that, which we'll turn  
12 to look at in a moment?

13 **A.** So when Exercise Cygnus took place, Public Health Wales  
14 had two representatives observing. When the report was  
15 published in July of 2017, we obviously received a copy  
16 of that report and, as was shown yesterday, a Wales  
17 influenza pandemic preparedness group was convened,  
18 meeting first in September that year, and Public Health  
19 Wales was represented on that group.

20 **Q.** All right. Well, we'll come to look at that in  
21 a moment.

22 Before we do, let's just have a look at a set of  
23 meetings from this group, from 17 December of 2019, when  
24 the Health Protection Advisory Group met, and we can see  
25 from the first page that Public Health Wales were

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1 represented by Andrew Jones.  
 2 You sent your apologies for that meeting. We can  
 3 see that halfway down the page. But no doubt you will  
 4 have been filled in by -- what took place during the  
 5 course of the meeting and any recommendations that came  
 6 out of it?  
 7 **A.** Yes, I was on annual leave. Andrew Jones is my deputy.  
 8 **Q.** Thank you.  
 9 Can we go to page 4, please, of these meeting notes,  
 10 and look at paragraph 5.2. Thank you.  
 11 We can see that the:  
 12 "CMO acknowledged [that] there were significant  
 13 questions around the preparedness of NHS Wales to deal  
 14 with a similar situation and to be able to manage  
 15 an infected case at one of our acute hospitals for at  
 16 least 24hrs. It was agreed that whilst a key work  
 17 stream of strengthening the National Health Protection  
 18 Service would look at an all-Wales system for dealing  
 19 with high consequence infections more urgent action was  
 20 necessary to provide reassurance."  
 21 To what does this relate, please?  
 22 **A.** So this relates to discussions that were taking place at  
 23 the time about the development of a high-consequence  
 24 infectious diseases unit in Wales.  
 25 **Q.** Yes.

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1 If we turn to page 2, please, we can see in the top  
 2 third of the page that again you are the sponsoring  
 3 executive, as the executive director of public health  
 4 services, and medical director.  
 5 Can you tell us when this group was established and  
 6 what the purpose was for the group being brought into  
 7 force?  
 8 **A.** So the group was established in August 2018. The story  
 9 behind it is we had conducted a review of our business  
 10 continuity arrangements in 2016, and that review had  
 11 recommended that we should bring together our business  
 12 continuity and emergency planning arrangements under the  
 13 leadership of a single executive. They were at that  
 14 time under different executives within Public Health  
 15 Wales.  
 16 It also recommended that we should establish the  
 17 role of the business continuity -- sorry, the  
 18 executive -- the emergency planning and business  
 19 continuity lead, the manager that I have already  
 20 referred to.  
 21 **Q.** Yes.  
 22 **A.** So all of that was accepted in 2017, and in 2017 we  
 23 brought -- started to bring these entities together, and  
 24 that was finally completed and formalised in the first  
 25 half of 2018.

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1 **A.** At that time, it was necessary for any patient that had  
 2 a high-consequence infectious disease to be transferred  
 3 to a designated unit in England.  
 4 **Q.** Yes. Right. Well, if we look at the bottom of this  
 5 paragraph, we can see that action 23 was for the:  
 6 "CMO to write to health boards, [Public Health  
 7 Wales] and WAST requesting their plan/pathway for  
 8 dealing with a high consequence infectious disease  
 9 (deadline for [which was] March 2020)."  
 10 Do you know whether or not that was done?  
 11 **A.** So in January 2020, as it became clear to us in Public  
 12 Health Wales the novel coronavirus represented a very  
 13 serious threat, we as an organisation entered into  
 14 discussions with Welsh Government and -- with one of our  
 15 local health boards, to discuss how we could establish  
 16 very quickly a high-consequence infectious disease unit  
 17 at that hospital, in advance of and in readiness for  
 18 potential patients if novel coronavirus came to Wales.  
 19 **Q.** We can take that down now, please.  
 20 I would like to look at the Emergency Planning and  
 21 Business Continuity Group and look at the terms of  
 22 reference for this group which are at INQ000089648.  
 23 Thank you.  
 24 We can see that's the front page there. These are  
 25 the terms of reference.

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1 **Q.** If we look at the bottom part of this page, we can see  
 2 that under the heading "Updates and amendments" that  
 3 there is a blank table. Has this document, these terms  
 4 of reference, ever been updated or amended?  
 5 **A.** I don't know the answer to that question to the current  
 6 time.  
 7 **Q.** All right. Well, if we need to establish the answer for  
 8 that, then we will formally ask.  
 9 Is it right that the Emergency Planning and Business  
 10 Continuity Team was steered by the local resilience  
 11 forum?  
 12 **A.** The Emergency Planning and Business Continuity Team  
 13 effectively provided the operational leadership for the  
 14 implementation of the emergency preparedness planning  
 15 and response arrangements of Public Health Wales, and  
 16 that necessitated engagement with a wide range of  
 17 partners, Welsh Government, local government, the health  
 18 boards, the local resilience fora.  
 19 **Q.** Well, let's look at the Emergency Planning and Business  
 20 Continuity Work Plan, please, 2018 to 2020, which we can  
 21 see at INQ000183523. Was this document the work plan  
 22 for the group?  
 23 **A.** It was.  
 24 **Q.** You sponsored this document as well, didn't you?  
 25 **A.** I did.

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1 Q. Which was approved in July of 2019.  
 2 Could we look at page 2, please. Thank you.  
 3 We can see at the top that:  
 4 "[The] document outlines the Emergency Planning and  
 5 Business Continuity actions for [the time period]. The  
 6 actions address the legal requirements on Public Health  
 7 Wales in its role as a Category 1 responder ..."  
 8 Can we go to page 9, please.  
 9 We can see it that this sets out the emergency  
 10 planning activity under the integrated emergency  
 11 management system, and if we could just scroll through  
 12 the next few pages we can see that there are the six  
 13 phases that we've seen before.  
 14 Thank you, if we can carry on.  
 15 Ending with -- next page, please -- response and  
 16 recovery.  
 17 There are no references to pandemic or influenza in  
 18 this document, although there are references to bomb  
 19 threats and Brexit health and other such matters. Do  
 20 you agree with that?  
 21 A. I do agree with that.  
 22 Q. Why were references to the threats or hazards of  
 23 pandemic influenza and matters of that nature not  
 24 contained within this document?  
 25 A. So the reason why Brexit was included, because it was

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1 it deserve a mention in this document?  
 2 A. In hindsight, yes, I can see that it could, but at the  
 3 time, having just established this group, we didn't  
 4 include it.  
 5 Q. Does the fact that it's not included demonstrate that  
 6 pandemic influenza was not in the forefront of the mind  
 7 of Public Health Wales and other organisations who were  
 8 involved in the creation of this document?  
 9 A. No, I don't agree with that. As I prefaced my previous  
 10 answer, Public Health Wales has had a full and active  
 11 involvement in support of and advising Welsh Government  
 12 and partners in the development of our pandemic  
 13 influenza plans.  
 14 Q. Public Health Wales did sit on the Wales Pandemic Flu  
 15 Preparedness Group, didn't it?  
 16 A. It did.  
 17 Q. I'd like to look now, please, at a set of minutes from  
 18 the meeting of that group in January of 2018.  
 19 We have them at INQ000187219. Thank you.  
 20 Now, we can see who was present. David Goulding,  
 21 who was the Welsh Government health emergency planning  
 22 adviser, and other members of the Welsh Government, and  
 23 then we know that Public Health Wales was present,  
 24 although the name of the person attending has been  
 25 redacted. So that wasn't you on this occasion?

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1 a live issue at the time. Pandemic influenza was not  
 2 included because we were having -- those were set out in  
 3 the other documents, that no doubt we will come to, the  
 4 documents that have already been referred to, and that  
 5 this therefore took a strategic approach to how we  
 6 discharged our responsibilities under the Civil  
 7 Contingencies Act in respect of any incident, outbreak  
 8 or emergency that might take place. But it didn't  
 9 explicitly refer to the development of pandemic  
 10 influenza planning.  
 11 Q. Were you aware when you sponsored this document that the  
 12 National Risk Assessment had assessed the hazard of  
 13 pandemic influenza as being at the first tier, so it  
 14 created the most serious threat?  
 15 A. Yes, we did.  
 16 Q. So do you still say that it wasn't necessary or  
 17 appropriate for it to be mentioned in this work plan for  
 18 emergency planning?  
 19 A. As I say, we recognised that pandemic influenza was at  
 20 the top of the National Risk Assessment and we were  
 21 fully engaged throughout the period of Module 1 in  
 22 direct discussions with Welsh Government and with our  
 23 local resilience fora to prepare and respond to  
 24 influenza pandemic.  
 25 Q. But that's not really an answer to the question. Didn't

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1 A. No, it wasn't, but I do know who it was.  
 2 Q. All right. Well, perhaps that doesn't matter, and if it  
 3 does we'll come back to it.  
 4 Could we have a look, please, at the second  
 5 paragraph, which is I think on page 2. Thank you. Here  
 6 we see under the heading "UK Pandemic Flu Review and  
 7 Work Plan":  
 8 "DG discussed the PFRB High Level Work Plan,  
 9 advising that the Review Board had agreed to extend the  
 10 time period into a second year to address ongoing  
 11 deliverables. [He] asked if there were any questions  
 12 regarding the Work Plan, none were asked and added that  
 13 the next UK Pandemic Flu Readiness Board would meet at  
 14 the end of February. WP alluded to the difficult  
 15 timescales for some areas being set centrally.  
 16 "The meeting discussed the importance of operational  
 17 delivery, through the UK review some key pandemic  
 18 influenza strategic policies and guidance are updated  
 19 notably the UK Pandemic Influenza Framework 2011 and the  
 20 Cabinet Office Pandemic Influenza Guidance to LRFs."  
 21 Now, is it right that three of the four LRFs were  
 22 not in attendance at this meeting?  
 23 A. You would have to re-show the first page for me to be  
 24 certain.  
 25 Q. All right. Can we go back to that, please. At the

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1 bottom paragraph here we can see:  
 2 "It was noted with disappointment that three of the  
 3 four LRF Chairs" --  
 4 A. Yes.  
 5 Q. -- "were not in attendance. WP confirmed that the LRF  
 6 chairs had been invited and that no apologies had been  
 7 received from them. Reference was made to LRF  
 8 engagement with being taken forward by the DCLG in  
 9 England and the need for Welsh Government to also engage  
 10 with the LRFs in Wales. DG emphasised the importance of  
 11 having the LRF chairs on the group and asked that this  
 12 be re-enforced with them."  
 13 Does this chime with any concern that you had about  
 14 the engagement of LRFs in this particular group?  
 15 A. Until I saw these minutes recently, I had not remembered  
 16 that only one of the four LRFs had been in attendance.  
 17 My memory of our LRFs is that they were active and full  
 18 participants in pandemic flu preparedness, and I've  
 19 noted which health board was in attendance. So I share  
 20 this disappointment of the chair, and fully agree with  
 21 his sentiment that they should be reminded of the  
 22 importance of attending.  
 23 Q. But was this a common theme?  
 24 A. No.  
 25 Q. Was this a problem, that the LRFs were not engaged in

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1 particularly in the area of critical care. I wasn't  
 2 familiar with the detail of the progress with the  
 3 social care surge planning.  
 4 Q. All right. We can take that down, please.  
 5 The Wales Health and Social Care Influenza Pandemic  
 6 Preparedness and Response Guidance we see at  
 7 INQ000089573.  
 8 This was issued, as we see, by the Welsh Government  
 9 Department of Social Services, Health Emergency  
 10 Preparedness Unit in February of 2014, and this was  
 11 really the Welsh response to the United Kingdom 2011  
 12 guidance, wasn't it?  
 13 A. It was.  
 14 Q. Yes. You will be familiar with this document,  
 15 Dr Sandifer?  
 16 A. Yes.  
 17 Q. Yes, and you can confirm then, without us having to go  
 18 into the detail of it, that in general terms it relied  
 19 upon the planning assumptions that had been established  
 20 in the UK 2011 document?  
 21 A. Yes.  
 22 Q. All right.  
 23 This guidance deals with stockpiles of a range of  
 24 consumable products, including eyewear, aprons, gowns  
 25 and gloves. We don't see that level of detail in the UK

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1 this particular group?  
 2 A. No, as I said at the preface to the last answer, my  
 3 experience was that the LRFs were active participants  
 4 with us in all areas of emergency planning and response,  
 5 including pandemic flu.  
 6 Q. Is your recollection at the time that these meetings  
 7 were taking place -- and these minutes, I remind us,  
 8 were at January of 2018 -- that the Wales Pandemic Flu  
 9 Preparedness Group was an effective group?  
 10 A. The ... so I was aware that there were a range of  
 11 workstreams which had made limited progress, as has been  
 12 discussed already.  
 13 Q. All right. Well, I'd like to look, please, again at  
 14 page 2 and at paragraph 3, and the first paragraph  
 15 there:  
 16 "WP advised that it was the perception at a UK level  
 17 that Wales and other devolved governments are lagging  
 18 slightly behind England in some areas such as  
 19 legislation and health and social care surge planning  
 20 due to a lack of resource."  
 21 Were you aware of that at this time?  
 22 A. I was, and I recognise those issues.  
 23 Q. All right. What was done about it?  
 24 A. So, as I understand it, Welsh Government were  
 25 undertaking work on healthcare surge planning,

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1 document. Did Public Health Wales have any involvement  
 2 in providing the additional guidance in relation to  
 3 those particular areas of stockpile?  
 4 A. So the Welsh Government led on countermeasures  
 5 stockpiling, including PPE. Our infection prevention  
 6 control lead did occasionally provide advice to  
 7 Welsh Government if any specific questions were raised,  
 8 but we had no other direct involvement.  
 9 Q. Could we go to page 13 of this document, please.  
 10 Thank you.  
 11 Now, we can see here the co-ordination arrangements  
 12 for major infectious disease emergencies in Wales. If  
 13 we familiarise ourselves with this, we've got the  
 14 National Security Council at the top, SAGE to the right.  
 15 Then, going from left to right on the second level, the  
 16 Department of Health organisations and the devolved  
 17 administration health departments. In the middle we've  
 18 got the Wales Civil Contingencies Committee and the  
 19 DH&SS Health Response Team, and to the right the  
 20 strategic co-ordination groups.  
 21 Then on the third tier, left to right, we have the  
 22 health boards, the NHS trusts and there, in the  
 23 right-hand corner at the bottom, Public Health Wales.  
 24 Now, is that co-ordination arrangement familiar to  
 25 you?

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1 A. It is.  
 2 Q. There would appear from this chart to be no direct  
 3 contact or line of contact between Public Health Wales  
 4 and, for instance, the SAGE group that we see at the top  
 5 right-hand corner. Do you think there should have been?  
 6 A. So, as I said earlier, no, there was no direct  
 7 connection between us and SAGE. We expected that  
 8 Welsh Government would be invited to join SAGE at both  
 9 ministerial and official level, and if it was thought  
 10 appropriate by Welsh Government for Public Health Wales  
 11 representation in support of their minister or  
 12 officials, then we would have been pleased to provide  
 13 that.  
 14 Q. All right.  
 15 Could we go to page 31, please.  
 16 Now, in relation to community care, we can see that  
 17 the guidance here is that:  
 18 "As demand for hospital care increases, patients  
 19 discharged home may require a greater level of care than  
 20 they would do normally. Social and community care  
 21 services may face particular challenges that  
 22 include ..."  
 23 There are a series of bullet points there.  
 24 Just moving down below the bullet points:  
 25 "Care of individuals in the community therefore

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1 where we would have locked down a whole society or,  
 2 indeed, a whole country in the way that we did in  
 3 March 2020. Of course self-isolation of individuals or  
 4 perhaps a family unit, or quarantine of a small defined  
 5 population, are established principles in public health  
 6 infectious disease control. But lockdowns took us into  
 7 completely uncharted territory.  
 8 Q. But there's nothing in this document about any social  
 9 distancing measures of any severity, from mixing with  
 10 people within your community and that being restricted  
 11 to the other end of the spectrum, which is lockdown; is  
 12 that a mistake?  
 13 A. I would expect our health boards, working through their  
 14 local resilience fora, to be familiar with the basic  
 15 tenets of social distancing as a regular or a normal  
 16 practice in reducing community transmission. So at  
 17 the -- if you like, that end of the spectrum, I'm not  
 18 sure that that needed formal guidance. But of course  
 19 lockdowns I don't think were anticipated in the way that  
 20 they were implemented, and that is the reason why they  
 21 don't appear.  
 22 Q. All right.  
 23 Well, before we turn away from plans and guidance,  
 24 I'd just like to look at two more documents, please.  
 25 The first is at INQ000089572, and this is the

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1 presents a diverse and complex challenge at a time when  
 2 staffing capacities are likely to be reduced. Close  
 3 working relationships across health and social care  
 4 organisations, the independent sector and voluntary  
 5 groups will be essential to sustaining services during  
 6 a pandemic."  
 7 Do you agree, Dr Sandifer, that this plan should  
 8 have included more guidance around when someone should  
 9 be discharged from hospital and what should happen on  
 10 discharge back into the community, for example guidance  
 11 on sending tested or untested patients to care homes or  
 12 back into the community?  
 13 A. Obviously that became an important issue during the  
 14 coronavirus pandemic, and I can see that that could have  
 15 been helpful to the health boards, and incidentally it  
 16 was the health boards and the local government  
 17 overseeing social care services that would have been the  
 18 principal beneficiaries of that guidance.  
 19 Q. All right.  
 20 Do you agree that there is also a failure or a gap  
 21 in this guidance to include advice in terms of when  
 22 lockdowns or social distancing measures of any  
 23 description could or should have been implemented?  
 24 A. Well, on lockdowns, I think it's fair to say from my own  
 25 professional experience I hadn't envisaged circumstances

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1 Welsh Government's Wales Framework for Managing Major  
 2 Infectious Disease Emergencies.  
 3 I know that the Inquiry has already looked at this  
 4 document. It's dated October of 2014. We can see at  
 5 the bottom left-hand corner it's issued by the Health  
 6 Resilience Branch of Welsh Government.  
 7 I would just like to look at paragraph 1.1 on  
 8 page 5, please, and 1.2 as well, if we could zoom in,  
 9 please, on those two paragraphs.  
 10 We know that:  
 11 "This Framework sets out generic arrangements for  
 12 the management of major infectious disease emergencies  
 13 by health services in Wales and should be considered in  
 14 the context of the principles set out in ..."  
 15 Then there's four more pieces of documentation and  
 16 guidance: the NHS Wales Emergency Planning Guidance, the  
 17 Cabinet Office statutory guidance *Emergency*  
 18 *Preparedness*, and the non-statutory guidance *Emergency*  
 19 *Response and Recovery*, and the Pan-Wales Response Plan.  
 20 "The Framework is supported by the following  
 21 guidance ..."  
 22 We've then got five more pieces of guidance:  
 23 "The Communicable Disease Outbreak Plan for  
 24 Wales ...  
 25 "The UK National Framework for responding to

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1 an influenza pandemic ..."  
 2 Which we've already mentioned.  
 3 "Guidelines for Smallpox Response ...  
 4 "Wales Health and Social Care Influenza Pandemic  
 5 Preparedness & Response Guidance ..."  
 6 Which we've just looked at.  
 7 And:  
 8 "NHS Wales Guidance Mass Casualties Incidents --  
 9 A Framework for Planning."  
 10 This was a complicated business, wasn't it?  
 11 A. It was.  
 12 Q. Did you, in your role at the time, find it unhelpful  
 13 that there were so many different pieces of guidance and  
 14 planning documentation that would need to be assessed  
 15 and considered in the outbreak of a pandemic?  
 16 A. I was very conscious that you had to have a good  
 17 understanding of the range of organisations and guidance  
 18 to be able to navigate your way through this.  
 19 Q. Right. Far better, do you agree, Dr Sandifer, to have  
 20 a slimmed down, simplified set of guidance and plans for  
 21 everybody to be able to understand and follow?  
 22 A. There's absolutely no doubt that the principle of  
 23 consolidating and simplification is a good idea, would  
 24 have been helpful, but I think it's just worth  
 25 recognising the context of a couple of these plans.

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1 a multi-agency working group was convened in 2008 to  
 2 draw the plans together into one generic template."  
 3 So just pausing there, this is a reaction in April  
 4 of 2014 to multiple plans for the investigation and  
 5 control of communicable diseases, so this was an effort  
 6 undertaken in 2008, to simplify things, but, as we've  
 7 just seen, in fact, although this one response deals  
 8 with this particular area, when you look more widely  
 9 there were still multiple pieces of guidance and  
 10 planning documentation that was still in existence?  
 11 A. That's correct.  
 12 Q. Can we move down, please, to look at the full page.  
 13 Thank you. If we can go over to -- oh, in fact, before  
 14 we do that, can we just highlight what we can see in  
 15 bold in the middle of the page, please. Because when we  
 16 look at what was used to create this plan, we can see  
 17 that it's an amalgamation of a major outbreak of food  
 18 poisoning plan, an emergency framework for  
 19 health-related incidents and outbreaks in Wales and  
 20 Hertfordshire from contaminated drinking water, and  
 21 then, finally, the model plan for the management of  
 22 communicable disease outbreaks in Wales.  
 23 So, so far as this Inquiry is concerned, that is the  
 24 model plan upon which this document was able to draw?  
 25 A. Yeah, if I could just clarify something about the

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1 The Communicable Disease Outbreak Plan for Wales,  
 2 which we haven't discussed yet, that was really a plan  
 3 for responding to local outbreaks, whilst this framework  
 4 was for responding to infectious disease threats that  
 5 might affect the whole of Wales.  
 6 So I think it's important to recognise that there  
 7 was some need for distinguishing between a plan to deal  
 8 with something at a local level, between something at  
 9 a national level, but the general premise of  
 10 simplification would have been helpful.  
 11 Q. All right, thank you.  
 12 Well, let's look, please, finally, at the  
 13 Communicable Disease Outbreak Plan for Wales, which is  
 14 at INQ000089575. Thank you.  
 15 Can we go to page 2, please.  
 16 Now, we can see under the preface, written in April  
 17 of 2014:  
 18 "In recent years, there have been multiple plans in  
 19 Wales for the investigation and control of communicable  
 20 disease. All these have contained very similar  
 21 guidance. Whilst it has been recognised that each  
 22 individual plan was robust and fit for purpose, the  
 23 presence of several plans for use in outbreaks has  
 24 caused confusion as to which plan should be followed.  
 25 Therefore, at the request of the Welsh Government,

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1 development of this plan. We had a series of plans --  
 2 highlighted in bold here -- in the early noughties,  
 3 which we recognised caused confusion, as the first  
 4 paragraph states. The work began in 2008. The first  
 5 version of the Wales Communicable Disease Outbreak Plan  
 6 was actually published in 2011, and then we kept it  
 7 under review and this plan reflected an updating of the  
 8 2011 communicable disease outbreak plan in April 2014.  
 9 Q. All right. Well, I want to look further back, please,  
 10 because the Management of Communicable Disease Outbreaks  
 11 plan upon which this was based, taking into account what  
 12 you've just said about there being an interim plan in  
 13 2011, was first written in 1995; is that right?  
 14 A. As I understand it, yes.  
 15 Q. And not updated until this plan was brought into force,  
 16 although we can see that there was a draft update  
 17 in 2007.  
 18 A. So there was a draft update in 2007, and then that plan,  
 19 together with the other two plans, consolidated into the  
 20 2011 plan that I've just referred to.  
 21 Q. Yes.  
 22 Why was the Management of Communicable Disease  
 23 Outbreaks plan not updated between 1995 and 2011?  
 24 A. I don't know the answer to that. It pre-dated my time  
 25 in office.

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1 Q. Do you think that by 2011 the 1995 plan was massively  
2 out of date?  
3 A. Well, the 1995 plan had been updated, but it was in  
4 a draft form --  
5 Q. Well, according to -- I'm so sorry, Dr Sandifer, but  
6 according to this note, although a draft update was in  
7 force in 2007, from what you've told us, that wasn't  
8 formalised until 2011.  
9 A. That's right.  
10 Q. All right.  
11 A. But I would anticipate that our communicable disease  
12 specialists would have been working to the most updated  
13 plan, even if it was still in draft format.  
14 Q. But why wasn't it updated between 1995 and the draft  
15 update of 2007?  
16 A. I don't know the answer to that question.  
17 Q. Does that concern you?  
18 A. It is a very long time, and I would have expected our  
19 plans to have been reviewed and updated in a period of  
20 12 years, at least once or twice.  
21 Q. Yes. So does it concern you that it wasn't, according  
22 to this note?  
23 A. If I -- yes, I mean, it's a concern that 12 years  
24 elapsed between updating of a plan.  
25 Q. Again, I have to ask: does the fact that the

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1 Cabinet Office Guidance ... states that there are  
2 broadly 3 categories that need to be considered ..."  
3 Then we have those with mobility problems, those  
4 with mental health or learning difficulties, and  
5 dependents such as children.  
6 So it rather looks as if Public Health Wales were  
7 taking their lead as to who would qualify to be  
8 described as vulnerable from the Cabinet Office guidance  
9 at chapter 5 of the emergency planning -- Revision to  
10 Emergency Preparedness document?  
11 A. Yes, I would accept that.  
12 Q. Do you think that that was an extensive enough  
13 description of who should be categorised and considered  
14 as vulnerable?  
15 A. Well, in hindsight and reflecting from today, no,  
16 I don't.  
17 Q. Because it doesn't contain any mention of the elderly or  
18 those with comorbidities or those suffering from health  
19 inequalities, does it?  
20 A. No, it doesn't explicitly refer to those, but the way  
21 I would expect this section of the plan to be  
22 implemented is that the -- in the circumstances of  
23 an emergency, a risk assessment would be undertaken.  
24 The populations most at risk in the course of that  
25 incident would be identified, and the responders would

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1 communicable diseases outbreaks plan was in abeyance,  
2 I'm going to suggest, demonstrate that this was not  
3 a subject at the forefront of those who should have been  
4 thinking and planning about it?  
5 A. I don't think that's a fair characterisation of the  
6 people who were responsible for discharging communicable  
7 disease control during that period. It is a fact, and  
8 I'm not disputing that, for a period of 12 years it  
9 would appear that this plan was not updated, and I don't  
10 have information to explain that.  
11 Q. All right. Well, I'd like to go back, please, just for  
12 a moment to the emergency response plan that we've  
13 looked at briefly, the Public Health Wales Emergency  
14 Response Plan, which is at INQ000089558, because I'd  
15 just like to for a moment concentrate on what level of  
16 consideration was given by Public Health Wales in this  
17 emergency response plan to vulnerable people.  
18 We can see that consideration at page 25:  
19 "Public Health Wales is required to give special  
20 consideration to those who are made vulnerable as  
21 a result of the emergency or who are less able to help  
22 themselves in the circumstances of an emergency."  
23 And we see at 14.5:  
24 "Those who are vulnerable will vary depending on the  
25 nature of the emergency. For planning purposes the

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1 pay due attention to those. But -- and that could be  
2 a very, very long list, but this does reflect what the  
3 chapter 5 says in the guidance.  
4 Q. Has that narrow definition now been expanded?  
5 A. So Public Health Wales recognises that it needs to take  
6 a more, to quote Alexander and Mann, "people-centred  
7 approach" to its emergency response planning, and the  
8 current guidance plan that was recently published takes  
9 us some way toward that but acknowledges that there is  
10 still further work to be done to address that issue.  
11 Q. Is that plan that you've just mentioned, the updated  
12 plan, an update of this?  
13 A. It is.  
14 Q. What's the date of it, please?  
15 A. May of 2023.  
16 Q. So the current position is that, as you've just told us,  
17 Dr Sandifer, the definition has been broadened but on  
18 reflection now it needs to be broadened even further?  
19 A. So it has been broadened and in very particular way to  
20 take account of inequalities, recognising the particular  
21 impact inequalities had during the coronavirus pandemic.  
22 But it's my view that that plan represents a stage in  
23 a process that still needs further development, and  
24 I understand that my successor has had conversations  
25 with his strategic partners to signal the need for us to

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1 continue that work.  
 2 **Q.** Do you know when that will be completed?  
 3 **A.** I don't know when that work will be completed. The plan  
 4 has just been approved and I would envisage that Public  
 5 Health Wales will attend to that now.  
 6 **Q.** Are you able to help us with the detail of how that  
 7 current definition still requires to be extended?  
 8 **A.** Well, this definition is still within the guidance.  
 9 These groups are still relevant categories --  
 10 **Q.** Yes.  
 11 **A.** -- in any future plan. I would envisage that the plan  
 12 as it develops might move away from the expression of  
 13 "vulnerable persons", although that is generally  
 14 recognised within the EPRR community, and set out more  
 15 broadly the wider range of vulnerabilities in the  
 16 population that the plan should consider.  
 17 **Q.** So I'm going to press you on this. What isn't contained  
 18 in the current 2023 guidance that needs to be contained  
 19 within it?  
 20 **A.** Well, the guidance does refer to inequalities, but  
 21 I think it could go further and expand on what that  
 22 means in terms of different population groups, minority  
 23 ethnic groups, for example, who were particularly  
 24 vulnerable during the coronavirus pandemic.  
 25 **Q.** For whatever reason that level of detail has not yet

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1 at the bottom.  
 2 If we look now, please, at page 2, in the  
 3 introduction, and it's the top paragraph, it says here:  
 4 "Since 2006 NHS Wales Shared Services Partnership --  
 5 Specialist Estates Services ... have surveyed and  
 6 produced an annual report on all airborne isolation  
 7 rooms in major hospitals across Wales. Every year the  
 8 reports have concluded that many of these airborne  
 9 isolation rooms are inadequate for the purpose intended  
 10 when assessed against current best practice."  
 11 Then the rest of that introduction just outlines why  
 12 there needs to be a working group to look at this.  
 13 If we then look, please, at page 3, next, these are  
 14 the recommendations and this is an indicative list of  
 15 the organisms requiring airborne isolation facilities.  
 16 Subparagraph (f): "SARS like infections and MERS CoV".  
 17 If we have a little look down at the bottom of the  
 18 page there are some recommendations. Recommendation 2:  
 19 "Every hospital in Wales with a 24-hour Emergency  
 20 Unit must have at least one Negative Pressure Suite  
 21 located within that Emergency Unit."  
 22 Then the recommendation below:  
 23 "Every Health Board in Wales must have at least one  
 24 Negative Pressure Suite able to accommodate a case  
 25 requiring respiratory isolation ..."

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1 found its way into the 2023 guidance?  
 2 **A.** That, I think, is simply a reflection of the scale of  
 3 work that Public Health Wales is still engaged in, in  
 4 the transition of Covid-19 into an endemic and the  
 5 recovery work associated with that.  
 6 **MS BLACKWELL:** All right. Thank you very much.  
 7 Those are all my questions for Dr Sandifer.  
 8 I understand, my Lady, that you've provisionally  
 9 provided permission for Bereaved Families for Justice  
 10 Cymru to have five minutes of questions on particular  
 11 topics.  
 12 **LADY HALLETT:** I have, thank you.  
 13 **Questions from MS SHEPHERD**  
 14 **MS SHEPHERD:** Thank you, my Lady.  
 15 Dr Sandifer, I ask questions on behalf of Covid-19  
 16 Bereaved Families for Justice Cymru.  
 17 I want to look at an exhibit in your witness  
 18 statement. If we could have up on the screen, please,  
 19 INQ000089594.  
 20 So this is the report to inform policy on airborne  
 21 isolation rooms in major acute hospitals, and it's the  
 22 Report of the Airborne Isolation Rooms Review Working  
 23 Group on behalf of Welsh Government.  
 24 If we have a look at the date, it's 18 October 2017,  
 25 and we can see the purpose and summary of the document

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1 If we have a look now, please, at page 13 of this  
 2 document --  
 3 **LADY HALLETT:** Ms Shepherd, just before you go on, can you  
 4 alert me to which is the question I have given  
 5 permission for you to ask.  
 6 **MS SHEPHERD:** Yes, my Lady, you gave me permission to ask  
 7 why there hadn't been an update to the airborne  
 8 isolation facilities in accordance with this document.  
 9 **LADY HALLETT:** Sorry, I must have lost it. Anyway, okay.  
 10 **MS SHEPHERD:** If we have a look at page 13, the very bottom  
 11 bullet point of this page, it says:  
 12 "Current building structures do not support safe  
 13 management of patients with infectious diseases, pose  
 14 significant threats to the capacity of the hospitals  
 15 following admission even of suspected cases, pose  
 16 a threat to the well-being of healthcare staff ..."  
 17 So that was the case as at 2017. Ms Blackwell KC  
 18 put to you earlier some meeting minutes from 2019 when  
 19 the CMO, Sir Frank Atherton, had raised the issue with  
 20 ability to deal with HCID infection. Was that still the  
 21 case as of January 2020?  
 22 **A.** Yes, I expect it was. I certainly raised it as  
 23 a concern, an ongoing concern, in July of 2019 with the  
 24 Chief Medical Officer. I fully recognise this report  
 25 and I fully agree with the content of this report.

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1 I should state here for clarity: the responsibility  
 2 for ensuring that there are safe isolation facilities on  
 3 the healthcare estate rests with the health boards in  
 4 Wales.  
 5 **Q.** Could we have a look, finally, please, in this document,  
 6 at page 14, in the very top bullet point:  
 7 "None of the Health Boards are designed to deal with  
 8 such threats and there is no hospital in Wales currently  
 9 that has a facility to manage emerging infectious  
 10 threats at an optimal level."  
 11 So since 2006 this has been raised, it was raised in  
 12 this document in 2017, and it was raised again by the  
 13 CMO Frank Atherton in 2019, we get to January 2020 and  
 14 still nothing has been done to address this; do you  
 15 agree?  
 16 **A.** I agree that this was a significant area that, yes, had  
 17 not yet been adequately dealt with over a very long  
 18 period of time.  
 19 **Q.** Does that reflect that there was a lack of urgency in  
 20 Wales to address this issue and lessons were not  
 21 learned?  
 22 **A.** I can't speculate on the precise reasons for that.  
 23 As I say, Public Health Wales has flagged this as  
 24 an issue over the years, but the issue clearly was not  
 25 fully addressed by the time Covid-19 came along.

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1 (12.58 pm)

2 (The short adjournment)

3 (1.45 pm)

4 **LADY HALLETT:** Ms Blackwell.

5 **MS BLACKWELL:** Good afternoon, my Lady. May I please call  
 6 Vaughan Gething.

7 **MR VAUGHAN GETHING (affirmed)**8 **Questions from COUNSEL TO THE INQUIRY**

9 **MS BLACKWELL:** Thank you, Mr Gething, and thank you for the  
 10 assistance that you've so far provided to the Inquiry.  
 11 Thank you for coming to give evidence today.

12 Your witness statement is at INQ000187304. If we go  
 13 to page 20, please, we can see that it was signed on  
 14 19 April of this year, and can you confirm, please, that  
 15 it's true to the best of your knowledge and belief?

16 **A.** Indeed, yes.17 **Q.** Thank you very much. We can take that down.

18 Now, dealing with your professional background, so  
 19 far as it's relevant to this Inquiry, in 2003 you were  
 20 president of the Wales TUC Cymru, you were also  
 21 a partner at the law firm Thompsons LLP. In May of 2011  
 22 you became a member of the Senedd for Cardiff South and  
 23 Penarth. In June of 2013 you were appointed as Deputy  
 24 Minister for Tackling Poverty, and in September 2014 as  
 25 Deputy Minister for Health.

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1 **Q.** Does that reflect a lack of urgency to deal with  
 2 infection control generally in hospitals?

3 **A.** Again, our health boards, who have responsibility for  
 4 the hospitals in Wales, also have a responsibility for  
 5 healthcare-associated infections and antimicrobial  
 6 resistance, and again that was a journey that they were  
 7 still on. Public Health Wales had worked with them over  
 8 the years to address the performance and generally  
 9 progress had been made, some had made better progress,  
 10 but we were not yet where I would have liked by the time  
 11 we reached the end of 2019.

12 **MS SHEPHERD:** Thank you, my Lady.

13 **LADY HALLETT:** Thank you, Ms Shepherd, I did find the  
 14 question in the end. Thank you.

15 Ms Blackwell.

16 **MS BLACKWELL:** Thank you, that concludes Dr Sandifer's  
 17 evidence.

18 **THE WITNESS:** Thank you.

19 (The witness withdrew)

20 **LADY HALLETT:** I think the suggestion is I should take  
 21 a shortened lunch break because we've got quite a heavy  
 22 afternoon.

23 **MS BLACKWELL:** Yes, my Lady, would you consider perhaps  
 24 sitting again at quarter to? Thank you very much.

25 **LADY HALLETT:** Very well, quarter to. Thank you.

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1 By May of 2016 you had become Cabinet Secretary for  
 2 Health, Well-being and Sport, and you maintained that  
 3 position when the name of that portfolio was changed  
 4 in 2018 to Minister for Health and Social Services, and  
 5 from May of 2021 you have been Minister for the Economy;  
 6 is that right?

7 **A.** That's correct.8 **Q.** Thank you.

9 So you held roles within the Ministry of Health in  
 10 one way or another since September of 2014, but before  
 11 October of 2016 is it right that you had not been  
 12 presented with the fact that a pandemic was  
 13 a significant health risk to Wales?

14 **A.** Well, I understood that if a pandemic happened it would  
 15 be -- it wasn't, as it were, brought to my direct  
 16 attention that it was something that I needed to be  
 17 particularly prepared for. I had other priorities, not  
 18 this.

19 **Q.** So when did you become aware that a pandemic was  
 20 a priority for Wales?

21 **A.** In the run-up to Exercise Cygnus with the briefing,  
 22 I can't remember which officially it was, but described  
 23 the fact that there was a request for an exercise and  
 24 for my attendance and participation, which obviously  
 25 I undertook.

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1 **Q.** When you became Deputy Minister for Health, did you  
 2 understand at that stage that pandemic influenza in  
 3 particular was a Tier 1 risk for the United Kingdom?  
 4 **A.** No, it wasn't the focus of my role as Deputy Minister  
 5 for Health.  
 6 **Q.** Well, did you understand that it was a Tier 1 risk? It  
 7 might not have been a focus, but did you know at that  
 8 time --  
 9 **A.** No, no, because pandemic preparedness would have rested  
 10 with the Cabinet Minister for Health at the time. My  
 11 role was very much on NHS performance and the link with  
 12 social care in as far as it affected delayed transfers  
 13 of care.  
 14 **Q.** So until you became Minister, Cabinet Minister, you had  
 15 no knowledge that pandemic influenza was a Tier 1  
 16 hazard?  
 17 **A.** No, not in the way it's described now, no.  
 18 **Q.** Becoming Minister in May of 2016, did it take  
 19 five months for you to become aware of the pandemic  
 20 threat?  
 21 **A.** So when I became the Minister, the Cabinet Minister,  
 22 I received a briefing which did mention pandemic  
 23 preparedness but there wasn't an in-depth briefing, and  
 24 it was in the -- as I say, in the run-up to  
 25 Operation Cygnus, the Cygnus exercise, that I was much

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1 business to understand what was the most pressing health  
 2 risk to Wales?  
 3 **A.** In the briefing that I had, it described the fact there  
 4 was work ongoing about pandemic preparedness, it  
 5 described the fact that this was something the  
 6 department was responsible for at the time of my  
 7 appointment. In terms of the most pressing risk, the  
 8 risk register I think describes if these things come to  
 9 pass these are the biggest risks that can happen. My  
 10 job, in terms of being the Health Secretary for all the  
 11 risks I had in front of me, were the very standard  
 12 things in a politically contested environment.  
 13 **Q.** Can we take it that if you didn't appreciate it was  
 14 a Tier 1 risk, you didn't read the National Risk  
 15 Register or the assessment?  
 16 **A.** No, I did not read the National Risk Register.  
 17 **Q.** Nor did you read any of the guidance and documents that  
 18 we've been through during the course of this Inquiry so  
 19 far? I'm going to describe it as a myriad of guidance  
 20 and plans that were in force at the time dealing with  
 21 civil emergencies in general and pandemic influenza in  
 22 particular.  
 23 **A.** No. I'm aware you have gone through a range of plans  
 24 with previous witnesses and I did not read those on my  
 25 entry into the post.

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1 better informed about the preparation for a pandemic  
 2 and, indeed, the potential scale of it, and its  
 3 relationship in the UK-wide risk register.  
 4 **Q.** So before the briefing in October of 2016, what did you  
 5 know? At the time that you became Cabinet Minister, did  
 6 you understand that pandemic influenza was  
 7 a Tier 1 risk?  
 8 **A.** Not in those exact terms, I think that would be wrong.  
 9 I knew that we had pandemic preparedness, and I'd seen  
 10 it and read my initial briefing, obviously, but not in  
 11 the way it's now described in the Tier 1 risk register.  
 12 It would be wrong for me to try to tell you that  
 13 I understood that it was in the Tier 1 risk register.  
 14 That was definitely in the run-up to and the briefing  
 15 for Cygnus.  
 16 **Q.** So what did you know of it in May 2016, what did you  
 17 know of pandemic influenza?  
 18 **A.** I knew that it was a potential risk. I'd obviously  
 19 lived in Wales and so was aware that swine flu had been  
 20 something that the government had had to deal with, so  
 21 it was a much -- much more general than the specific  
 22 awareness of it being a Tier 1 risk in the UK-wide risk  
 23 register.  
 24 **Q.** As newly appointed Cabinet Secretary for Health,  
 25 Well-being and Sport, didn't you think that it was your

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1 **Q.** When did you read them?  
 2 **A.** I've read some of them for the first time in preparing  
 3 for this Inquiry, because as a minister, for some of  
 4 those documents, they're not actually read -- for the  
 5 minister to read, it's about how the system, the overall  
 6 system is prepared. I did obviously receive briefings  
 7 on our pandemic preparedness from Cygnus onwards at  
 8 various points in time, and they're included in the  
 9 documents before the Inquiry.  
 10 **Q.** All right.  
 11 **LADY HALLETT:** Just pausing there, sorry, Mr Gething, like  
 12 me you speak very quickly and we have a struggling  
 13 stenographer.  
 14 **A.** Okay.  
 15 **LADY HALLETT:** So I have to train myself to try to slow  
 16 down.  
 17 **A.** I will try to speak slightly slower.  
 18 **MS BLACKWELL:** Thank you.  
 19 The Inquiry has heard much about the United Kingdom  
 20 influenza preparedness strategy of 2011, and you will  
 21 now be familiar with that document, Mr Gething.  
 22 **A.** Yes, I see it.  
 23 **Q.** Yes. It doesn't feature at all in your witness  
 24 statement. When did you first read it?  
 25 **A.** I read it in advance -- I read it and looked over it in

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1 advance of preparing for this Inquiry.  
 2 **Q.** So whilst you were in post as Cabinet Office Minister  
 3 for Health and Social Services, you hadn't read the  
 4 United Kingdom Influenza Pandemic Preparedness Strategy?  
 5 **A.** No, I'd received briefings on the strategy in advance of  
 6 Cygnus and indeed briefings on our own strategies in  
 7 Wales to try to implement those.  
 8 **Q.** Were you aware during your time in office that the  
 9 Welsh Government had implemented the strategy into their  
 10 own planning?  
 11 **A.** Yeah, that was my understanding, yes.  
 12 **Q.** All right. Does that mean that you were aware, then, of  
 13 the Wales Framework for Managing Major Infectious  
 14 Disease Emergencies?  
 15 **A.** I was aware of it insofar as I was briefed on it, but,  
 16 as I say, that document isn't written for ministers to  
 17 run through and to read through. And I think it's part  
 18 of the point where you sit as a minister within the  
 19 system and the choices you're required to make. If  
 20 I chose -- if I read all of those documents and others  
 21 within my brief, then I wouldn't get to do anything  
 22 else. It's a choice about how ministers' time is used.  
 23 **Q.** There is no mention of that document in your witness  
 24 statement. Can we take it from that that, although you  
 25 might have been aware of it, you didn't read it whilst

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1 I read that document, and looked over it more fully in  
 2 preparation for this Inquiry, but I received briefings  
 3 on the document and on the requirements in it around  
 4 Cygnus and afterwards, and you'll see it's mentioned in  
 5 a number of the documents that then come to me in the  
 6 briefings I received from officials.  
 7 **Q.** So did you read that document whilst you were in office?  
 8 **A.** No, I didn't read it in detail, because, as I say, I'd  
 9 received a briefing on what's generally required in the  
 10 documents and how that then would affect the choices you  
 11 might have to make as a minister.  
 12 **Q.** Were you aware as part of your briefing to that document  
 13 that paragraph 1.3 says that it will not be possible to  
 14 stop the spread of the pandemic influenza virus in the  
 15 country of origin or in the UK as it will spread too  
 16 rapidly and too widely?  
 17 **A.** I'm aware that's the planning assumption and, as I say,  
 18 in the run-up to Cygnus the assumption of that exercise  
 19 was that flu was already here and the challenge of  
 20 dealing with an influenza pandemic, again the  
 21 assumptions were it would already be here in numbers and  
 22 it would be spreading. So that challenge was there.  
 23 But I don't want to -- in terms of the specific  
 24 paragraph and had I read that before, that's not  
 25 correct, but I was aware of the assumption, as you put

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1 you were in office?  
 2 **A.** That's correct.  
 3 **Q.** Were you aware of the planning assumptions that form the  
 4 basis of both of those documents, the UK-wide and the  
 5 Wales document?  
 6 **A.** Yeah, and that forms part of the briefing that went into  
 7 Operation Cygnus and so it set out the point about the  
 8 risk register, it set out the planning assumptions on  
 9 an influenza pandemic being the most likely of the  
 10 pandemics that could come. So those planning  
 11 assumptions were part of that, and obviously they were  
 12 part of how Cygnus was run as an exercise.  
 13 **Q.** Did you ever question whether those planning assumptions  
 14 were tolerable or whether they might be mitigated?  
 15 **A.** I didn't question the assumption that an influenza  
 16 pandemic was the most likely of the pandemic risks, and  
 17 in terms of what was tolerable I think that comes into  
 18 some of the things we went through in the Cygnus and  
 19 some of the follow-on work, and then obviously we had to  
 20 deal with those as very live issues during the Covid  
 21 pandemic.  
 22 **Q.** When you were in office, were you aware of the Wales  
 23 Health and Social Care Influenza Pandemic Preparedness  
 24 and Response Guidance of 2014?  
 25 **A.** I wouldn't say I was aware of the detail of it. Again,

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1 it earlier, in planning terms.  
 2 **Q.** Do you agree with the evidence that the Inquiry has  
 3 heard from other witnesses that that was a flawed  
 4 doctrine, that really there should have been  
 5 consideration given to preventing the spread rather than  
 6 accepting that influenza would spread and that  
 7 mitigation of how to deal with the fallout from that was  
 8 all that the plan related to?  
 9 **A.** Yes, I've heard the witness evidence from a number of  
 10 people that it was a flaw to assume that it would be  
 11 an influenza-type pandemic and it would already be here.  
 12 There are, of course, questions you will come in to,  
 13 I'm sure, about how far you could either prevent or  
 14 contain something like that.  
 15 **Q.** If you didn't read these documents themselves and only  
 16 relied upon the briefings you were given, would you have  
 17 been aware of the absence in them of any guidance about  
 18 the scaling up of contact tracing, or moving patients or  
 19 quarantining or indeed lockdown?  
 20 **A.** Well, there's a number of points there. So the guidance  
 21 on a scaling up activity or moving patients, that was  
 22 part of what we went through in Cygnus, so I did have  
 23 an understanding that if you had a pandemic of that  
 24 scale, then you would need to make uncomfortable choices  
 25 that would require moving people around the system.

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1 Q. Yes.  
 2 A. And that would probably require stopping some things to  
 3 allow more capacity to be created.  
 4 So there was a final part to your question as well?  
 5 Q. Yes, contact tracing, moving patients around,  
 6 quarantining and lockdown.  
 7 A. Yes. So on quarantining, I have heard the evidence of  
 8 Dr Sandifer this morning and I did understand, because  
 9 of particularly some of the localised outbreaks we had,  
 10 that quarantining in community or family groups was  
 11 entirely possible, but not at the scale that was  
 12 envisaged and there was not a genuine consideration of  
 13 the scale or the depth of the Covid pandemic, so there  
 14 wasn't then a consideration presented to me -- and  
 15 I think this evidence is common to all nations in the --  
 16 UK, of the scale of the lockdowns that were then  
 17 considered and implemented during the Covid pandemic.  
 18 So in terms of preparation there wasn't preparation that  
 19 considered that scale of lockdown.  
 20 Q. We'll come to deal with Operation Cygnus in a moment,  
 21 but just on the issue of your level of knowledge, did  
 22 you as Minister for Health, commission any research,  
 23 advisory papers or briefings to you as to what the  
 24 evidence was telling the scientists in terms of this  
 25 pandemic influenza hazard?

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1 around Cygnus, but I read it in the January, and that  
 2 was after, obviously, the first indications about Covid  
 3 in China.  
 4 Q. You tell us at paragraph 37 in your witness statement:  
 5 "My impression of the Plan, as a layman and someone  
 6 without any previous experience or knowledge of pandemic  
 7 preparedness, was that it was considered and reasonable.  
 8 I do not think I first saw it [as we've established]  
 9 until January 2020."  
 10 Is it right, Mr Gething, to describe yourself as  
 11 a layman when you had been the Cabinet Minister for  
 12 Health since 2016?  
 13 A. I'm describing myself in comparison to, for example, the  
 14 people you've already heard evidence from. I wasn't the  
 15 Chief Medical Officer or the Medical Director of Public  
 16 Health Wales or the people involved in emergency  
 17 planning, so in that sense it is a lay perspective, but  
 18 obviously compared to the wider population I've got  
 19 experience in government of doing a range of things.  
 20 Q. Describing yourself as having no previous experience or  
 21 knowledge of pandemic preparedness when you had been  
 22 four years in post might be surprising to some people.  
 23 A. Again, I think if ... I'm trying to be clear about the  
 24 difference between myself and people involved in the  
 25 detail of emergency planning. So compared to the

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1 A. No, because I did rely on the briefings that I received,  
 2 on the advice I received.  
 3 Q. So nothing --  
 4 A. It's hard to second-guess the advice you're being given  
 5 as a minister, whether you're new or not, and to decide  
 6 which areas you do want to try to second-guess on it,  
 7 and I did rely on the advice provided and the provisions  
 8 within it, and obviously in hindsight there are good  
 9 reasons to question and to look afresh at what we do.  
 10 Q. But nothing in the briefings that you received, nothing  
 11 about the detail of the pandemic influenza threat caused  
 12 you to request any further advisory papers or evidence  
 13 gathering to take place in order to try to work out what  
 14 Wales needed to do to mitigate this threat?  
 15 A. No, I had advice from officials who had expertise, and  
 16 obviously you've heard the way our system is constructed  
 17 with Public Health Wales and others within it, that  
 18 advice was provided, and at the time I had no reason to  
 19 go and to want to go behind it or to question it, so  
 20 I did rely on the advice I was given.  
 21 Q. You tell us in your witness statement that you first  
 22 read the Pan-Wales Response Plan in January of 2020?  
 23 A. Yes.  
 24 Q. Yes, did you know of its existence before that date?  
 25 A. I think, again, it was referred to and briefed in and

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1 general population, I certainly had more experience and  
 2 knowledge, and I'm trying to be clear about that  
 3 distinction rather than trying to go beyond it.  
 4 Q. What level of contact did you have with the Chief  
 5 Scientific Adviser for Health, Dr Rob Orford?  
 6 A. I saw Dr Orford on a number of occasions through the  
 7 year. So in the pattern of that sort of engagement,  
 8 I would have a regular meeting with the Chief Executive  
 9 of NHS Wales, I'd have a regular meeting, normally at  
 10 least monthly, with the Chief Medical Officer, sometimes  
 11 sooner, and for some officials like Dr Orford I'd  
 12 probably see them three or four times a year in set  
 13 meetings. So, for example, some of the points that have  
 14 been described around investing in our genomics  
 15 capacity, some of that came from conversations with  
 16 Dr Orford and Dr Atherton about what we needed to do.  
 17 So I was -- I knew who Rob was, I'd met him on several  
 18 occasions before we get into the depths of the Covid  
 19 pandemic.  
 20 Q. Between you taking office in 2016 and the onset of the  
 21 pandemic in 2020, were you aware that the Chief  
 22 Scientific Adviser for Health had no involvement in  
 23 pandemic preparedness planning?  
 24 A. No, I wasn't aware of that specifically, no.  
 25 Q. Does that surprise you?

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1 A. In retrospect, it is, because he had such a role in  
 2 giving advice to ministers when we actually had to deal  
 3 with the scale of the pandemic.  
 4 Q. Were you aware during your time in office of the  
 5 Welsh Government risk register?  
 6 A. Yes, I knew we had a Welsh Government risk register.  
 7 Q. Did you ever read it?  
 8 A. No.  
 9 Q. Were you aware of the Health and Social Services Group  
 10 risk register?  
 11 A. Yes, and I would discuss that from time to time as(?) it  
 12 was raised with me by the Director General at the time,  
 13 obviously who was Dr Goodall.  
 14 Q. Did you read it?  
 15 A. No, I don't think I did go through and read the risk  
 16 register.  
 17 Q. You tell us at paragraph 19 in your witness statement:  
 18 "My impression was that UK Ministers did not take  
 19 ministers and officials from the devolved governments  
 20 seriously."  
 21 Is that how you felt all the way through your time  
 22 as Cabinet Office Minister? Cabinet Minister, sorry.  
 23 A. It changed during the course of the pandemic, is --  
 24 Q. Right.  
 25 A. So actually until that time, yes, that was my clear

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1 A. Again, I think that Mr Hunt's evidence does not disagree  
 2 with my evidence, he simply does not agree with the  
 3 positive points that I make that it was a choice. We  
 4 would request meetings. We wrote on a number of issues.  
 5 We didn't write every week, it wasn't, "We'll write  
 6 a letter and see if we get a response", when we wrote on  
 7 real and serious issues we did not get a response or it  
 8 took a very long time to get a response, and that isn't  
 9 an accident. They knew who I was and what I was writing  
 10 for.  
 11 In no-deal Brexit preparation, I did not meet the  
 12 Cabinet Minister for Health, whether it was Mr Hancock  
 13 or Mr Hunt, and again that's a choice. When you then  
 14 have to deal with each other, as we did, you were  
 15 starting relationships from anew with someone you'd  
 16 never met, and I think that is suboptimal.  
 17 LADY HALLETT: He did mention that there were good  
 18 relationships between officials even if the politicians  
 19 weren't getting on, as perhaps most of us would like to  
 20 think they would try to get on. In what way do you  
 21 think things might have been different if the ministers  
 22 had had the kind of contact one would hope and you were  
 23 talking about?  
 24 A. When ministers talk and pragmatically agree, it always  
 25 helps to speed up decision-making, and it can often help

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1 impression; and, with respect, I think the evidence of  
 2 Mr Hunt confirms that.  
 3 Q. Did you raise your dissatisfaction with how the UK  
 4 ministers treated you as a devolved minister with any of  
 5 the UK ministers at the time?  
 6 A. Well, that was challenging, because there was a choice  
 7 about the lack of contact, which I go through in my  
 8 evidence. Correspondence would either not be answered  
 9 or take months to answer, as I set out. So it was one  
 10 of the challenges, was that -- the point about contact  
 11 was a deliberate choice from the UK side, and my view  
 12 has always been there is plenty of room for the  
 13 political disagreement but there also has to be space  
 14 made for pragmatic engagement because we always need to  
 15 do business together on a range of things.  
 16 Q. In your view, Mr Gething, did the strained ministerial  
 17 relations hamper pandemic preparedness in Wales?  
 18 A. Yes, I do think they had an effect, I think they would  
 19 have been better if we had had some form of ministerial  
 20 engagement beyond the Cygnus exercise.  
 21 LADY HALLETT: To be fair, I don't think Mr Hunt said that  
 22 he accepted that the UK ministers hadn't deliberately  
 23 contacted you or avoided you or treated you with  
 24 disrespect, what he said was there was a difficult  
 25 political relationship.

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1 to highlight risks and opportunities. I see that in my  
 2 current role as well as my previous one. So I do think  
 3 that if there'd been ministerial engagement even only  
 4 once after Cygnus it would probably have moved along  
 5 preparedness for all of us.  
 6 I say in my own statement that I think that there  
 7 were good relationships between officials, but, as  
 8 I say, I think it would have been assisted if, despite  
 9 the fact that we are politically very competitive,  
 10 especially around the politics of the health service,  
 11 there should always be room for some pragmatism and you  
 12 have to do business. You don't have to like the person  
 13 on the other side of the desk, but you should from time  
 14 to time meet.  
 15 MS BLACKWELL: Thank you, my Lady.  
 16 Was it your experience as a minister, Mr Gething,  
 17 that the public-facing political concerns set the  
 18 agenda, and that was to the detriment of  
 19 forward planning for things like a pandemic influenza?  
 20 A. So the public facing concerns definitely affected the  
 21 agenda because every day something could happen that you  
 22 would end up having to deal with as the minister.  
 23 That's life in ministerial office, especially if you're  
 24 a health minister.  
 25 At the start of the term, what we're trying to do

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1 was to deliver a long-term plan for health and  
 2 social care, and so I was trying to do that whilst  
 3 dealing with the very headline issues as well. So, yes,  
 4 it did mean that other issues had less attention.  
 5 Antimicrobial resistance, for example, I know it was  
 6 mentioned in evidence earlier today, that was an issue  
 7 that got occasional attention between not just myself  
 8 but in the animal health field, veterinary health field  
 9 as well. Pandemic preparedness was never a subject of  
 10 questions, never a subject of scrutiny within the  
 11 Welsh Parliament, and I suspect that will change and  
 12 that will be a change for the better.

13 **Q.** Does that mean at the time that there was limited -- it  
 14 was given a limited priority by the government?

15 **A.** It didn't have the same priority as those headline  
 16 issues that did take up lots of the life and the energy  
 17 of the government, and I know you've heard from other  
 18 evidence that there was -- preparedness was taking place  
 19 but it wasn't -- it didn't have the same intensity that  
 20 trying to deliver a long-term plan had or responding to  
 21 the latest very public challenges that our whole system,  
 22 not just the minister, would have to deal with.

23 **Q.** Do you think that there needs to be a check on what is  
 24 appearing or coming down the line in the long term as  
 25 well as the focusing of ministers' attention on the here

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1 **A.** But no, I wasn't aware, and of course 2009 is before  
 2 I was elected.  
 3 **Q.** Yes, I understand that, but the result of that exercise  
 4 and one of the recommendations being consideration given  
 5 to the social care sector, that wasn't something that  
 6 was brought to your attention?  
 7 **A.** Not in pandemic preparedness and planning terms, but the  
 8 social care sector was very important to me in terms of  
 9 running the whole health and social care system, that's  
 10 why we had a long-term plan for health and social care,  
 11 but not in the specific context of pandemic preparedness  
 12 and planning.  
 13 **Q.** The first Exercise Cygnus, in 2014, which was held in  
 14 Wales, were you aware of that exercise at the time?  
 15 I think you might have been Deputy Minister for Health  
 16 at the time that that took place, or indeed shortly  
 17 afterwards.  
 18 **A.** Yes, so I started in September 2014 as the Deputy Health  
 19 Minister, but I wasn't aware of the Wales-only  
 20 Exercise Cygnus operation.  
 21 **Q.** All right. One of the recommendations that this Inquiry  
 22 has heard fell out of that exercise was the concerns  
 23 around the capacity and readiness of privately owned  
 24 care homes to be able to cope with the likes of  
 25 a pandemic and having their own contingency plans in

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1 and now?

2 **A.** That's the difficult balance to strike. So at the end  
 3 of 2018 and into 2019 I was dealing with a maternity --  
 4 a significant cluster of serious harm in maternity  
 5 services in the Cwm Taf health board, so that was an  
 6 issue that I wasn't aware of until it was brought to my  
 7 attention by officials. I then had a meeting where we  
 8 then had to do a number of very difficult things, and  
 9 that took time that -- that was entirely appropriate and  
 10 it was the right thing for my time to get directed at,  
 11 but it meant that other things then needed to move.

12 So there is the challenge of what comes up, where  
 13 you do need to shift your priorities, as well as your  
 14 point about longer term priorities, and that's  
 15 definitely a lesson learning point, not just for people  
 16 in the government but more widely as well I think.

17 **Q.** I want to turn now to discuss with you your knowledge  
 18 and involvement in the exercises that the Inquiry has  
 19 heard so much about.

20 The Inquiry heard this morning in questions put to  
 21 Dr Goodall about an exercise in April of 2009 called  
 22 Taliesin. During your time in office, were you aware  
 23 that that exercise had taken place?

24 **A.** It's Exercise Taliesin, Welsh poet.

25 **Q.** I do beg your pardon.

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1 place. So that wasn't brought to your attention?  
 2 **A.** Not that specific -- in relation to the pandemic. The  
 3 broader points, though, about the future of the sector  
 4 were much more in my mind. And, as the deputy minister,  
 5 delayed transfers of care is definitely an area where  
 6 you can't resolve that without health and social care  
 7 working together, but that's not the same as looking at  
 8 it through the lens of pandemic preparedness.  
 9 **Q.** Whilst you were in the role of Deputy Minister for  
 10 Health, were you aware of Exercise Dromedary that took  
 11 place in 2015?  
 12 **A.** No.  
 13 **Q.** That was a Public Health Wales multi-agency exercise  
 14 dealing with the outbreak of one case of MERS CoV  
 15 coronavirus, in which surge capacity wasn't tested but  
 16 was mentioned. That's not something that was on your  
 17 radar as Deputy Health Minister?  
 18 **A.** No, and essentially my role as a Deputy Health Minister  
 19 was virtually everything that had a target on it, that  
 20 had a number, was then my responsibility, including all  
 21 of the media that went with it. So it wasn't actually  
 22 part of the role that I had as the Deputy Health  
 23 Minister.  
 24 **Q.** You don't mention Exercise Alice in your witness  
 25 statement, which we know was delivered in February of

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1 2016 by the Department of Health. Was that something  
2 that was within your knowledge when you became Cabinet  
3 Minister?

4 A. No. So when I became the Cabinet Minister in 2015, and  
5 then in 2016 I am now aware that Exercise Alice has  
6 taken place, but I think it was a Public Health England  
7 led exercise, so I wasn't aware of it, no.

8 Q. Yes. In your briefing for Exercise Cygnus later on in  
9 2016, were these previous exercises, and in particular  
10 I'm going to highlight the issues that they raised with  
11 social care, not brought to your attention?

12 A. Not in the sense of pandemic preparedness. So around  
13 the exercise and the briefing and the conversation that  
14 takes place, then actually social care is part of the  
15 system-wide challenge that you're trying to understand  
16 and run an exercise for.

17 Q. Did you have any direct involvement in Exercise Cygnus  
18 in October 2016?

19 A. Yes, I attended ministerial meetings on both days as  
20 requested. My deputy at the time also attended some of  
21 those exercises as requested. So on both of the days  
22 when ministerial attendance was requested we both  
23 attended and participated.

24 Q. It was a huge exercise, wasn't it?

25 A. It was, it involved a range of people. I remember  
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1 because there are a number of notes that come after it  
2 and there is then the briefing I receive from officials,  
3 so let's be clear about which report.

4 Q. Well, I'll put it on screen.

5 A. Thank you.

6 Q. It's INQ000022792, please.

7 So this is the report following the three-day  
8 exercise in October of 2016.

9 Can we go to page 6 and paragraph 3, please. Under  
10 "Key Learning", thank you:

11 "The analysis of the evaluation reports from the  
12 organisations participating in the exercise indicate  
13 that the UK's command & control and emergency response  
14 structures provide a sound basis for the response to  
15 pandemic influenza. However, the UK's preparedness and  
16 response, in terms of its plans, policies and  
17 capability, is currently not sufficient to cope with the  
18 extreme demands of a severe pandemic that will have  
19 a nation-wide impact across all sectors."

20 Let's just pause there. Do you remember reading  
21 that in October of 2016?

22 A. No.

23 Q. Had you read it, would that have caused you some  
24 concern?

25 A. If I had read this, and with respect I think it was  
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1 having the briefing with Dr Atherton and I remember  
2 sitting down in the basin of Cathays Park in the control  
3 centre where it was run from and participating in those  
4 meetings.

5 Q. Was it important to you that all relevant learning from  
6 Exercise Cygnus was carried forwards and incorporated  
7 into Wales pandemic planning?

8 A. Yes. And as I think I describe in my statement,  
9 I understood there would be lessons learning, there  
10 would be an officials route(?), both within Wales as  
11 well as with other partners, and I expected that the  
12 learning from that would then be implemented. My own  
13 impressions from the exercise were that there were  
14 positives and there were things that I would expect to  
15 be worked on.

16 Q. The way in which you describe it in your witness  
17 statement at paragraph 67 is:

18 "I was advised that learning points had been  
19 identified and would be implemented ... either in whole  
20 or in part, or that there was a delay in implementation.  
21 For that reason, I assumed, absent any advice to the  
22 contrary or questions in the Senedd, that the lessons of  
23 Exercise Cygnus had been applied."

24 Did you read the Exercise Cygnus report, Mr Gething?

25 A. I can't recall which report are you referring to,  
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1 produced after October 2016, I'm not sure of the exact  
2 date, but whenever, if I had read that paragraph, then  
3 I -- I almost certainly would have asked extra questions  
4 about what was then taking place, and there is definite  
5 learning from that about -- again, I made the point  
6 earlier about where ministers' time is used. If I had  
7 read that I think that I almost certainly would have  
8 asked more questions and asked for more assurance about  
9 what was happening.

10 Q. Can we take it that you didn't read the report?

11 A. No, I didn't. I did not read this report. I recognise  
12 the front now in preparation for it.

13 Q. Did your advisers feed back to you the fact that there  
14 were real concerns about the capacity of the  
15 United Kingdom preparedness and response?

16 A. My advisers fed back, and you've got the documents, that  
17 there was a need for improvement, there was a need for  
18 learning to be applied, and I received briefings on the  
19 progress of those during 2017, 2018 and 2019, and I know  
20 you've got some of the email trains around that as well.

21 Q. What steps did you take, then, to satisfy yourself that  
22 Wales would be prepared for the next pandemic?

23 A. Well, I engaged with the briefings I received from my  
24 officials, and you'll know that at various points I have  
25 asked about follow-up from different parts of the  
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1 sector, and I know you've also been through,  
 2 for example, the improvements, the investment in  
 3 microbiology, a range of other things that happened. So  
 4 there were different decisions that I made.  
 5 Looking back, I think it is fair to say that if  
 6 I had put more ministerial time into this, then I may  
 7 well have sped up preparedness.  
 8 **Q.** Was social care on your radar as Cabinet Minister?  
 9 **A.** Yes. I've set out earlier that social care was part of  
 10 the departmental responsibility, and at the start of the  
 11 term my deputy and I at the time invested fairly  
 12 significant time and then through the rest of that  
 13 period in not just having the long-term plan to cover  
 14 both health and social care but actually direct time  
 15 with local government and with partnership boards  
 16 bringing health and the third sector together, because  
 17 we knew that you can't have a long-term future for the  
 18 health service without social care being part of the  
 19 answer.  
 20 **Q.** Did your advisers bring to your attention that, as part  
 21 of Exercise Cygnus, the local resilience forums had  
 22 expressed concerns that it was not possible to collate  
 23 an accurate picture of social care capacity because much  
 24 of the capacity lay with private providers?

25 **A.** Not specifically in those terms, but I'm obviously aware

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1 structure of the service, what improvement could look  
 2 like, and the broader vulnerability within the sector as  
 3 well.  
 4 So you're thinking about different models for  
 5 social care so it's more sustainable, who the new actors  
 6 are going to be. There are lots of relatively small  
 7 family-run homes that give you different vulnerability.  
 8 If people retire, that home can go and you potentially  
 9 have a number of residents who may not be able to carry  
 10 on. So that was a challenge, and the way that it's  
 11 commissioned and funded is also a key risk as well. And  
 12 all those challenges, in the way I've described them,  
 13 would still exist now, but we're in a better position  
 14 now than when I started, and I expect we'll be in  
 15 a better position in the future, because, you know,  
 16 social care is essential for the future of the health  
 17 service and it's part of our -- it's part of our success  
 18 story that lots of us can expect to live to be older and  
 19 there is a need to plan for and to deliver against that.  
 20 **Q.** Did you take any action on this recurring issue that  
 21 there appeared to be no register of private care homes  
 22 in terms of the contingency plans for a pandemic or for  
 23 any sort of outbreak that they might have? Did you take  
 24 any action on that?

25 **A.** No, not on that specific point.

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1 of the structure of social care and how it has changed  
 2 significantly over the last few decades.  
 3 **Q.** You will be aware now that that concern is something  
 4 that was raised as far back as Exercise Taliesin, and  
 5 nothing appears to have been done about it in the  
 6 meantime; is that a concern that was ever brought to  
 7 your attention when you were Cabinet Minister for  
 8 Health?  
 9 **A.** Not in those specific terms. Like I said, the concerns  
 10 about social care were broad and not simply focused on  
 11 pandemic preparedness, it was much more about the  
 12 stability of the sector, given the demands that it  
 13 faces. And the structure of it is part of that too.  
 14 **Q.** Did you cause for any research, briefings, action to be  
 15 taken as a result of what you knew to be the problems  
 16 with social care during the time that you were Cabinet  
 17 Minister?  
 18 **A.** Yes, we invested in social care, it was part of our plan  
 19 for the future. I made deliberate choices to put parts  
 20 of the NHS allocated budget into partnership space that  
 21 had to be used by health and social care working  
 22 together through the seven regional partnership boards  
 23 that we'd created. So social care was definitely part  
 24 of what we were concerned about, and wanted to invest in  
 25 its future, and that did also take into account the

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1 **Q.** Are you aware, Mr Gething, that following  
 2 Exercise Cygnus there was a group created called the  
 3 Wales Pandemic Flu Preparedness Group?  
 4 **A.** Yes.  
 5 **Q.** Did that group ever report directly to you?  
 6 **A.** I received briefings from that group. The named  
 7 individual who provided those briefings is  
 8 David Goulding, and he is referred to in the papers.  
 9 **Q.** Were you aware that during a meeting of that group, the  
 10 following was discussed:  
 11 "Adult social care and community healthcare.  
 12 "NR advised that there was currently an issue around  
 13 who would be the SRO for the social care workstream  
 14 within the Department of Health. He added that within  
 15 Wales he was trying to establish where there was  
 16 social care capacity but the task was extremely  
 17 difficult as most of the care provision was provided by  
 18 independent companies."  
 19 So, in other words, there was a restatement of the  
 20 problem, knowledge of private social care?  
 21 **A.** Yeah, and that -- that's part of what you're looking at  
 22 across the whole system, regardless of the purpose,  
 23 because understanding who's providing the care,  
 24 understanding the commissioning arrangements that are  
 25 largely led by local government and understanding the

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1 variety of different homes in each of the 22 authorities  
 2 is part of the challenge we have, and had, when it came  
 3 to dealing for this in very real terms.  
 4 **Q.** Were you able to watch the evidence of Frank Atherton  
 5 from yesterday or have you been able to receive  
 6 a briefing on what that might have contained?  
 7 **A.** I've seen some of it. We had Cabinet yesterday so  
 8 I wasn't able to absent myself to watch all of it.  
 9 **Q.** All right. Are you aware, then, that in an email trail  
 10 from July 2018 there was concern expressed about the  
 11 pace of development of the review and guidance which  
 12 needed to be exposed to ministers, according to  
 13 Mr Atherton, along with resource issues? In fact  
 14 I think it might have been Mr Kilpatrick who sent the  
 15 first email, but there was a chain, I think, referred to  
 16 during the evidence of Mr Atherton which indicated that  
 17 this concern needed to be brought to the attention of  
 18 ministers?  
 19 **A.** Yes, I'm aware of the email exchange that was referenced  
 20 yesterday.  
 21 **Q.** Yes. Was that brought to your attention?  
 22 **A.** Not specifically in terms of that exchange, but I know  
 23 you've heard other evidence about some of the other  
 24 steps that were taken, but, for example, I didn't then  
 25 get at that briefing saying, "We need you to intervene,

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1 England first -- that's just the reality of travel  
 2 patterns and population size -- that you would want to  
 3 have that come through. So, again, if that was put in  
 4 front of me as a minister, I would -- and it goes back  
 5 to, I think, my Lady's questions about what could be  
 6 helped -- if I'd had a briefing that said, "We haven't  
 7 got this in the Department of Health in England, it  
 8 would be really helpful, and we also need to make sure  
 9 that we have a greater focus in the Welsh Government",  
 10 one of the things you could have done as a minister  
 11 would be to say, "I want to know more about this, I want  
 12 to know what has happened within a certain timescale",  
 13 and often that is something you do, say, "I want to know  
 14 within three months what's happening, and I want to have  
 15 the officials in front of me", that kickstarts people to  
 16 do things within a timescale, and you could have written  
 17 or asked for a conversation with a UK minister, and  
 18 that's one of those challenges, where you do have  
 19 correspondence, it isn't political, where not having  
 20 better relationships does get in the way of doing  
 21 government business that has to take place.  
 22 **Q.** One of the issues which Wales could have grappled with,  
 23 without having to wait for the Department of Health to  
 24 act, is getting to grips with private care home capacity  
 25 and ensuring that they had in place contingency plans,

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1 Minister, because we're not making enough progress".  
 2 And there are times where you intervene and you say,  
 3 "I want to know what's happening", or, "I want to meet  
 4 officials", and it does accelerate progress and provide  
 5 renewed focus, but I don't recall ever being briefed on  
 6 that particular exchange or its outcome in relation  
 7 specifically to, "We want you to be more engaged in  
 8 pandemic preparedness to make sure that we accelerate  
 9 the work that we're doing".  
 10 **Q.** One of the concerns expressed in that email train was  
 11 the fact that the Welsh Government appeared to be  
 12 waiting for the Department of Health to issue guidance  
 13 before it could assess and review its own plans and  
 14 guidance. Do you consider that to be a problem for  
 15 Wales, reactive rather than proactive?  
 16 **A.** Well, I think it's always part of the challenge when you  
 17 want to work across the four nations about where and how  
 18 you do that, and to do that in a way where you can have  
 19 your own plans to do what you want to in Wales, whereas  
 20 in the pandemic scenario you know it's likely to affect  
 21 all four nations and so you want some deliberate  
 22 consistency. Or if you're going to do things  
 23 differently, to understand why. And because England is  
 24 a much bigger block within the UK, and it's likely that  
 25 if you have a future pandemic it will come through

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1 isn't it?  
 2 **A.** So I think that's fair. I think it's fair to say that  
 3 we could have made more progress with our own sector.  
 4 The prime concern about the social care at the time was  
 5 its vulnerability and sustainability full stop, and so  
 6 actually that still means needing to understand who is  
 7 in the sector. In general terms you had  
 8 an understanding about the average size of homes, but  
 9 actually the more granular detail, to understand, with  
 10 local authorities in particular but also the health  
 11 service, the numbers of homes, where they are, and in  
 12 this area their infection prevention and control  
 13 procedures in general terms as well as the specifics  
 14 around the pandemic.  
 15 **Q.** Right. Finally, Mr Gething, I want to ask you about  
 16 PPE.  
 17 **LADY HALLETT:** It's all right.  
 18 **MS BLACKWELL:** Not at all, I was just pausing.  
 19 **LADY HALLETT:** It's the pollen.  
 20 **MS BLACKWELL:** It's affecting us all.  
 21 At paragraph 35 in your witness statement you say:  
 22 "We have learned a great deal about the importance  
 23 of PPE supplies, the adequacy of our stockpile, the  
 24 importance of secure supply chains and the trade-offs  
 25 between price and security of supply."

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1 What do you mean by the trade-off between price and  
2 security of supply?

3 **A.** So we had operated a just-in-time system where price  
4 drove most of our procurement decisions, including on  
5 PPE, and one of the lessons is about the length and the  
6 fragility of those chains and, again, I think it's  
7 common evidence from a number of people that they  
8 collapsed in the face of the pandemic. So if we want to  
9 be more resilient in the future we would need to carry  
10 on investing in PPE production that is closer to home.  
11 That would almost certainly mean that it will cost more,  
12 and the challenge there is that whoever is in whichever  
13 part of the government across the four nations of the  
14 UK, there are political and financial choices that come  
15 with that.

16 If you want to invest in having a supply that you  
17 know is more expensive than you could buy in another  
18 part of the world but you're doing it because you want  
19 to make sure you don't have fragility if there is  
20 a future pandemic, you've got to be prepared to do that,  
21 and that has a budget consequence to it.

22 It's the same with other areas of preparedness as  
23 well, and, you know, I have looked at Mr Hunt's evidence  
24 and he talks about South Korea, so not just on PPE but  
25 on improving capacity in laboratories, for example,

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1 whether or not it was sufficient.

2 Can we highlight, please, the table in the middle of  
3 the page.

4 **A.** Yeah.

5 **Q.** This is the quantity of items in the PIPP stockpile, as  
6 we've just established, in March 2020, and how long it  
7 lasted: aprons, six weeks; eye protectors, ten weeks;  
8 type IIR masks, which are of particular use for  
9 care homes and hospitals, 5.5 weeks; FFP3 respirators;  
10 10.9 weeks; gloves, singles, 1.5 weeks; hand sanitiser,  
11 4.3 weeks.

12 Even if we acknowledge that the assumptions that the  
13 Welsh and UK Government were planning for were not  
14 strictly adhered to by the Covid-19 pandemic, in fact in  
15 some senses they were worse, weren't they? Do you agree  
16 that the PPE stockpile in Wales was woefully inadequate  
17 to deal with the pandemic that was being planned for?

18 **A.** Yes, so our collective planning assumptions did not  
19 stand up against reality. So they were not adequate for  
20 the challenge we then faced, and that is set out in the  
21 table. I think it's very, very clear. And that --

22 **LADY HALLETT:** I don't think, with respect, sorry to  
23 interrupt, that wasn't the question.

24 **A.** Sorry.

25 **LADY HALLETT:** The question was the planning was for

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1 well, that isn't just the capital involved in building  
2 a facility, you need the people to do that, and you've  
3 got to invest on a recurrent basis for that to happen.

4 So those are choices and that resilience, if you're  
5 looking to build it in, if you need more capacity you  
6 can't avoid the fact that that will cost more money, and  
7 that's a choice that we have to be prepared collectively  
8 to make. I think that holds regardless of who is in  
9 government in whichever part of the UK.

10 **Q.** Were you aware that Welsh and UK-wide planning  
11 assumptions were to plan for successive flu waves to  
12 each last approximately 15 weeks in duration?

13 **A.** Yes.

14 **Q.** All right. I'd like to just look, please, at the  
15 document which sets out the stockpile held in  
16 South Wales of PPE.

17 It's at INQ000066526.

18 Just reminding ourselves that the central PPE  
19 stockpile for Wales was the pandemic influenza  
20 preparedness programme stockpile. This is Audit Wales'  
21 report entitled "Procuring and supplying PPE for the  
22 Covid-19 Pandemic". It's dated April of 2021.

23 Now, this will be the subject of evidence in later  
24 modules, but I'd just like to look, please, at page 21  
25 and paragraph 1.26 to ask you about the planning and

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1 something that was going to last for 15 weeks.

2 **A.** Yes.

3 **LADY HALLETT:** The point that Ms Blackwell is making is that  
4 it didn't even last 15 weeks, not just Covid.

5 **A.** No, and that was -- and I remember having a conversation  
6 about this time. I want to try to avoid going too far  
7 into the actual response.

8 We were going through PPE at a much faster rate than  
9 our planning assumptions assumed we would, so actually  
10 we found that our stockpile that should have lasted for  
11 a whole wave didn't. And, you know, the rate at which  
12 we were going through it was much faster than we  
13 expected, and it's why in the very early stages this was  
14 one of my major concerns in practice. But I don't want  
15 to get drawn too far into what I know we'll be going  
16 through in Module 2.

17 **MS BLACKWELL:** So do you agree, Mr Gething, that the plan  
18 that was in place was not just a plan for the wrong  
19 pandemic, but it was an inadequate plan in any event,  
20 even for the pandemic that it was being created for?

21 **A.** I think it's fair to say that the plan for an influenza  
22 pandemic would still have had challenges. If we'd had  
23 an influenza pandemic -- I hesitate to say it was  
24 inadequate because it's such a loaded term, but it  
25 certainly -- with all the evidence that I've seen, and

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1 I know the Inquiry have seen, the planning for  
2 an influenza-type pandemic was not complete, and we  
3 would have had vulnerabilities if it had been  
4 an influenza pandemic.

5 **Q.** Thank you.

6 My Lady, those are all the questions I have for  
7 Mr Gething. You have provisionally provided permission  
8 for a series of questions all to be asked by Covid-19  
9 Bereaved Families for Justice Cymru. Please may that be  
10 done now?

11 **LADY HALLETT:** Certainly.

12 **Questions by MS SHEPHERD**

13 **MS SHEPHERD:** My Lady.

14 **LADY HALLETT:** Ms Shepherd.

15 **MS SHEPHERD:** Mr Gething, my name is Laura Shepherd and  
16 I appear on behalf of Covid-19 Bereaved Families for  
17 Justice Cymru.

18 I'm going to start off by asking you about  
19 stakeholders. I don't know if you heard the evidence of  
20 Rosemary Gallagher that she gave last week. She spoke  
21 about the engagement or perhaps lack thereof that she  
22 had with the United Kingdom Government. Did you as  
23 Health Minister invite the Royal College of Nursing or  
24 the British Medical Association or any other clinical  
25 stakeholder groups to have input into the

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1 as in the rest of the UK, and the challenges, during  
2 a surge capacity it's not just a facility, it's people  
3 you need, and that is the big challenge. So if you  
4 could invest in more people you have more capacity to  
5 surge to, but those people will be working before you  
6 need to change things. So the ability to surge is about  
7 people, it's partly about facilities, it's also -- and  
8 I think I went through this briefly in questions  
9 earlier -- you have to choose what you're not going to  
10 do to create that space, whether that's the number of  
11 people who you would then expect to provide care to give  
12 you more capacity, or whether that is stopping some  
13 services from happening, or reorganising the way that  
14 they do.

15 **Q.** Were those choices made in preparation or were they made  
16 at the time when Covid hit?

17 **A.** So some of that work had been done in preparation,  
18 I know you heard this from Dr Goodall, the work hadn't  
19 been concluded but the thinking about it was not  
20 starting from a zero base. The challenge then is when  
21 it happens you have to think very quickly. That's why  
22 the workstream on regulation is relevant as well,  
23 because part of that surge capacity was a change in  
24 regulation that was swiftly introduced, and was  
25 envisaged, actually, in terms of pandemic preparedness,

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1 Welsh Government's pandemic planning?

2 **A.** No, I didn't ask for royal colleges to take part  
3 specifically. In the way that pandemic planning was  
4 undertaken, you have had this evidence from a range of  
5 people, officials within the Welsh Government worked  
6 with a range of partners, but I'm not sure whether they  
7 did engage with the royal colleges or not. But I did  
8 not see Rosemary Gallagher's evidence on this point.

9 **Q.** Were you aware that in her report in 2011,  
10 Dame Deirdre Hine, this was following the swine flu  
11 pandemic, she advised as to increased stakeholder  
12 engagement in pandemic planning?

13 **A.** Yes, I'm aware of that in preparation for this Inquiry.  
14 I'm not sure if she defined the list of stakeholders,  
15 but I'm aware that it was one of the recommendations.

16 **Q.** I'm going to move on now to ask you about surge  
17 capacity. So you have been asked questions about the  
18 sufficiency of the PPE stockpile, and I know that you  
19 heard the evidence that was given earlier by  
20 Andrew Goodall, and he spoke about the workstream that  
21 was in place as to surge capacity and how that wasn't  
22 finalised before January 2020.

23 When it got to the pandemic, do you agree that there  
24 was a difficulty with surge capacity in Wales?

25 **A.** Yes, there was a difficulty in surge capacity in Wales,

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1 to allow you to have people put back on the professional  
2 registers to undertake work they wouldn't otherwise have  
3 done, and that of course relies on those people wanting  
4 and being prepared to come forward.

5 So I guess fair to say that the work wasn't  
6 complete, but it doesn't mean that nothing had happened,  
7 because when the time came there was thinking to rely on  
8 as well as the need to make choices.

9 **Q.** I just want to have a look at some of the planning  
10 presumption when it comes to surge capacity.

11 If we could have up on the screen, please,  
12 INQ000089573.

13 This is a document you've already been referred to  
14 today, this is the Wales Health and Social Care  
15 Influenza Pandemic Preparedness and Response Guidance  
16 dated February 2014.

17 If we could have a look at page 7, please. So in  
18 the box there in the middle of the page, the very top  
19 row in that box says:

20 "Up to 50% of the population could experience  
21 symptoms of pandemic influenza over one or more pandemic  
22 waves each lasting 15 weeks."

23 Then if we look a couple of boxes down it says:

24 "1-4% of symptomatic people may require hospital  
25 treatment."

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1 So that's up to 2% of the entire population of Wales  
2 in hospital, potentially in a 15-week period. Was Wales  
3 prepared for that?

4 **A.** Not in the sense we had the hospital capacity at the  
5 start of the pandemic. That's a simple matter of the  
6 maths of the matter. To be prepared to know that you  
7 might have to do that in general terms we didn't have  
8 a granular plan on: here is how we will create that  
9 capacity.

10 I think it's also fair to point out, Ms Shepherd,  
11 that the planning assumptions are on the reasonable  
12 worst-case scenario, so that is if you're not taking  
13 action, and actually of course we did act, and the  
14 assumptions are these things can happen if you don't  
15 take action.

16 What we did meant that fortunately 2% of the  
17 population did not require hospital treatment, and to  
18 create the capacity for that -- again, I'm trying not to  
19 get drawn into Module 2, my Lady, but of course we did  
20 have to rapidly go through some of the challenges around  
21 field hospital expansion.

22 **Q.** I'm going to move on now then to excess deaths, and what  
23 I mean by this is the measures in place to deal with  
24 that, body bags, mortuary capacity and the ability to  
25 maintain the dignity of those who died.

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1 a bad death is and understanding that that has a real  
2 impact on people who are left behind, and when we  
3 started and had to consider the measures we might have  
4 to take immediately for mortuary capacity and for  
5 crematoria -- and I knew that crematoria capacity and  
6 there were plans that had gone through and been  
7 discussed with partners about how to increase crematoria  
8 capacity, but actually all of this work was not fully  
9 completed, and that meant that when Covid came, we were  
10 not as prepared as we could and should have been, and  
11 that does, yes, Ms Shepherd, lead to additional pain for  
12 bereaved families.

13 **Q.** Do you accept that you had responsibility to plan for  
14 that?

15 **A.** Yes, I'm the minister in the government, of course it's  
16 my responsibility.

17 **Q.** There is one final area I wanted to ask you about, and  
18 that's infection control and in particular isolation  
19 rooms in hospitals. The evidence that we heard earlier  
20 today from Dr Sandifer, and we also heard it yesterday,  
21 was there was no provision in Wales whatsoever to deal  
22 with HCIDs, which means that if people in Wales -- if  
23 someone in Wales has an HCID, they're taken to London or  
24 I think it's Newcastle. Do you accept that lack of  
25 preparedness for even one case of SARS in Wales reflects

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1 According to a Welsh Government document from the  
2 Technical Advisory Group, there were 2,257 deaths  
3 involving Covid-19 between 1 March 2020 and 31 May 2020,  
4 so that's a period of 12 weeks. Wales was not prepared  
5 for that number of deaths, was it?

6 **A.** I think in terms of the briefing that I had, excess  
7 deaths were mentioned. I was aware there was work on  
8 excess deaths that needed to be completed. I don't  
9 think that work was finalised. The most difficult part,  
10 I think, is not the physical capacity, it's the dignity  
11 in death that I found most difficult.

12 **Q.** If we could have a look again, please, at the  
13 INQ000089573 document, page 7. Again we've got excess  
14 deaths below the table on page 7, and again it says  
15 here:

16 "Planners should aim to be able to cope with  
17 between 12,000, and 15,000 deaths in Wales ..."

18 That's over a 15-week period, and we had just over  
19 2,000 deaths in Wales over a 12-week period. Do you  
20 accept that that lack of preparation led to real pain  
21 and suffering of the bereaved in Wales?

22 **A.** I think, in honesty, addressing the issue of excess  
23 deaths does lead to pain and suffering and it did lead  
24 to it, because, as I say, one of the things I found most  
25 difficult was the dignity in death, and knowing what

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1 a big oversight from those who were responsible for  
2 pandemic preparedness?

3 **A.** No, and I think the reason is important. So if you have  
4 two centres in England, you're dealing with very small  
5 numbers of a high-consequence infection. The challenge  
6 we are looking at is how do we make sure we have the  
7 ability to deal with a small number of high-consequence  
8 infections. For the scale of the pandemic, the centres  
9 in London and Newcastle could not cope and would not  
10 reasonably cope. Actually the challenges around how you  
11 surge capacity, as we had to with intensive care and  
12 more, is much more relevant to pandemic preparedness and  
13 coping with a genuine pandemic, as we did in the early  
14 stages of containment, and I think Chris Whitty has  
15 given evidence on this as well, I don't think it would  
16 have made any difference if we'd had a centre in Wales.  
17 If that had been in the Heath in Cardiff, if you live in  
18 Betws-y-Coed, that wouldn't have been the place you  
19 would have gone anyway. So there is a challenge about  
20 understanding the difference between a very small number  
21 of high-consequence infections -- if you recall, when  
22 there was a nurse who returned from the work she was  
23 doing and the challenge around Ebola, actually that is  
24 where you have those very limited number of high  
25 consequence facilities. The pandemic is a different

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1 order.

2 **Q.** SARS was an HCID until March 2020 and there was not --

3 sorry, Covid -- coronavirus and SARS was HCID until

4 March 2020, and there was not one single isolation unit

5 in Wales that could deal with it, was there?

6 **A.** Not at that time, no. And, as I say, in terms of --

7 I think we are maybe talking about different points

8 here. Having an individual unit with a small number of

9 beds would not have prevented the challenges of the

10 pandemic. The scale and the depth of what we needed to

11 prepare for and to deal with would not have been changed

12 if we'd had four high-consequence infection beds at

13 University Hospital Wales in Cardiff. That's the point

14 I'm trying to make. I think there's a danger that you

15 say, "This is the issue", when actually it's the much

16 broader challenges of preparedness I think that are the

17 real challenge.

18 **MS SHEPHERD:** Thank you, my Lady.

19 **LADY HALLETT:** Thank you very much, Ms Shepherd.

20 **MS BLACKWELL:** My Lady, that completes Mr Gething's

21 evidence.

22 **LADY HALLETT:** Thank you very much for your help,

23 Mr Gething.

24 **THE WITNESS:** Thank you.

25 **(The witness withdrew)**

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1 **Q.** Mr Drakeford, whilst you give evidence, could you please

2 keep your voice up whilst at the same time not falling

3 into the trap, into which a number of other witnesses

4 have fallen, of speaking too fast for our stenographer.

5 Mr Drakeford, it is very well known that you are the

6 First Minister of Wales and you have been so since

7 December of 2018. But before that, from March 2013,

8 were you Minister for Health and Social Services, and

9 from May 2016 Cabinet Secretary for Finance and Local

10 Government, and then November 2017, Cabinet Secretary

11 for Finance?

12 **A.** I was.

13 **Q.** Your experience, therefore, reflects or is important for

14 a number of areas in this module, because in practice

15 you've worked inside, and of course you now lead, the

16 Welsh Government since the outset of devolution, and

17 you've worked as both Health Minister and Minister for

18 Local Government, and therefore you have great

19 experience of dealing with the system for health

20 emergencies, as well as, of course, the resourcing for

21 the preparedness structures in Wales.

22 Did you also have to deal with the Ebola outbreak

23 whilst you were Health Minister?

24 **A.** That did happen while I was the Health Minister, yes.

25 **Q.** You may indeed even have been an adviser in government

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1 **MS BLACKWELL:** Would that be a convenient moment to take our

2 afternoon break before the final witness of the day.

3 **LADY HALLETT:** Yes, of course. I'm just trying to think --

4 it's very important that we finish Mr Drakeford's

5 evidence today.

6 **MS BLACKWELL:** Perhaps ten minutes? Sorry, you're getting

7 mixed messages.

8 **LADY HALLETT:** I am getting mixed messages. Ten minutes.

9 3 o'clock.

10 **(2.50 pm)**

11 **(A short break)**

12 **(3.00 pm)**

13 **LADY HALLETT:** Mr Keith.

14 **MR KEITH:** The First Minister of Wales, please.

15 **MR MARK DRAKEFORD (affirmed)**

16 **Questions from LEAD COUNSEL TO THE INQUIRY**

17 **MR KEITH:** Would you be good enough to give your full name,

18 please, to the Inquiry.

19 **A.** Mark Drakeford.

20 **Q.** Mr Drakeford, thank you very much for the assistance

21 that you have so far provided to the Inquiry by way of

22 the provision of a witness statement. Is that a witness

23 statement dated 21 April 2023 to which you've appended

24 your signature and declared the statement of truth?

25 **A.** It is.

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1 at the time of the swine flu pandemic before that?

2 **A.** That's true.

3 **Q.** All right.

4 I'd like to start asking you questions, please,

5 about devolution and the position concerning civil

6 contingencies.

7 You are, of course, familiar with the Welsh

8 Ministers (Transfer of Functions) Order 2018. That is

9 a hugely important piece of legislation, secondary

10 legislation, which came into force on 24 May 2018, and

11 it transferred functions from ministers of the Crown in

12 London to Welsh Government ministers in relation to the

13 field of civil contingencies, as well as, I should say,

14 a large number of other matters; is that broadly

15 correct?

16 **A.** That is correct.

17 **Q.** So that we can understand the position, prior to that

18 date were there a number of functions, activities,

19 executive functions which were already within the

20 competence of the Welsh Government, that is to say that

21 they were not reserved, they were devolved matters, but

22 they had not practically been transferred to the

23 Welsh Government enabling you to be able to carry them

24 out?

25 **A.** Well, the Welsh Government had been involved in dealing

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1 with civil emergencies from the very start of  
 2 devolution. The very first year I was part of advising  
 3 the Welsh Government we had a series of events in  
 4 flooding, in fuel protests and foot-and-mouth disease,  
 5 which illustrated that in fact, if not in law, the  
 6 Welsh Government was drawn in to responding to those  
 7 civil emergencies, and that continued to be the case in  
 8 the decade and more thereafter.

9 **Q.** But legally some of the functions which you were  
 10 required, obligated to carry out would or were on one  
 11 view still reserved matters which had not been converted  
 12 into devolved matters, enabling you to act legally, or  
 13 were matters which had been changed into devolved  
 14 matters but the piece of secondary legislation formally  
 15 confirming that they were powers that you could exercise  
 16 hadn't yet gone through, but you just got on with the  
 17 job?

18 **A.** In many ways the Transfer of Functions Order regularised  
 19 the way in which things had happened on the ground for  
 20 some time.

21 **Q.** An important part of that order concerned part 1 of the  
 22 Civil Contingencies Act 2004, the United Kingdom  
 23 legislation concerned with civil contingencies, because  
 24 until the order was made transferring functions from  
 25 ministers of the Crown to the Welsh ministers, the

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1 **Q.** Presumably, in anticipation of the Transfer of Functions  
 2 Order being made, and it was an order which you had  
 3 sought of course, politically the Welsh Government had  
 4 for some time stated to the United Kingdom Government,  
 5 "It is time for these functions to be transferred, let  
 6 us make *de jure* what is already *de facto*", presumably  
 7 you had to make sure that the Welsh Government  
 8 structures, in terms of resourcing, the personnel, the  
 9 group or committee structure, was ready to discharge the  
 10 new functions which it would be allowed to carry out?

11 **A.** Well, the normal pattern would be that a transfer of  
 12 functions is accompanied by a transfer of funding to  
 13 discharge those functions, because those functions are  
 14 already being discharged elsewhere. So you no longer  
 15 need to discharge them at central government level and  
 16 the funding follows. So it would be true that the  
 17 Welsh Government was responsible for making sure that,  
 18 in terms of structures, that we were ready to discharge  
 19 those new responsibilities. In this case, as I think  
 20 the Inquiry will know, no funding followed from  
 21 the United Kingdom Government for these purposes. So  
 22 funding had to be found from within wider  
 23 Welsh Government resources that would otherwise have  
 24 been used for other purposes.

25 **Q.** So looking at those three areas of resources, personnel

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1 Welsh Government was unable to pass regulations under  
 2 that Act and also formally to discharge the functions  
 3 specified by the Act itself; is that broadly correct?

4 **A.** That is correct, yeah.

5 **Q.** There is evidence before my Lady's Inquiry that until  
 6 the Transfer of Functions Order, much of the discharge  
 7 of civil contingencies powers by the Welsh Government  
 8 was therefore framed not by that legislative framework  
 9 or the legality of the functions order, but by the views  
 10 of the First Ministers in place at the time and senior  
 11 Welsh ministers. You were, in other words, forced back  
 12 into the position of making decisions yourselves as  
 13 ministers, as executive ministerial decision-makers,  
 14 regardless of the legal position and the application of  
 15 the Civil Contingencies Act; would you agree?

16 **A.** Only in part, I think, because many of the emergencies  
 17 which were dealt with over that period relied on other  
 18 powers which were already in the hands of Welsh  
 19 ministers.

20 So I could give you one example, while I was the  
 21 Health Minister there was a major measles outbreak in  
 22 South Wales. It was a public health emergency, but all  
 23 the powers that we needed to respond to that were  
 24 already in the hands of Welsh ministers through the  
 25 Public Health Act of 1984.

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1 and the structure, in terms of resources, the  
 2 Welsh Government was keenly aware that it would need  
 3 extra resources in order to be able to discharge the  
 4 additional functions which it was empowered to operate  
 5 or would be empowered to operate from May 2018.

6 Did you seek from the United Kingdom Government  
 7 additional resources to enable you to carry out those  
 8 new functions?

9 **A.** Yes.

10 **Q.** What was the response?

11 **A.** Cabinet Office said that they had been unable to  
 12 identify any expenditure that they had undertaken to  
 13 discharge those functions, and therefore there was no  
 14 money to be transferred. They could not identify any  
 15 discrete sums of money used for those purposes in Wales,  
 16 and therefore there was no sum of money that they could  
 17 identify to accompany the transfer of responsibilities.

18 **Q.** So, in effect, because they were unable to specify how  
 19 much the existing discharge of those functions cost  
 20 them, in the general kitty, perhaps the general  
 21 consolidated fund, they would not give you and could not  
 22 give you the same amount of money in order for you to  
 23 then discharge those functions going forward?

24 **A.** That was their argument.

25 **Q.** Therefore you fell back, of course, on your own funding

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1 sources?

2 **A.** We did. We employed eight new -- or we created eight

3 new posts within the Welsh Government to enable us to

4 discharge these new responsibilities. But they were

5 funded, as I said, not from the new money that you might

6 have expected, but from money that was already devolved

7 to Wales for the functions that the Welsh Government

8 already possessed.

9 **Q.** May we take it from the fact that post-Covid the

10 relevant risk and resilience directorate or division has

11 many more people now in it than was the case in 2018,

12 that the number of people you were able to fund fell

13 short of, to use a word from earlier in the evidence,

14 the optimum? You would, all other things being equal,

15 had you had the money, have preferred to fund

16 considerably more people than the eight that you were

17 able to do so?

18 **A.** Well, my experience as Finance Minister taught me that

19 you always had to think of two things: you had to think

20 of the amount of money that you have available, but you

21 also have to think about the capacity of a system to

22 absorb that funding. Sometimes it's not just a matter

23 of finding the money. Systems can't spend the money --

24 can't spend the money wisely if you provide it all too

25 quickly. Capacity has to be built up over time. In the

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1 were more about allowing resources that were already

2 there to be deployed more effectively. I'm not saying

3 for a moment that there was no case for additional

4 resources, but the primary case was: you have

5 a resource, the powers that they need are not in the

6 right place, when those powers are transferred, those

7 people who are there already would be able to do their

8 job more effectively.

9 **Q.** Finally, in relation to the structure, there was

10 a pre-existing civil contingencies structure in Wales,

11 of course, and as we will see later in the course of

12 your evidence it had many moving parts. To what extent

13 did the Welsh Government seek to recalibrate that

14 structure, to make sure that the structure was in the

15 best place possible to start carrying out the new

16 functions which the Transfer of Functions Order

17 permitted them to do so?

18 **A.** Well, ministerially, because that's the perspective from

19 which I was able to view it, the structures were

20 sufficient to make sure advice flowed to ministers,

21 flowed in a timely way, was enabled to raise issues with

22 ministers when those issues were required. And in some

23 ways -- you don't spend your time looking at the wiring

24 diagram so long as you are confident that the diagram

25 produces the result that you need, consistent advice of

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1 beginning, eight posts to take on these new

2 responsibilities, I felt, as the Finance Minister having

3 to find the money, that that was both something we could

4 manage financially but also that the system would be

5 able to use that money in a proper way.

6 **Q.** Let me ask you the same question in a different way,

7 Mr Drakeford: had the United Kingdom Government provided

8 the funding that you had sought, would you have still

9 ended up with only eight people in that team?

10 **A.** Very hard question to be sure, given that they didn't

11 give us any money at all. We would have cut our coat

12 according to our cloth.

13 **Q.** All right.

14 In terms of personnel, it wasn't just a question

15 then of being able to identify changes in personnel in

16 the particular part of the Welsh Government, the

17 Welsh Government resilience team, perhaps. What

18 consideration was given to ensuring that, for the

19 discharge across the board of these civil contingencies

20 powers, more people would need to be placed in various

21 other parts of the Welsh Government or outside the

22 Welsh Government, either in relation to the audit teams

23 or the local resilience forum level or the strategic

24 co-ordination group level and so on?

25 **A.** I think my recollection of the time is that the powers

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1 the quality that you require, in a timely fashion, and

2 I felt confident that the system did do that.

3 **Q.** Beyond -- I don't mean this pejoratively -- beyond the

4 parochial issue of what advice individual ministers and

5 the First Minister was receiving, to what extent did the

6 Welsh Government stand back and say, "Is this structure

7 for civil contingencies emergency preparedness the

8 correct structure to be able to deal with the future

9 discharge of these additional powers?"

10 **A.** Yes.

11 **Q.** The evidence is quite plain that there are a lot of

12 different bodies in the Welsh civil contingency field.

13 Were they the right bodies in the right place to be able

14 to deal with these new functions?

15 **A.** Well, my predecessor as First Minister ordered a review

16 of those structures to accompany the transfer of

17 functions. So there was a conscious effort to make sure

18 that the Welsh Government would be equipped in that

19 structural sense to use the new powers that came its

20 way.

21 **Q.** There was, and my Lady has heard evidence to this

22 effect, a report on civil emergencies in Wales dated

23 6 December 2012. There is absolutely no reason why you

24 would have had to have had that brought to your

25 attention when you became First Minister or even Health

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Minister, because it was before your tenure as Health Minister. But the evidence yesterday and in part today is that that report in 2012 highlighted the fact that there were too many bodies, too many groups in the civil contingency system in Wales, that there was a complex resilience framework, problems with inefficiency and effectiveness, as well as there being no common approach to risk assessment and a number of other important matters.

Do you know whether or not following that report in 2012, six years before the Transfer of Functions Order, there was any rationalisation of the groups or the structures?

A. Well, I've given this some thought, having heard it raised with previous witnesses. From the perspective of the Minister, the system did not look particularly complex. You know, there was -- I think it's to be found in the Pan-Wales Response Plan, on a single page, the essence of the structure.

Once the structure moves into the particularities of, you know, professional roles and perspectives, it does sometimes enter a rather arcane world that is only really understood by those that are part of it.

But as a Minister, what I needed to know was: how would advice get to me, which levels would it have

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provided all of that is effectively translated into the actions that you would need to take in face of an emergency, as set out on pages 9 and 11, then you have confidence to know that the system, when called upon, whatever complexity might lie behind it, the system when called upon will operate in that comprehensible way.

Q. Would you nevertheless agree that, following the 2012 civil emergencies report, the audit office report on civil emergencies in Wales, and between that time and 2018, there was no wholesale change or no significant change to the civil contingencies structure in Wales?

A. Yeah, I think that will be fair.

Q. All right.

In May 2018, exactly concurrent in fact to the Transfer of Functions Order, there was a report of Internal Audit Services called Audit Services' Emergency Planning, Preparedness and Response, INQ000128972, which was concerned with the assurance rating of the emergency planning preparedness and response system. So it's a report by Internal Audit Services within the Welsh Government.

If you look at the top half of the page, you will see an overarching general assurance rating given to the system of emergency planning, preparedness and response,

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passed through, am I confident that that means that the advice that comes on to my desk has been tested, has the necessary expertise. And I didn't feel that complexity was a barrier to that happening.

Q. We're going to try to find that diagram, Mr Drakeford, if we can.

A. Page 9.

Q. I think it's the Pan-Wales Response Plan, INQ000107119.

A. You can find it on page 9, and page 11 goes alongside it.

Q. Thank you.

Yes, so there is the flowchart which deals, in fact, with a slightly different issue, which is the levels of contingency or emergency, because in the event of a level 2, the civil contingencies group is required to establish a Wales civil contingencies committee.

So I think what you have in mind is perhaps rather more page 11, which is a concentric chart -- no, that's again dealing with levels 1, 2 and 3.

We will see if we can find it, but I think you have in mind there is a concentric chart which sets out the local resilience forums, the strategic co-ordinating groups, the various external bodies and then those parts of the Welsh Government on top.

A. But essentially, from a Minister's point of view,

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and quite evidently, Mr Drakeford, all parts of the Welsh Government are subject to audit at some level and from time to time, and this is the audit on emergency planning, preparedness and response.

The assurance rating is given as reasonable. If you take it from me that that was a reduction in the rating from the earlier rating, which was substantial, that it had received eight years before in 2010, were you aware that at the time that the functions were being transferred to the Welsh Government, the assurance rating for the Welsh Government's emergency planning system had been downgraded one slot, one mark?

A. I don't think that I would have known it in those terms.

What I would have been aware of was advice that suggested that the level of threat over that period had grown, so that the system itself may have been as it was in 2012, but now it's having to deal with different threats and more significant threats.

Q. There are references in this report to prospective obligations which would have to be placed on the First Minister of Wales. You weren't First Minister then, you became so in December of 2018, but if you could have page 3, paragraphs 1.3 through to 1.6 -- page 3, 1.3 to 1.6 -- and perhaps picking up the thread at 1.5:

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"Following a Wales Audit Report in 2012, the First Minister has agreed to the transfer of executive functions ... This is likely to take place by June 2018 ... This ... give[s] Welsh Ministers brand new powers to exercise additional functions including:

"- Issuing guidance ...

"- monitoring devolved responders and requiring them to produce information ...

"- bringing enforcement proceedings ..."

Then if we could just run through, please, to page 5 at paragraph 3.7, so we can see the overarching scheme:

"Resource requirements have been identified by the Resilience Team to be able to carry out the new duties and activities required to support Ministers' responsibilities."

There is a reference then to the then First Minister writing to the United Kingdom Government looking for money.

In broad terms, Mr Drakeford, following that audit report, which had noted that the rating had reduced itself from substantial to reasonable, was there a wholesale rewriting of guidance? Were, in a general sense, the Welsh Government's pandemic plans and civil contingencies plans rewritten? Were there or was there put into place a new system or an enhanced system of

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has, and we were content at this point to do so.

I'm not sure we would have felt that there was a huge advantage to be gained from deducing Welsh-specific risks when the United Kingdom Government's risk assessment process appeared to us to be one that you could rely on and had the expertise it required to deliver it.

**Q.** You are, of course, familiar with the doctrine that all risk is local, the subsidiarity principle, you've no doubt seen the evidence about how, in the civil contingencies field, the principle of subsidiarity is applied. There will no doubt be risks, won't there, which will affect Wales differently? There may even be risks which would only affect Wales. But to rely upon the United Kingdom risk register for risks identified by UK officials to apply across the board tended, did it not, to fail to give sufficient consideration to Welsh-specific risks and how they might be managed?

**A.** Well, the way that that was discharged was through the four LRFs, so I agree with you that you needed a local application of the national register. Whether there is a Welsh intermediate tier for that was something we did not feel at that time would have justified the resources that would have been required to develop it. But we did ensure that at the four LRF levels there was a statutory

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monitoring devolved responders and possibly bringing enforcement proceedings?

**A.** The system didn't have a wholesale change, and the review that my predecessor set in motion in 2016 concluded that wholesale change was not required. There were adaptations and modifications but the system did not need a root and branch rewriting in the terms that you put it.

As you know, the powers that came with the Transfer of Functions Order were not exercised immediately.

**Q.** On a related issue, the Welsh Government had never produced its own self-standing risk assessment process or risk assessment document setting out all the risks facing the Welsh Government in the same way that the United Kingdom Government did in London and we're aware that the Scottish Government did in Scotland.

Do you recall whether at this time of great change consideration was given to the production and publication for the first time of a Welsh-centric risk assessment process?

**A.** I don't think I could say to you I remember a specific discussion of that sort. I remember the general discussion, which is that for certain purposes it is sensible from a Welsh perspective to lie on -- to rely on the expertise and the capacity that the UK Government

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obligation to produce a community risk register. So if I might just give you one example, the National Risk Register no doubt had things in it about what would happen in the event of an explosion at an oil refinery. Now, in the Dyfed-Powys part of Wales, that's a significant concern, given that there is a concentration of oil refineries. In the north of Wales that wouldn't be a very high consideration there being no oil refineries actually across the North Wales coast.

So the way in which we discharged the obligation, which I agree with is an important one, to localise and particularise the National Risk Register, was not at a Wales level but at the level of the four LRFs.

**Q.** That's exactly the point, isn't it, that the risk assessments were looked at solely in the context, at least formally on paper, of the four local resilience forums. There was no formal process by which the national Welsh Government could identify a risk in relation to which it may have to step in to deal with alongside the local resilience forum, the strategic co-ordinating group, and whatever regional partnership there might be?

**A.** I think you will find that in the -- and I've heard you used the word "labyrinthine" -- structures that exist,

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1 actually there is a group which is chaired by the  
 2 Welsh Government which brings the four LRF risk  
 3 assessors together for this purpose. So while it's  
 4 discharged at the LRF level, the Welsh Government is not  
 5 in ignorance of the way that those community risk  
 6 assessments are being produced because there is a coming  
 7 together of the four LRFs under the chairing of  
 8 a Welsh Government official in order to collect that  
 9 back at an all Wales -- from an all Wales perspective.

10 **Q.** There is a Wales Resilience Forum at which such issues  
 11 are debated?

12 **A.** Indeed.

13 **Q.** My point, though, Mr Drakeford, was concerned with the  
 14 system of risk assessment. There is no process by  
 15 which, formally, the Welsh Government gets to analyse  
 16 the risks which its country faces -- which may have to  
 17 be responded to not just by local resilience forums but  
 18 by the Welsh Government itself -- in the way that there  
 19 is for Scotland and for England?

20 **A.** No, for those purposes, we used the UK-wide risk  
 21 assessment process.

22 **Q.** All right.

23 In October of 2018, at one of the meetings of that  
 24 exact same body, the Wales Resilience Forum,  
 25 Mr Drakeford, the then Cabinet Secretary for local

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1 until 2023?

2 **A.** No.

3 **Q.** So that we can understand the chronology, it took the  
 4 best part of 2018 for that review process to be  
 5 initiated. The review was then hampered by the  
 6 diversion of resources to what is now, by way of  
 7 a familiar refrain, the necessary preparations for  
 8 a no-deal EU exit, and then of course, after that,  
 9 Covid.

10 Is it a matter of some regret that that review,  
 11 which was obviously important, otherwise you wouldn't  
 12 have ordered it, was not in the event able to be brought  
 13 to fruition, and was not brought to fruition for  
 14 a matter of years, there being at least 18 months from  
 15 October 2018 to March 2020?

16 **A.** Well, of course it was a matter of considerable  
 17 disappointment to us, because the Welsh Government had,  
 18 as you said, worked hard to secure the transfer of those  
 19 responsibilities, and to make sure that we were in  
 20 a proper position to discharge them.

21 But by the time I became First Minister, I chaired  
 22 my first Cabinet I think four days after becoming  
 23 First Minister, and almost the whole of that Cabinet  
 24 meeting is devoted to preparations for leaving the  
 25 European Union without a deal. So by the time I became

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1 government and public services agreed that a review of  
 2 emergency planning governance and structures was  
 3 required, I think, in order to ensure whether they were  
 4 "fit for purpose".

5 You agreed, as First Minister -- because by December  
 6 you had become the First Minister -- you had agreed that  
 7 a comprehensive review should be undertaken which would  
 8 develop a platform to support the new regulations.

9 So the answer, perhaps, to one of my earlier  
 10 questions was that there was a recognition by you, on  
 11 behalf of the Welsh Government but by you personally,  
 12 that it was important to carry out a review to make sure  
 13 that the system could cope with that transfer of powers?

14 **A.** I think I said, apologies if I glossed over it in  
 15 an earlier answer, that my predecessor, on agreeing the  
 16 transfer of functions, had initiated that review.

17 Now, by the time it came to make its way into  
 18 sort of formal sign-offs, it had probably been overtaken  
 19 by my arrival. But the initiation of it pre-dated my  
 20 becoming First Minister.

21 **Q.** We believe that following that Wales Resilience Forum  
 22 meeting, which didn't take place until October 2018, the  
 23 matter formally did go to you as First Minister and you  
 24 agreed that that review was necessary.

25 The review didn't, however, take place, did it,

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1 First Minister, the system was already turning its  
 2 sights very firmly to a danger that was right in front  
 3 of you and of very significant potential consequence.

4 **Q.** May we have, please, then that review, INQ000187580,  
 5 please, of 2023.

6 There is the Review of Civil Contingencies in Wales.  
 7 It says across it, or at least on the copy that we have,  
 8 Mr Drakeford, in stern terms "Not government policy".  
 9 We have been collectively a little troubled by that.  
 10 This is a review of civil contingencies in Wales ordered  
 11 by the Welsh Government in part but jointly owned by  
 12 a number of other organisations. Why is it necessary --  
 13 or why does it say "Not government policy"? Is that  
 14 because you haven't yet formally decided whether or not  
 15 to give effect to its recommendations?

16 **A.** Well, I am imagining, rather than being certain on the  
 17 specifics, but this would be the normal way of things  
 18 happening in Wales. The document would be produced, we  
 19 would wish the views of partners to be received on it,  
 20 there may be, you know, aspects of it that the  
 21 fire service, for example, to take just one example,  
 22 might wish to draw to our attention. So while we would  
 23 circulate the document to make sure that anybody with  
 24 an interest can contribute to the final version, we make  
 25 it clear to people that it's not, at that stage,

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1 formally adopted as government policy.  
 2 **Q.** If we turn to page 33, please, we'll find the  
 3 recommendations, priorities and next steps.  
 4 The first one is a national assurance framework for  
 5 Wales to be developed with monitoring to be managed by  
 6 the Wales Resilience Board. So in fact a new body, not  
 7 the Wales Resilience Forum but the Wales Resilience  
 8 Board. In the right-hand column the authors of this  
 9 worthy document state that this is a matter that is  
 10 "Critical".  
 11 If we just go forward to page 35 we will see what is  
 12 meant by critical, although it may be thought  
 13 self-evident. There we are:  
 14 "Critical (Do Now) -- it is of the greatest  
 15 importance that action is taken immediately."  
 16 So going back to page 33, may we take it,  
 17 Mr Drakeford, that the authors of this report regarded  
 18 the absence of a national assurance framework for Wales,  
 19 that is to say a system by which all the moving parts in  
 20 the Welsh civil contingencies structure could be tested  
 21 to make sure they were up to scratch, was a matter of  
 22 the very greatest concern to which it was essential that  
 23 action be taken right away?  
 24 **A.** Well, it is self-evidently the views of the authors that  
 25 this is their most important recommendation. My own

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1 that time. I was aware, because I've been involved in  
 2 some discussions, through the resilience forum, that  
 3 contemporary thinking is that that intermediate Welsh  
 4 level may need strengthening, and you see that in this  
 5 recommendation.  
 6 **Q.** On page 34, at number 13:  
 7 "Regional risk assessment should be used to define  
 8 a regional training and exercise regime to address  
 9 Wales-wide capability gaps or development needs."  
 10 Then over the page at 15, page 35, "centrally  
 11 managed training and exercise regime".  
 12 Now, plainly many of these recommendations must have  
 13 been formed as a result of the terrible experience of  
 14 Covid, but to the extent that they identify significant  
 15 changes in the Welsh structure for civil contingencies,  
 16 training, assurance, formal process of risk assessment,  
 17 does this not rather indicate that there were  
 18 pre-existing structural flaws in the civil contingencies  
 19 system in Wales, that is to say even before Covid?  
 20 **A.** I think I probably have two observations to make there.  
 21 First of all, I wouldn't necessarily interpret the fact  
 22 that a document says that skills and professional  
 23 development is needed as meaning that that didn't exist  
 24 previously.  
 25 **Q.** Agreed.

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1 view would be that, nevertheless, that recommendation  
 2 has to be tested by others, given that its  
 3 implementation will rely upon the willingness of others  
 4 to make that contribution. So no doubt this will make  
 5 its way to my desk with final proposals and they may not  
 6 look identical to the ones that we see in front of us  
 7 this afternoon.  
 8 **Q.** The civil service in Wales will of course present this  
 9 to you along with their own views and no doubt seek  
 10 a decision from you.  
 11 Number 2, risk, we were just debating this very  
 12 issue a few moments ago:  
 13 "[The Welsh Government] and [the local resilience  
 14 forums] should work in partnership to interpret the UK  
 15 National Risk Register and adapt UK level risks to Wales  
 16 ... to identify upcoming and potential risks that would  
 17 significantly impact Wales ...  
 18 "Essential."  
 19 Does that go directly to the heart of the issue that  
 20 we were debating a few moments ago: the need for  
 21 a Welsh Government level input into the identification,  
 22 management, ownership of Welsh risks?  
 23 **A.** Yes, it does. I was careful in answering your earlier  
 24 questions to try to be clear that the view that the UK  
 25 risk register was adequate for the purpose was a view of

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1 **A.** I think it is just a statement of the ongoing need to  
 2 make sure that that is part of the system. And I don't  
 3 think myself you can necessarily conclude that because,  
 4 in the light of new powers, changed circumstances, that  
 5 a report says that that now needs to be reflected in new  
 6 and strengthened systems, that that says that prior to  
 7 those things the system that was there was not fit for  
 8 the purposes which, at that time, were there to be  
 9 discharged.  
 10 **Q.** But, Mr Drakeford, the premise of that answer was that  
 11 this is recommending new and improved systems. Insofar  
 12 as the report recommended a national assurance  
 13 framework, a Welsh Government risk assessment procedure,  
 14 a provision of centrally managed training and exercise,  
 15 those were not improvements, they are standalone and  
 16 completely novel developments. They simply have never  
 17 existed hitherto.  
 18 **A.** And they reflect the report authors' view of what is  
 19 needed in Wales in 2023 rather than their reflection of  
 20 what was needed in 2018. I think that's the only point  
 21 I'm making, is that it is reflecting today's Wales,  
 22 today's circumstances, today's challenges.  
 23 **Q.** But these were challenges, of course, which have come  
 24 into focus as a result of Covid, but in terms of the  
 25 structural performance of the civil contingencies

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structure in Wales, these are not new issues. The United Kingdom -- the London government had put into position over many years a system for national assurance, for National Resilience Standards -- my Lady heard evidence about the production of three different versions of those National Resilience Standards -- a national resilience academy, a structure for training and exercising; they're all part and parcel of civil contingencies, are they not?

**A.** And the capacity to offer training and a number of those things existed right through the system. They are restated here in the contemporary circumstances.

**Q.** All right.

Risk registers. You'll know from the paperwork which we have provided you with that there were in existence corporate risk registers for the Welsh Government.

Please may we have up the first one, which is an issue which is January 2016, INQ000215556, page 1, column P5 -- or entry P5, row P5:

"Resilience (Major Emergencies):

"If we fail to provide leadership and co-ordination in ensuring Wales is prepared for and resilient to the full range of national hazards and threats which it faces then there is a risk to the health and well-being

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control measures, by way of business continuity plan, disaster recovery arrangements, lessons are learned, emergency response protocols.

Dr Goodall, the permanent secretary to the Welsh Government, from whom we heard yesterday and today, acknowledged that, insofar as those measured purported to reduce the risk of disruption events, whilst worthy on their own -- in their own terms, they did not actually reflect the reality of the position on the ground, insofar as, although there were a multitude of plans, civil contingency, public health emergency, pandemic influenza plans, they had not been updated, and in the majority had not been updated since 2014, the disaster recovery arrangements were undermined by the fact that a significant number of recommendations from earlier exercises had not been implemented, lessons had not been fully learned from disruption events, and emergency response protocols, whilst the subject of some training and exercising, had not been scrutinised to the full.

Would you agree, therefore, that insofar as the Welsh Government sought to properly understand the risk of pandemic influenza, it went awry by virtue of relying upon mitigation measures which turned out not to be wholly accurate?

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of its citizens."

A self-evident risk one might think.

There are then a list of controls identified as being the risk control measures or proposed mitigating actions, and if we could just go over the page, please, we will see the rubric, the notes which go with that -- those scores, and explain what they all are.

If you go back, please, to page 1, there is, it appears, in this risk register, very little by way of specific identification of what the emergency that is pandemic influenza might consist of or the specific controls or countermeasures for pandemic influenza as opposed to major emergencies, civil contingencies, major events and so on.

Would you agree, Mr Drakeford?

**A.** I think that is -- that's a fair summary of what we see in front of us.

**Q.** If we then have a look at June 2019, INQ000215558, which is a single-page document -- and on this occasion please feel free to scroll in, the reference to risk description, disruption event affecting people, places, finances, communications and IT. If there is a significant disruption event the Welsh Government may struggle to recover its operations quickly and effectively. Then a number of mitigation measures,

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**A.** Well, as far as the two documents that I've just seen are concerned, I think Dr Goodall is a more effective witness than I can be. Ministers are not responsible for the corporate risk register. I would expect it to be used by senior officials to draw the attention of ministers to areas where senior officials believe ministerial intervention would be necessary, but ministers do not routinely see and are certainly not directly responsible for the material that lies behind them. So Dr Goodall's evidence to you would be more useful to you, I think, than my own.

**Q.** All right.

Could you give us, then, some indication of the frequency with which the issue of the Tier 1 risk of a pandemic influenza was brought to the specific attention of the First Minister.

You were, as First Minister, ex officio the chair of the Wales Resilience Forum, and it's obvious that there are a number of Welsh Government documents in place. But how often was pandemic preparedness brought to you specifically as a priority worthy of your attention?

**A.** I wonder if I could just make one general point.

**Q.** Please.

**A.** Which is that I have struggled a little in reading documents again for today to distinguish between things

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1 which I am learning as a result of preparation and  
2 things that I actually knew at the time, and I do not  
3 want to imply to you that because I know things now  
4 I necessarily knew them then.

5 **Q.** Of course.

6 **A.** So that is a line I've not always found it easy to  
7 completely walk down.

8 But I think I should probably say that, of course,  
9 by the time I'd become First Minister I have been, as  
10 you have said, engaged in the Welsh Government for --  
11 well, since the very start of devolution, and have lived  
12 through a whole series of emergencies, and having been  
13 the health minister particularly, I am maybe more alert  
14 to the risk of an influenza pandemic than I otherwise  
15 would have been.

16 So I am --

17 **Q.** Because of those emergencies that you had to deal with  
18 de facto?

19 **A.** Yeah, the history of being in the Welsh Government is  
20 constantly dealing with one sort of civic emergency or  
21 another. During the time that I was the Health  
22 Minister, for example, as well as the measles epidemic  
23 I was dealing with officials with a TB outbreak in the  
24 town of Llanelli, the Ebola outbreak happened while  
25 I was the Health Minister, and that is, you know,

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1 exercise.

2 **Q.** Yes.

3 **A.** So while I share the same identical experience as  
4 Mr Gething, I don't think I was ever asked a single  
5 question on the floor of the Senedd or in any media  
6 interview on preparedness per se. That did not mean  
7 that when exercises took place and conclusions were  
8 being drawn from them that your attention as a minister  
9 was not drawn to them.

10 **Q.** In your witness statement for this Inquiry you say:

11 "I became First Minister in 2018 [that's obviously  
12 December 2018]. I do not recall any advice from  
13 officials that there were reservations about the state  
14 of Wales' pandemic preparedness, nor did I recall any  
15 concerns in the Senedd being raised with me."

16 May we take it from that that none of the issues  
17 that we've so far debated, the civil contingencies  
18 report of 2012, the issues about putting the  
19 recommendations from that into place, or, as you rightly  
20 observe, the outcome of Exercise Cygnus, the  
21 Wales-specific part of it in 2014 or the UK part of it  
22 in 2016, or exercise -- and the name has now completely  
23 escaped me -- Talie ...

24 **A.** Taliesin?

25 **Q.** Taliesin, I'm very grateful, Mr Drakeford.

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1 completely beyond things like flooding, coal tip safety,  
2 cyber security incidents and all the other emergencies  
3 that you have to get drawn into.

4 By the time I became First Minister I was,  
5 therefore, aware, but I think as much because of the  
6 background of the fact that there was a Tier 1 risk and  
7 that pandemic influenza was and had been over many years  
8 repeatedly identified as the most likely risk to face  
9 the United Kingdom.

10 **Q.** In his witness statement to this Inquiry, Mr Gething  
11 said, as far as he could recall, preparedness was not  
12 a particular focus of interest or concern in the  
13 government, the Senedd or outside; but he became aware  
14 of it by virtue of his personal involvement in  
15 Exercise Cygnus.

16 Regardless of your own plainly established personal  
17 involvement as First Minister in the field of civil  
18 emergencies and including health emergencies, can you  
19 recall to what extent the civil servants brought to you  
20 or to your fellow ministers concerns about the state of  
21 preparedness for pandemic influenza?

22 **A.** Well, in my recollection it would almost always have  
23 been in the context of exercises that were carried out.  
24 So the 2014 Cygnus exercise happened when I was the  
25 Health Minister. That was, of course, the Welsh-only

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1 None of those specific issues, we may take it, were  
2 brought to your attention because they all preceded,  
3 of course, you becoming First Minister, and if you never  
4 received advice or you can't recall advice about  
5 reservations and the state of pandemic preparedness, it  
6 must follow that none of those specific matters were  
7 brought to your attention?

8 **A.** Not at the point that I became First Minister, but, as  
9 I've tried to indicate, I would have been aware of them,  
10 having been involved in those events throughout that  
11 period.

12 **Q.** But your own personal knowledge of the state of affairs  
13 or the state of play of the civil contingencies system  
14 can't be translated into executive action on the part of  
15 the government or a determined attempt to try to improve  
16 the position, that's not within your capability, is it?  
17 You may have known of problems or flaws in the system,  
18 but unless the government around you identifies those  
19 flaws and determines it will act upon them, nothing is  
20 likely to be done, is it?

21 **A.** So just to try and make myself plainer, if I can: by the  
22 time I've become First Minister I'm not unaware of the  
23 issues that have been faced by the Welsh Government or  
24 the exercise in which the Welsh Government has been  
25 involved. When I become First Minister I do not receive

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1 advice from the civil service that says, "You need to be  
2 particularly aware of difficulties that we are now  
3 experiencing in these fields".

4 **Q.** Thank you.

5 We have heard something of task and finish  
6 committees being instituted in order to ensure that  
7 recommendations from exercises and outbreaks are learnt.  
8 Following swine flu, the Wales Resilience Partnership  
9 Team agreed to set up the Wales pandemic flu task and  
10 finish group to consider recommendations from the 2009  
11 swine flu pandemic.

12 Were you aware that that committee was unable to  
13 finish its task because the recommendations were not all  
14 fully implemented?

15 **A.** I could not say that I was -- that I recollect being  
16 aware of that specific issue.

17 **Q.** All right. There was a review in 2013 called the  
18 Pollock review which investigated ironically why lessons  
19 weren't being learned, and as a result of that review  
20 the Wales Learning and Development Group was formed, and  
21 a decision was taken to apply something called Joint  
22 Organisational Learning strategy.

23 But then Exercise Cygnus came along, both in 2014  
24 and 2016, and the Wales Resilience Partnership Team  
25 delegated the responsibility of implementing

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1 did pursue pandemic preparedness, and that in Wales it  
2 went on for two years after the Cygnus conclusions were  
3 reached, but you reach a point at which we are diverting  
4 resources across the whole of the Welsh Government into  
5 dealing with the dangers that are sitting right in front  
6 of us of leaving the European Union without a deal.

7 **Q.** But obviously this Inquiry is concerned exclusively with  
8 civil contingency emergency preparedness; from that  
9 standpoint, those recommendations were never fully  
10 implemented?

11 **A.** That is without doubt. I simply make the point that  
12 government is never exclusively concerned with any one  
13 strand in the many challenges that it has in front  
14 of it.

15 **Q.** Indeed.

16 **A.** You can't understand the way the government responds  
17 unless you are aware of the context within which it is  
18 responding.

19 **Q.** Pandemic preparedness is self-evidently a matter of life  
20 and death, is it not?

21 **A.** Yes.

22 **Q.** To what extent was that terrible balance identified  
23 between focusing upon the life and death consequences of  
24 pandemic preparedness and the consequences of failing to  
25 prepare for a no-deal EU exit?

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1 recommendations to yet another body, the Wales Pandemic  
2 Flu Preparedness Group.

3 That group met in September 2017, but didn't meet  
4 again after January 2018. Were you aware when you  
5 became First Minister in December 2018 that that primary  
6 group for the implementation of the recommendations from  
7 Cygnus, whilst sitting in September 2017, never sat  
8 after January 2018?

9 **A.** I'd want to check my own recollection, but I actually  
10 believe it met in as late as October of that year.

11 **Q.** October 2018?

12 **A.** 2018, yes, I believe that was the final meeting before  
13 its resources were directed into the no-deal Brexit  
14 exercise, rather than the January.

15 **Q.** All right. Well, we'll double-check that, of course.

16 **A.** Thank you.

17 **Q.** But the point remains, doesn't it, that the workstreams  
18 which were identified after Exercise Cygnus in 2016 were  
19 not all fully implemented because the body designed to  
20 ensure implementation, the Wales Pandemic Flu  
21 Preparedness Group, didn't sit -- we'll agree to  
22 disagree whether it was after January or October 2018 --  
23 because of the impact of the no-deal EU exit planning?

24 **A.** Yes, I think the expert report that the committee --  
25 that the Inquiry has says that devolved administrations

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1 **A.** Apologies if this answer is slightly longer than some of  
2 the ones I've tried to give.

3 So at the point when the UK Government decides to  
4 institute Operation Yellowhammer and we are now facing  
5 the reality of leaving the European Union without  
6 a deal, with all the consequences that that would have  
7 had for Wales, I am making a decision, along with my  
8 colleagues, to divert resources to deal with that.

9 The number of people we have in the Welsh Government  
10 who have genuine expertise in civil contingency matters  
11 is relatively modest, and their skills are particularly  
12 relevant to preparing for leaving the European Union  
13 without a deal. To give you just one example, Wales has  
14 reservoirs that serve not simply the Welsh population,  
15 but the whole of Birmingham and the whole of the  
16 northwest of England. The chemicals that you rely on to  
17 make that water safe to drink come from Germany, and  
18 while we were a member of the European Union they came  
19 without hindrance and they came on an "as they were  
20 needed" basis. We faced a real risk that if we left the  
21 European Union without a deal, that water supply would  
22 no longer be usable. That is the sort of present danger  
23 that you are talking about. It is absolutely real,  
24 would be immediate, and would have absolutely direct  
25 results on the lives of people.

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1 Who do we look to in the Welsh Government to help us  
 2 to find a way through that if we need to? Well, some of  
 3 those people would need to be people who had the  
 4 expertise in preparing and thinking about, and indeed,  
 5 in the Welsh context, practically responding to the  
 6 other emergencies we had already faced.

7 **Q.** To what extent was that balance brought to your  
 8 attention, Mr Drakeford? And the point that you make  
 9 is, if I may say so, very well made. You were faced  
 10 with present and immediate risks, which of course you  
 11 had to address. But it's in the way of government,  
 12 isn't it, that you get on with addressing the job in  
 13 hand? To what extent were you aware that that  
 14 necessarily was diverting resources away from other less  
 15 present but perhaps more catastrophic risks? Was it  
 16 an issue on which they sought your advice?

17 **A.** I am very consciously aware of it, and I am consistently  
 18 aware of it because I'm forever having to disappoint my  
 19 colleagues, who have ambitions in their own portfolio  
 20 areas, pieces of legislation that they are committed to  
 21 bringing forward, for example, and my job is to explain  
 22 to them why that will now not be possible. I'd do that,  
 23 you know, month after month, throughout the whole of  
 24 2019, always to their disappointment.

25 So yes, the diversion of resources from other

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1 **THE WITNESS:** Thank you.

2 **LADY HALLETT:** So I shall return at 4.10, just a five-minute  
 3 break.

4 **(4.05 pm)**

5 **(A short break)**

6 **(4.10 pm)**

7 **MR KEITH:** Mr Drakeford, turning to the question of guidance  
 8 and strategies and plans, you are of course aware that  
 9 the United Kingdom 2011 document, the influenza  
 10 preparedness strategy, formed the genesis for all the  
 11 civil contingency and major infectious disease pandemic  
 12 related documentation in Wales, and therefore was  
 13 similarly tainted -- they were all similarly tainted by  
 14 the same doctrinal or strategic flaws, as my Lady finds  
 15 them to be. What was sauce for the goose was sauce for  
 16 the gander doctrinally for all that material, wasn't it?

17 **A.** The plan was an inadequate basis for dealing with the  
 18 events that subsequently unfolded, but not wholly  
 19 inadequate. There were aspects of it which were still  
 20 useful, but it clearly did not stand up to its major  
 21 test.

22 **Q.** It went beyond that, though, didn't it, because there  
 23 was a complete failure to address issues such as the  
 24 inherent characteristics of respiratory viruses, the  
 25 consequences of differing incubation periods, differing

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1 priorities to dealing with leaving the European Union  
 2 without an agreement, it's a very conscious set of  
 3 decisions, and constantly debated as well, as to whether  
 4 we are getting that balance right.

5 **Q.** May we take it from that answer, Mr Drakeford, that you  
 6 were, therefore, aware of the consequential impact upon  
 7 pandemic preparedness because of the necessary diversion  
 8 of resources, that it was an area that was brought to  
 9 your attention and in relation to which you were forced  
 10 into the Hobson's choice, perhaps, of saying, "That area  
 11 can no longer be resourced and it simply cannot be the  
 12 subject of focus because of this other greater risk that  
 13 we face"?

14 **A.** Well, it cannot be resourced to the extent that it  
 15 previously was being resourced. It's not the case that  
 16 you rob everything away from it. Work does continue  
 17 even beyond the end of December 2018, but you've had to  
 18 reduce the resource in order to deal with something that  
 19 is immediate and pressing and potentially catastrophic  
 20 in its impact if you're not able to deal with it.

21 **LADY HALLETT:** Mr Keith, forgive my interrupting. How are  
 22 we doing for time? Because obviously we need a break.

23 **MR KEITH:** It's a very convenient point.

24 **LADY HALLETT:** We are determined to complete your evidence  
 25 today, Mr Drakeford, don't panic.

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1 transmission rates, differing viral loads and so on, and  
 2 of course all the associated countermeasures which might  
 3 prove to be necessary to deal with such a virus; all  
 4 that was absent?

5 **A.** All of that is absent, and there are other aspects that  
 6 the plan turned out not to have grappled with adequately  
 7 either.

8 **Q.** Yes. The Pan-Wales Response Plan of 2019, even by 2019,  
 9 was tainted by the same doctrinal flaws. It doesn't  
 10 itself or didn't itself in fact contain much in it by  
 11 reference to pandemic planning, because although there  
 12 was a section on terrorism and the threat of terrorism,  
 13 there was no analogous section on influenza pandemic,  
 14 was there?

15 **A.** It is a generic document intended to cover the range of  
 16 potential emergencies that might be faced in Wales, so  
 17 in that sense it doesn't operate at that level of  
 18 specificity, that is true.

19 **Q.** So in summary, Mr Drakeford, by the onset of the  
 20 pandemic in January 2020, the government -- not you  
 21 personally but the government -- had failed to address  
 22 many of the problems identified in the Wales audit  
 23 office report of 2012 in relation to the complexity of  
 24 the Resilience Framework, problems with inefficiency and  
 25 ineffectiveness, doubts over the availability and

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1 maintenance of physical assets in human resources.  
 2 It had failed to implement all the recommendations  
 3 from Exercise Taliesin and the two Cygnus exercises.  
 4 There hadn't been any significant recalibration of the  
 5 structural system following the Transfer of Functions  
 6 Order. None of the pandemic or disease outbreak or  
 7 civil contingency paperwork that mattered had been  
 8 updated. Then, of course, materially some of the final  
 9 workstreams arising from the Wales Pandemic Flu  
 10 Preparedness Group were blown off course by the  
 11 preparations for a no-deal EU exit.

12 So, in the round, would you agree that there were  
 13 and there continued to be significant failings over that  
 14 eight-year period?

15 A. There's no doubt at all that there were failings.  
 16 I think the way that you set them out would, to my mind,  
 17 give an unduly bleak account of some of the things that  
 18 had happened over that period. So while some things had  
 19 failed to be followed through, it was a failure in part  
 20 rather than in whole.

21 When you say that the system had not taken the  
 22 lessons in terms of effectiveness, in fact the system  
 23 was very, very regularly tested in reality, including to  
 24 a very major extent in February of 2020, and  
 25 demonstrated that it was very effective in dealing with

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1 links to the United Kingdom at a ministerial and medical  
 2 level.

3 The Hine review in July 2010 made a multitude of  
 4 recommendations about how health ministers should meet  
 5 pan UK in order to address matters of mutual concern.

6 Was it your experience that at that level, the  
 7 health minister level, the relations between Wales and  
 8 the Westminster government worked well?

9 A. No, I wouldn't characterise them as working well. What  
 10 they --

11 Q. Why not?

12 A. -- lacked was a systematic basis for engagement, and  
 13 this has long been my complaint about intergovernmental  
 14 relations in the United Kingdom, that they rely far too  
 15 often on individual willingness to work in that way,  
 16 whereas what you need is a robust system of machinery of  
 17 government that brings people to the table for common  
 18 purposes, whether individuals are so inclined or not.

19 Q. You've referred then expressly to ministers. I was  
 20 actually asking you about at the health level. Does  
 21 what you say apply, therefore, to all forms of Welsh  
 22 ministers, so the First Minister, health ministers and  
 23 other ministers, or does it also apply to the health  
 24 official level, so, for example, relations between the  
 25 Chief Medical Officers?

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1 real life civil emergencies in Wales.

2 So while I don't dissent at all from your general  
 3 conclusion that there were things that ought to have  
 4 been done and could have been done that hadn't been  
 5 done, I think to describe it entirely in those terms is  
 6 to overlook some of the things that positively had  
 7 happened and the successful way in which the system in  
 8 Wales demonstrated its ability to respond when real  
 9 emergencies arose.

10 Q. Let me make it absolutely plain, Mr Drakeford, it forms  
 11 no part of this examination to question the remarkable  
 12 individual response, of course, from all those who  
 13 responded in the face of the pandemic, and of course  
 14 it's quite plain that the Welsh Government was able to,  
 15 in material regard, respond efficiently to the terrible  
 16 demands made on it. But the fact that it was able to  
 17 respond is neither here nor there in terms of the  
 18 consideration of whether or not structurally the system  
 19 of preparedness, in advance of the pandemic, was simply  
 20 not as good as it should have been and therefore the  
 21 Welsh Government was not as prepared as it could have  
 22 been. Would you agree?

23 A. Put like that, I would agree, yes.

24 Q. Right.

25 Could I now ask you, please, some questions about

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1 A. At official level, much work goes on day in, day out in  
 2 a perfectly orderly and engaged way, and I think you've  
 3 got good examples in the way the Chief Medical Officers  
 4 at that top of the profession level worked together as  
 5 well. I was trying to explain my long-held view that  
 6 the United Kingdom lacks, at that ministerial  
 7 intergovernmental level, a sufficiently robust,  
 8 reliable, regular pattern of engagement that does not  
 9 rely on the individual predilections of particular  
 10 players either to become engaged or not to become  
 11 engaged.

12 Q. In effect, a system that doesn't rely on ministerial  
 13 whim as to whether or not a meeting will take place at  
 14 all?

15 A. Well, I would give you a good example, if I could. When  
 16 I became the Finance Minister, I took a telephone call  
 17 at his initiative from the Chancellor of the Exchequer,  
 18 Philip Hammond at the time. We agreed that day-to-day  
 19 the relationships will be between myself and the Chief  
 20 Secretary to the Treasury, but he made it clear in that  
 21 call that at any point if I needed to speak directly to  
 22 him about an issue, he would always be available to take  
 23 that call.

24 That is a good example of where a particular  
 25 minister with a predilection to co-operate in that way

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1 made it clear that he wanted to do so. The system ought  
 2 not to rely on individual willingness of that sort.  
 3 **Q.** There is evidence to suggest that consideration was  
 4 given at some stage to the setting up of a health  
 5 ministers forum to provide a structure of the type that  
 6 you've described. Do you know why that never came to  
 7 pass?  
 8 **A.** Well, there is a JMC mechanism, a joint ministerial  
 9 committee mechanism. It operated very well in certain  
 10 contexts, it didn't operate at all in others. It didn't  
 11 operate in the Health context and during the time that  
 12 I was the Health Minister in Wales. While we enjoyed,  
 13 I would say, very good relationships with Jane Ellison,  
 14 who was a Conservative minister in charge of public  
 15 health and who led the Ebola response, that was absent  
 16 at the level of the Secretary of State.  
 17 **Q.** The JMC system has always existed, and it may or may not  
 18 operate effectively depending on perhaps the whim of the  
 19 contributors, but I am asking about a particular body,  
 20 a health ministers forum, which was debated after the  
 21 Hine review in 2010. Do you know what became of those  
 22 proposals or why nothing in practice was done?  
 23 **A.** I would say there was no appetite on the part of  
 24 UK Government ministers to establish such a forum. The  
 25 initiative lies with them in a JMC context.

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1 ministers for example could be one. I myself do not  
 2 believe that that tier has operated in the way that the  
 3 intergovernmental review mechanism anticipated. It has  
 4 been at best hit and miss.

5 **LADY HALLETT:** Is that because health is such a party  
 6 political issue? Why do you think, Mr Drakeford?

7 **A.** It will be wider than health, and my own view is, is  
 8 that where there were pre-existing relationships, they  
 9 have continued. So there's always been a strong  
 10 interministerial group around farming and environment  
 11 and rural affairs, and that has continued to meet under  
 12 the new regime and to do so regularly. Where there is  
 13 no history of engagement of that sort, the new machinery  
 14 has not succeeded in sparking those arrangements into  
 15 life.

16 So I don't think it's particularly to do with health  
 17 or the politically contested nature of health. I think  
 18 there's no history of it in health, and as in other  
 19 parts of Whitehall where there is no history, the new  
 20 intergovernmental arrangements haven't succeeded in  
 21 generating new forms of interaction.

22 **MR KEITH:** It does appear, however, to be an improvement on  
 23 what went before?

24 **A.** It is systematic, it has an independent secretariat, it  
 25 has an independent means of resolving disputes. All of

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1 **Q.** Right. So it wasn't a lack of initiative on the Welsh  
 2 part; the problem lay on the UK side, you believe?

3 **A.** Under the JMC mechanism, the initiative lies in the  
 4 hands of UK ministers.

5 **Q.** There has since been a review of intergovernmental  
 6 relations, it took place in 2022. I think it was  
 7 commissioned in 2018, so it didn't proceed terribly  
 8 quickly. Do you know whether or not, as First Minister,  
 9 there have been any meetings of the interministerial  
 10 group or the standing committee or the secretariat for  
 11 which that new process provides?

12 **A.** It is a three tiered structure.

13 Its pinnacle is a council of ministers, that's the  
 14 First Ministers and the Prime Minister. It has met  
 15 once, but not in full form because there has not been  
 16 a First Minister of the Northern Ireland Executive since  
 17 the agreement was struck, but the current  
 18 Prime Minister, Mr Sunak, has presided over one meeting  
 19 of the council.

20 The intermediate tier has the F:ISC, the finance  
 21 interministerial committee, that does meet regularly,  
 22 and then it has another standing committee that has met  
 23 more intermittently.

24 Then at the third tier there will be the sort of  
 25 meeting between specific portfolio ministers, health

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1 those are improvements. I was glad to be able to sign  
 2 the document.

3 **Q.** Good.

4 There is also, in the field of resilience, a new  
 5 forum, the UK Resilience Forum, in relation to which the  
 6 Deputy Prime Minister Oliver Dowden gave evidence now  
 7 some time ago. There have been three meetings of that  
 8 UK Resilience Forum. The Welsh Government attended the  
 9 first one in July 2021 and it attended the third one in  
 10 February 2023, but was absent with apologies from the  
 11 May 2022 meeting. Do you happen to know why, unusually,  
 12 the Welsh Government, given the attendance of other  
 13 entities, absented itself from that meeting?

14 **A.** I think it's important to say that while it is  
 15 ministerially chaired, that forum, it is not  
 16 a ministerial meeting.

17 **Q.** No, indeed not.

18 **A.** The Welsh Government is represented by senior officials.  
 19 I have made enquiries as to why we were not represented  
 20 that day, alongside almost a dozen other bodies, and the  
 21 information that I received was that our officials felt  
 22 that the agenda that day was an agenda in which they  
 23 were already engaged in other forums and that on that  
 24 day couldn't command a priority in their dairies.

25 But, as you say, they were at the first and third

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1 meetings and it's our intention to continue to be  
 2 involved.  
 3 **Q.** If all these bilateral or multilateral meetings or fora  
 4 are to work, then of course it requires the  
 5 participation of all the parties and effort to be made  
 6 to attend; I'm sure you'd agree with that notion?  
 7 **A.** I do.  
 8 **Q.** The final topic, Mr Drakeford, concerns inequalities.  
 9 There is evidence that the Welsh Government has  
 10 devoted a great deal of time and energy to ensuring  
 11 an improvement in prospects economically, societally, on  
 12 the part of its citizens and its communities. It does,  
 13 nevertheless, appear that, in the field of pandemic  
 14 preparedness, civil emergency planning, very little  
 15 attention was given to the issue of how a pandemic would  
 16 affect sectors of the community disproportionately, and  
 17 how steps could be taken to ensure that the impact on  
 18 those who are vulnerable and marginalised could be  
 19 mitigated. Would you agree?  
 20 I should say that it is a flaw that is apparent from  
 21 the analogous papers, guidance, doctrine, strategies in  
 22 Scotland and in London.  
 23 **A.** I should say at the outset that addressing inequalities  
 24 is absolutely in the bloodstream of successive  
 25 Welsh Governments. I spent a great deal of my time in  
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1 have granted permission to Covid-19 Bereaved Families  
 2 for Justice Cymru to ask five minutes' worth of  
 3 additional questions.  
 4 **LADY HALLETT:** Ms Heaven.  
 5 **Questions from MS HEAVEN**  
 6 **MS HEAVEN:** Thank you, my Lady.  
 7 First Minister, my name is Kirsten Heaven and, as  
 8 I think you know, I represent the Bereaved Families for  
 9 Justice Cymru.  
 10 I just want to ask you really about one very small  
 11 topic around some discussions in 2013, but before we get  
 12 there, can I please clarify some things from your  
 13 statements about some of the jobs and political roles  
 14 you've held.  
 15 So what you tell us in your statement is from 2000  
 16 you became a special adviser for health and social  
 17 policy, I think that was to Rhodri Morgan, and I think  
 18 at that time you had some experience of the SARS  
 19 outbreak; is that correct?  
 20 **A.** That is correct.  
 21 **Q.** We know obviously that you were elected in 2011. Can  
 22 I just ask, where were you, politically, in 2009 when  
 23 swine flu broke out?  
 24 **A.** I was still a special adviser to the Welsh Government.  
 25 **Q.** Okay. Were you a special adviser in a health role still  
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1 the very first Assembly term working with  
 2 Professor Peter Townsend who was the -- probably the  
 3 world's leading expert on health inequalities at the  
 4 time to get his advice to address those issues in Wales.  
 5 I think there is evidence you will have seen from  
 6 Dr Sandifer, who has given evidence, and the advice of  
 7 Public Health Wales to us was, that while you had to be  
 8 aware of the unequal impact of a pandemic on the  
 9 population, it was very difficult to anticipate in  
 10 advance of the particular nature of that pandemic where  
 11 those inequalities would most fall.  
 12 So while there is evidence in the documentation of  
 13 awareness of inequality and the way in which a pandemic  
 14 would exaggerate existing inequalities and therefore had  
 15 to be planned for from the outset, the more granular  
 16 planning, which groups would be affected, how would you  
 17 respond to them, you'd have to do that when the nature  
 18 of the pandemic you were dealing with became more  
 19 apparent. You -- it just wouldn't be possible to plan  
 20 without that greater knowledge.  
 21 I think that was the advice that Public Health Wales  
 22 would have given to us and I think has given to  
 23 the Inquiry.  
 24 **MR KEITH:** Thank you, Mr Drakeford.  
 25 My Lady, those are all my questions. I believe you  
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1 at that time or were you in a different role?  
 2 **A.** I was the head of the First Minister's political office  
 3 at that time.  
 4 **Q.** But would it be fair to say you knew about the fact of  
 5 swine flu?  
 6 **A.** Oh, I did, and I attended, in that advisory capacity,  
 7 a number of meetings between Scottish, UK, Welsh and  
 8 Northern Irish ministers.  
 9 **Q.** 2011 to 2013, we know that you were the chair of the  
 10 Welsh Assembly Health and Social Care Committee. We  
 11 also know, obviously, that there was a MERS outbreak in  
 12 April 2012. Did that come up when you were chairing the  
 13 committee at all, do you recollect?  
 14 **A.** It would only have come up in this way: that I think,  
 15 from recollection, once a term, so three times a year,  
 16 the minister responsible would appear in front of the  
 17 committee for what is called general scrutiny, in which  
 18 any topic of the day could be raised and the minister  
 19 asked questions. That would have been the opportunity  
 20 for the committee to hear on that matter.  
 21 **Q.** But do you recollect whether or not that happened now?  
 22 **A.** I --  
 23 **Q.** You can't?  
 24 **A.** Without looking back, I can't recollect here.  
 25 **Q.** But did you know that there had been such a thing called  
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1 MERS, either then or later, when you became Minister for  
 2 Health?  
 3 **A.** I would have been aware of it, yes.  
 4 **Q.** You also say in your statement that you had experience  
 5 of Ebola, and you've mentioned that briefly today, and  
 6 I think that was when you were Health Minister --  
 7 **A.** Yes.  
 8 **Q.** -- is that fair?  
 9 And, just to be clear, you became --  
 10 **LADY HALLETT:** Ms Heaven, sorry, I've been asked to ask you  
 11 to slow down. I appreciate --  
 12 **MS HEAVEN:** Sorry, I know I --  
 13 **LADY HALLETT:** Don't worry, I know you're trying to keep to  
 14 the timing.  
 15 **MS HEAVEN:** I'm trying to get through.  
 16 **LADY HALLETT:** Don't worry, I'll let you off if you run over  
 17 if you slow down.  
 18 **MS HEAVEN:** I will. Sorry, I'm just trying to stick to the  
 19 time.  
 20 **LADY HALLETT:** Yes.  
 21 **MS HEAVEN:** To be clear, March 2013 was, I think, when you  
 22 became elected Minister for Health; is that right?  
 23 **A.** Correct.  
 24 **Q.** Okay.  
 25 So yesterday Frank Atherton was taken to some

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1 that Wales could see the emergence of such a novel  
 2 virus, and he talks about little background immunity,  
 3 that a vaccine may not work or it may not be available.  
 4 There is then a reference to virulence and  
 5 transmissibility in the context of the 1918 Spanish flu,  
 6 and there is also a reference to swine flu.  
 7 So in other words, he is talking about virulence and  
 8 transmissibility with the potential for fast  
 9 transmission and a very high death rate.  
 10 Now, as I've said, you were not at this meeting, we  
 11 know that, but given that there is no reference in your  
 12 witness statement to HEPU or this specific meeting or  
 13 the gist of this information, is it safe for us to  
 14 assume that you were not aware that these matters were  
 15 being discussed either in this conference or in general  
 16 terms, and that's in relation to a novel virus or  
 17 a Disease X, as it's been referred to in this Inquiry;  
 18 would that be a fair assumption?  
 19 **A.** I think it would be fair. I was aware of the  
 20 conference, I've seen the report of Dr Watkins'  
 21 contribution since, but I don't think I would be likely  
 22 to have been alerted to it at the time.  
 23 **Q.** So in other words you were not briefed?  
 24 **A.** Not on the contribution of a single speaker at a single  
 25 conference, and I wouldn't expect to be.

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1 minutes from the Health Emergency Preparedness Unit, so  
 2 that's HEPU for short, and these related to a pandemic  
 3 planning yearly conference in October 2013. They were  
 4 chaired by David Goulding, who was head of HEPU. Now,  
 5 there was no suggestion, just to be clear, that you were  
 6 at this conference. We know that HEPU sits within the  
 7 Health and Social Services Group and it reports to the  
 8 Welsh Government.  
 9 So by the stage of October 2013 I think you had been  
 10 in post for seven months. Is it safe to assume that by  
 11 this stage you knew about the fact that HEPU existed and  
 12 the general nature of its work?  
 13 **A.** I would have known Mr Goulding prior to becoming the  
 14 Health Minister, so I would have been aware of his work  
 15 and the unit, yes.  
 16 **Q.** Now, what's interesting about this 2013 conference is we  
 17 can see that a talk was given by somebody called  
 18 a Dr John Watkins, and I won't bring it up just to save  
 19 time, but I'll summarise the gist of what I want to ask  
 20 you about.  
 21 Now, we understand he's a consultant or he was then  
 22 a consultant epidemiologist in Public Health Wales, and  
 23 he is telling this conference about how current threats  
 24 include a novel virus, and he says that that pandemic  
 25 influenza planning assumptions in Wales must consider

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1 **Q.** No. But just thinking generally about your state of  
 2 knowledge on this, obviously you'll appreciate why I'm  
 3 asking, it's a very important topic: novel virus,  
 4 Disease X, it's being talked about as a possible risk in  
 5 2013 in Wales. We obviously know that you went on to  
 6 become First Minister for Wales, you went on to chair  
 7 the Wales Resilience Forum. Did you, as either  
 8 a Health Minister or even in your capacity as  
 9 First Minister for Wales, specifically ask your  
 10 officials -- be it David Goulding or somebody in Public  
 11 Health Wales -- about the risk of a novel virus or  
 12 a Disease X breaking out in Wales and whether Wales was  
 13 prepared? So did you ask that question of anybody?  
 14 **A.** No.  
 15 **Q.** Given your long experience in health and given what you  
 16 had seen of the dangerous viruses that I've set out,  
 17 would you not accept today that that was an obvious and  
 18 basic question that you could and should have asked?  
 19 **A.** I don't think I would accept it on those terms, because  
 20 I would have asked myself what sort of answer I was  
 21 likely to have received, other than to recognise that  
 22 there are a plethora of unknowns out there that you need  
 23 to be aware of, and that you need to have sources of  
 24 information about, and I doubt that the answer would  
 25 have gotten me much further than that.

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1 **Q.** But the point is you didn't ask the question, did you? 1  
2 **A.** I've -- 2  
3 **Q.** Forgetting what the answer might have been, you didn't 3  
4 ask the question? 4  
5 **A.** I didn't ask the question. You said to me that was not 5  
6 a reasonable thing -- 6  
7 **Q.** Okay. 7  
8 **A.** -- to have done, and I was explaining -- trying to 8  
9 explain why I didn't ask the question. 9  
10 **MS HEAVEN:** Those are all my questions. Thank you very 10  
11 much, First Minister. 11  
12 **THE WITNESS:** Thank you. 12  
13 **LADY HALLETT:** Thank you very much, Ms Heaven. 13  
14 Mr Keith. 14  
15 **MR KEITH:** My Lady, that concludes the evidence for today. 15  
16 **LADY HALLETT:** Thank you very much indeed, Mr Drakeford. 16  
17 **THE WITNESS:** Thank you. 17  
18 **LADY HALLETT:** The next time we meet I think will be in 18  
19 Wales. 19  
20 **THE WITNESS:** Wales. Excellent. Thank you. 20  
21 **LADY HALLETT:** Thank you for your time. 21  
22 **(The witness withdrew)** 22  
23 **LADY HALLETT:** 10 o'clock tomorrow? 23  
24 **MR KEITH:** Yes, please. 24  
25 **(4.40 pm)** 25

**(The hearing adjourned until 10 am  
on Wednesday, 5 July 2023)**

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| <b>LADY HALLETT:</b><br><b>[44]</b> 12/22 19/6<br>46/22 57/5 58/5 58/11<br>59/4 102/12 104/3<br>104/9 106/13 106/20<br>106/25 107/4 112/11<br>112/15 122/21 123/17<br>140/17 140/19 143/22<br>143/25 144/3 145/11<br>145/14 153/19 153/22<br>154/3 154/8 154/13<br>194/21 194/24 195/2<br>203/5 207/4 209/10<br>209/13 209/16 209/20<br>213/13 213/16 213/18<br>213/21 213/23<br><b>MR KEITH:</b> <b>[15]</b> 1/5<br>13/13 19/10 46/18<br>57/3 57/8 58/4 154/14<br>154/17 194/23 195/7<br>203/22 206/24 213/15<br>213/24<br><b>MS BLACKWELL:</b><br><b>[17]</b> 58/12 58/16<br>59/1 59/5 102/6<br>106/16 106/23 107/5<br>107/9 112/18 124/15<br>140/18 140/20 144/17<br>153/20 154/1 154/6<br><b>MS HARRIS:</b> <b>[2]</b><br>46/24 56/25<br><b>MS HEAVEN:</b> <b>[6]</b><br>207/6 209/12 209/15<br>209/18 209/21 213/10<br><b>MS SHEPHERD:</b> <b>[7]</b><br>102/14 104/6 104/10<br>106/12 145/13 145/15<br>153/18<br><b>THE WITNESS:</b> <b>[6]</b><br>106/18 153/24 195/1<br>213/12 213/17 213/20<br><br>'act <b>[1]</b> 10/24<br><b>0</b><br><b>0.6 million [1]</b> 65/5<br><b>1</b><br><b>1 March 2020 [1]</b><br>150/3<br><b>1 million [1]</b> 65/3<br><b>1-4 [1]</b> 148/24<br><b>1.1 [2]</b> 72/7 92/7<br><b>1.2 [1]</b> 92/8<br><b>1.26 [1]</b> 142/25<br><b>1.3 [3]</b> 115/13 168/23<br>168/24<br><b>1.45 pm [1]</b> 107/3<br><b>1.5 [1]</b> 168/25<br><b>1.5 weeks [1]</b> 143/10<br><b>1.6 [2]</b> 168/23 168/24 | <b>10 [1]</b> 73/8<br><b>10 am [1]</b> 214/1<br><b>10 o'clock [1]</b> 213/23<br><b>10.00 am [1]</b> 1/2<br><b>10.9 weeks [1]</b><br>143/10<br><b>100 [1]</b> 2/3<br><b>11 [5]</b> 31/9 56/14<br>166/9 166/18 167/3<br><b>11.1 [1]</b> 53/3<br><b>11.22 am [1]</b> 58/8<br><b>11.40 [1]</b> 58/6<br><b>11.40 am [1]</b> 58/10<br><b>12 [10]</b> 9/13 18/7<br>18/11 18/13 18/20<br>19/9 37/13 37/14<br>37/18 37/19<br><b>12 weeks [1]</b> 150/4<br><b>12 years [3]</b> 97/20<br>97/23 98/8<br><b>12,000 [1]</b> 150/17<br><b>12.58 pm [1]</b> 107/1<br><b>128 [1]</b> 48/1<br><b>13 [5]</b> 29/2 88/9<br>104/1 104/10 179/6<br><b>13 May 2021 [1]</b><br>16/18<br><b>13 November [1]</b><br>31/19<br><b>14 [1]</b> 105/6<br><b>14.5 [1]</b> 98/23<br><b>14th [2]</b> 35/17 36/2<br><b>15 [2]</b> 39/15 179/10<br><b>15 weeks [4]</b> 142/12<br>144/1 144/4 148/22<br><b>15 weeks' [1]</b> 55/22<br><b>15,000 [1]</b> 150/17<br><b>152.9 million [1]</b><br>61/24<br><b>17 December [1]</b><br>76/23<br><b>18 months [1]</b><br>175/14<br><b>18 November 2009</b><br><b>[1]</b> 28/19<br><b>18 October 2017 [1]</b><br>102/24<br><b>18th [1]</b> 35/17<br><b>19 [12]</b> 46/20 46/25<br>102/4 102/15 105/25<br>121/17 142/22 143/14<br>145/8 145/16 150/3<br>207/1<br><b>19 April [1]</b> 107/14<br><b>1918 [1]</b> 211/5<br><b>196 [1]</b> 64/10<br><b>1984 [1]</b> 158/25<br><b>1995 [5]</b> 96/13 96/23<br>97/1 97/3 97/14<br><b>2</b><br><b>2 September 2019 [1]</b><br>48/8<br><b>2,000 [1]</b> 150/19 | <b>2,257 deaths [1]</b><br>150/2<br><b>2.50 pm [1]</b> 154/10<br><b>20 [2]</b> 9/9 107/13<br><b>2000 [1]</b> 207/15<br><b>2003 [1]</b> 107/19<br><b>2004 [2]</b> 62/24<br>157/22<br><b>2006 [3]</b> 59/11 103/4<br>105/11<br><b>2007 [4]</b> 96/17 96/18<br>97/7 97/15<br><b>2008 [4]</b> 41/14 95/1<br>95/6 96/4<br><b>2009 [12]</b> 26/13<br>28/19 59/9 60/2 61/23<br>62/4 70/25 72/21<br>126/21 127/1 189/10<br>207/22<br><b>2010 [6]</b> 4/10 61/23<br>64/18 168/8 199/3<br>201/21<br><b>2010/2011 [1]</b> 62/5<br><b>2011 [23]</b> 8/21 19/23<br>22/12 23/10 24/3 30/9<br>62/5 84/19 87/11<br>87/20 96/6 96/8 96/13<br>96/20 96/23 97/1 97/8<br>107/21 112/20 146/9<br>195/9 207/21 208/9<br><b>2012 [13]</b> 42/25<br>46/12 60/16 72/21<br>164/23 165/3 165/11<br>167/8 168/17 169/1<br>187/18 196/23 208/12<br><b>2013 [10]</b> 107/23<br>155/7 189/17 207/11<br>208/9 209/21 210/3<br>210/9 210/16 212/5<br><b>2014 [38]</b> 7/25 17/23<br>18/23 19/25 30/1 31/6<br>31/8 34/12 34/25<br>52/12 52/14 53/16<br>53/21 54/6 60/3 63/8<br>63/18 64/2 65/9 65/19<br>72/21 75/9 76/3 87/10<br>92/4 94/17 95/4 96/8<br>107/24 108/10 114/24<br>127/13 127/18 148/16<br>183/13 186/24 187/21<br>189/23<br><b>2015 [4]</b> 63/8 64/2<br>128/11 129/4<br><b>2016 [33]</b> 34/23 35/3<br>35/8 35/9 38/12 39/5<br>40/13 63/18 67/2<br>72/19 72/21 76/3<br>79/10 108/1 108/11<br>109/18 110/4 110/16<br>119/12 120/20 129/1<br>129/5 129/9 129/18<br>131/8 131/21 132/1<br>155/9 170/4 181/19<br>187/22 189/24 190/18 | <b>2016/2017 [1]</b> 11/20<br><b>2017 [14]</b> 11/20<br>11/20 46/7 66/7 76/15<br>79/22 79/22 102/24<br>104/17 105/12 132/19<br>155/10 190/3 190/7<br><b>2017/2018 [3]</b> 63/21<br>66/18 68/22<br><b>2018 [57]</b> 4/12 5/5<br>5/7 6/3 15/8 20/1 20/6<br>24/21 33/18 42/21<br>44/1 44/3 44/6 44/17<br>53/20 63/21 66/18<br>68/22 68/25 71/8<br>72/23 75/5 75/7 75/13<br>79/8 79/25 80/20<br>83/18 86/8 108/4<br>126/3 132/19 137/10<br>155/7 156/8 156/10<br>160/5 161/11 167/11<br>167/15 168/22 169/4<br>173/23 174/22 175/4<br>175/15 180/20 187/11<br>187/12 190/4 190/5<br>190/8 190/11 190/12<br>190/22 194/17 202/7<br><b>2019 [29]</b> 10/16<br>10/19 11/12 17/24<br>20/7 21/6 24/18 24/19<br>47/11 48/8 51/4 51/6<br>54/4 61/24 64/18 65/1<br>66/17 76/23 81/1<br>104/18 104/23 105/13<br>106/11 126/3 132/19<br>182/18 193/24 196/8<br>196/8<br><b>2020 [28]</b> 10/19<br>17/24 25/9 60/16<br>60/23 61/24 63/8<br>68/25 69/24 73/1 78/9<br>78/11 80/20 91/3<br>104/21 105/13 118/22<br>119/9 120/21 143/6<br>146/22 150/3 150/3<br>153/2 153/4 175/15<br>196/20 197/24<br><b>2021 [5]</b> 16/18 60/24<br>108/5 142/22 204/9<br><b>2022 [4]</b> 63/9 72/24<br>202/6 204/11<br><b>2023 [11]</b> 1/1 45/16<br>100/15 101/18 102/1<br>154/23 175/1 176/5<br>180/19 204/10 214/2<br><b>20th [1]</b> 35/21<br><b>21 [1]</b> 142/24<br><b>21 April 2023 [1]</b><br>154/23<br><b>22 [4]</b> 37/14 37/18<br>38/1 137/1<br><b>23 [1]</b> 78/5<br><b>24 [1]</b> 27/1<br><b>24 May 2018 [1]</b><br>156/10 | <b>24hrs [1]</b> 77/16<br><b>25 [3]</b> 9/9 19/6 98/18<br><b>27 February [1]</b><br>58/22<br><b>3</b><br><b>3 o'clock [1]</b> 154/9<br><b>3.00 pm [1]</b> 154/12<br><b>3.7 [1]</b> 169/11<br><b>31 [1]</b> 89/15<br><b>31 May 2020 [1]</b><br>150/3<br><b>33 [2]</b> 177/2 177/16<br><b>34 [1]</b> 179/6<br><b>35 [3]</b> 140/21 177/11<br>179/10<br><b>37 [1]</b> 119/4<br><b>387,000 [1]</b> 63/8<br><b>4</b><br><b>4 July 2023 [1]</b> 1/1<br><b>4.05 pm [1]</b> 195/4<br><b>4.10 [1]</b> 195/2<br><b>4.10 pm [1]</b> 195/6<br><b>4.3 weeks [1]</b> 143/11<br><b>4.40 pm [1]</b> 213/25<br><b>41 [1]</b> 61/10<br><b>41 million [1]</b> 62/2<br><b>41.5 million [1]</b> 61/23<br><b>48 hours [1]</b> 27/1<br><b>5</b><br><b>5 July 2023 [1]</b> 214/2<br><b>5.2 [1]</b> 77/10<br><b>5.5 weeks [1]</b> 143/9<br><b>50 [1]</b> 148/20<br><b>6</b><br><b>6 December 2012 [1]</b><br>164/23<br><b>67 [1]</b> 130/17<br><b>7</b><br><b>78 [1]</b> 64/25<br><b>8</b><br><b>81 million [1]</b> 62/6<br><b>83 [1]</b> 58/20<br><b>884,000 [1]</b> 63/9<br><b>A</b><br><b>abeyance [3]</b> 75/4<br>75/6 98/1<br><b>ability [8]</b> 40/4 40/5<br>61/17 104/20 147/6<br>149/24 152/7 198/8<br><b>able [49]</b> 5/8 11/25<br>12/2 15/16 20/3 22/6<br>24/13 26/21 33/15<br>33/17 39/11 40/6 40/8<br>40/17 40/23 41/17<br>41/23 51/25 55/1<br>74/10 77/14 93/18<br>93/21 95/24 98/21 |
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(55) LADY HALLETT: - able

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|---|--|--|---|---|
| <b>A</b>  | <b>accelerate [2]</b> 138/4<br>138/8   | 19/11 22/7 30/4 30/12<br>39/16 42/1 46/8 48/19<br>67/7 69/7 81/5 81/6<br>167/2 182/5   | 196/6   | <b>after [20]</b> 9/10 18/5<br>40/13 42/18 45/15<br>46/13 73/24 119/2<br>124/4 131/1 132/1<br>175/8 175/22 190/4<br>190/8 190/18 190/22<br>191/2 193/23 201/20  |
| <b>able... [24]</b> 101/6<br>103/24 127/24 135/9<br>137/4 137/5 137/8<br>150/16 156/23 160/3<br>161/12 161/17 162/5<br>162/15 163/7 163/19<br>164/8 164/13 169/13<br>175/12 194/20 198/14<br>198/16 204/1   | <b>accept [9]</b> 14/21 54/3<br>55/5 99/11 150/20<br>151/13 151/24 212/17<br>212/19  | <b>activation [1]</b> 24/19  | <b>adhered [1]</b> 143/14   | <b>afternoon [4]</b> 106/22<br>107/5 154/2 178/7  |
| <b>about [120]</b> 9/16<br>14/16 17/18 17/20<br>18/5 18/16 20/23 30/7<br>30/20 38/8 38/13 39/1<br>42/12 47/21 50/25<br>51/12 55/22 57/3 57/8<br>66/7 69/2 69/15 72/20<br>74/22 76/2 77/23<br>85/13 86/23 91/8<br>95/25 96/12 98/4<br>110/1 111/4 112/5<br>112/19 113/22 114/7<br>116/13 116/17 118/11<br>119/2 119/23 120/2<br>120/16 122/7 122/10<br>123/23 126/14 126/19<br>126/21 128/3 131/3<br>132/4 132/5 132/6<br>132/8 132/14 132/25<br>134/5 134/10 134/11<br>134/24 135/4 137/10<br>137/23 138/17 139/5<br>139/11 140/4 140/8<br>140/15 140/22 141/5<br>141/24 142/25 144/6<br>145/18 145/21 146/16<br>146/17 146/20 147/6<br>147/7 147/19 151/7<br>151/17 152/19 153/7<br>156/5 161/21 163/1<br>171/10 172/3 181/5<br>186/20 187/13 187/18<br>188/4 192/23 193/4<br>198/25 199/4 199/13<br>199/20 200/22 201/19<br>207/10 207/13 208/4<br>210/11 210/16 210/20<br>210/23 211/2 211/7<br>212/1 212/4 212/11<br>212/24 | <b>accepted [2]</b> 79/22<br>122/22  | <b>active [3]</b> 83/10<br>85/17 86/3  | <b>adjoined [3]</b> 31/4<br>35/3 214/1  | <b>afterwards [2]</b> 115/4<br>127/17   |
| <b>accommodate [2]</b> 20/3 103/24  | <b>accepting [1]</b> 116/6   | <b>activities [10]</b> 6/11<br>11/2 16/11 33/13 38/3<br>41/20 51/22 70/17<br>156/18 169/14   | <b>administration [2]</b> 13/25 88/17   | <b>again [27]</b> 24/24<br>35/18 53/2 53/15 79/2<br>86/13 97/25 105/12<br>106/3 106/6 106/24<br>114/25 115/20 118/25<br>119/23 123/1 123/13<br>132/5 139/3 141/6<br>149/18 150/12 150/13<br>150/14 166/19 184/25<br>190/4   |
| <b>accompany [2]</b> 160/17 164/16  | <b>access [4]</b> 38/7<br>57/25 72/3 72/4  | <b>act [14]</b> 62/24 68/15<br>71/25 74/12 82/7<br>139/24 149/13 157/12<br>157/22 158/2 158/3<br>158/15 158/25 188/19  | <b>admission [1]</b> 104/15   | <b>against [3]</b> 103/10<br>135/19 143/19  |
| <b>accompanying [1]</b> 104/8   | <b>accessing [1]</b> 55/18   | <b>activity [6]</b> 15/7<br>39/14 39/19 45/2<br>81/10 116/21   | <b>adopted [1]</b> 177/1  | <b>agencies [1]</b> 8/17  |
| <b>accordance [1]</b> 104/8   | <b>accident [1]</b> 123/9  | <b>actors [1]</b> 135/5  | <b>adult [4]</b> 34/9 38/9<br>40/12 136/11  | <b>agency [5]</b> 27/21<br>35/18 70/7 95/1<br>128/13  |
| <b>according [7]</b> 19/7<br>97/5 97/6 97/21<br>137/12 150/1 162/12   | <b>accommodate [2]</b> 20/3 103/24   | <b>actual [2]</b> 55/16<br>144/7   | <b>advance [8]</b> 55/20<br>56/19 78/17 112/25<br>113/1 113/5 198/19<br>206/10  | <b>agenda [4]</b> 124/18<br>124/21 204/22 204/22  |
| <b>accordingly [1]</b> 69/16  | <b>account [5]</b> 18/6<br>96/11 100/20 134/25<br>197/17   | <b>actually [39]</b> 5/12<br>6/12 7/1 8/3 12/8<br>12/13 26/15 26/17<br>39/19 42/23 51/13<br>52/8 54/11 56/10<br>57/13 57/20 67/6 96/6<br>112/4 121/2 121/25<br>128/21 129/14 133/14<br>140/6 140/9 144/9<br>147/25 149/13 151/8<br>152/10 152/23 153/15<br>172/9 173/1 183/9<br>185/2 190/9 199/20 | <b>advanced [2]</b> 20/10<br>46/20  | <b>ago [5]</b> 4/6 40/14<br>178/12 178/20 204/7   |
| <b>accountability [1]</b> 60/6  | <b>accounts [1]</b> 62/6   | <b>acute [2]</b> 77/15<br>102/21   | <b>advantage [1]</b> 171/3  | <b>agree [56]</b> 3/15 3/22<br>6/10 15/17 15/20<br>17/12 21/4 21/23<br>22/12 22/17 22/18<br>22/18 23/2 34/8 34/13<br>34/17 35/4 43/2 43/4<br>44/21 46/10 51/1<br>51/16 53/11 65/16<br>66/5 66/24 74/2 81/20<br>81/21 83/9 85/20 90/7<br>90/20 93/19 104/25<br>105/15 105/16 116/2<br>123/2 123/24 143/15<br>144/17 146/23 158/15<br>167/8 171/20 172/12<br>182/15 183/21 190/21<br>197/12 198/22 198/23<br>205/6 205/19 |
| <b>accurate [2]</b> 133/23<br>183/25  | <b>accurately [1]</b> 21/5   | <b>adapt [3]</b> 26/4 46/14<br>178/15  | <b>advice [35]</b> 2/11 48/4<br>48/14 49/2 49/4 51/9<br>57/21 59/17 67/9<br>67/12 67/16 88/6<br>90/21 118/2 118/4<br>118/7 118/15 118/18<br>118/20 121/2 130/21<br>163/20 163/25 164/4<br>165/25 166/2 168/14<br>187/12 188/4 188/4<br>189/1 193/16 206/4<br>206/6 206/21 | <b>agreed [12]</b> 19/21<br>47/20 77/16 84/9<br>169/2 174/1 174/5<br>174/6 174/24 179/25<br>189/9 200/18  |
| <b>achieve [1]</b> 73/14  | <b>acknowledge [2]</b> 56/11 143/12  | <b>adapted [2]</b> 4/20 56/5   | <b>advised [5]</b> 75/23<br>86/16 130/18 136/12<br>146/11   | <b>agreeing [2]</b> 31/12<br>174/15   |
| <b>acknowledged [3]</b> 31/24 77/12 183/6   | <b>acknowledgement [1]</b> 18/20   | <b>adapting [1]</b> 170/6  | <b>adviser [14]</b> 57/8<br>57/12 57/15 57/16<br>57/18 57/18 60/21<br>83/22 120/5 120/22<br>155/25 207/16 207/24<br>207/25  | <b>agreement [3]</b> 8/20<br>194/2 202/17   |
| <b>acknowledges [1]</b> 100/9   | <b>across [20]</b> 6/7 9/14<br>32/2 34/4 45/3 51/17<br>65/5 66/1 70/9 90/3<br>103/7 131/19 136/22<br>138/17 141/13 162/19<br>171/16 172/9 176/7<br>191/4 | <b>added [2]</b> 84/12<br>136/14   | <b>advisors [3]</b> 132/13<br>132/16 133/20   | <b>Ah [1]</b> 37/7  |
| <b>act [14]</b> 62/24 68/15<br>71/25 74/12 82/7<br>139/24 149/13 157/12<br>157/22 158/2 158/3<br>158/15 158/25 188/19   | <b>action [11]</b> 8/9 77/19<br>78/5 134/14 135/20<br>135/24 149/13 149/15<br>177/15 177/23 188/14   | <b>address [17]</b> 27/25<br>33/14 39/4 41/4 49/14<br>81/6 84/10 100/10<br>105/14 105/20 106/8<br>179/8 193/11 195/23<br>196/21 199/5 206/4  | <b>advising [4]</b> 69/15<br>83/11 84/9 157/2   | <b>aim [1]</b> 150/16   |
| <b>acting [1]</b> 32/16   | <b>actions [24]</b> 4/19 9/3<br>9/5 9/11 9/12 9/16<br>9/21 10/13 14/8 19/10  | <b>addressed [12]</b> 1/19<br>7/19 9/5 24/10 27/5<br>29/12 30/2 33/8 37/21<br>40/12 48/7 105/25  | <b>advisory [11]</b> 47/5<br>47/11 67/20 74/23<br>75/8 75/18 76/24<br>117/23 118/12 150/2<br>208/6  | <b>airborne [6]</b> 102/20<br>102/22 103/6 103/8<br>103/15 104/7  |
| <b>adequacy [1]</b> 140/23  |  | <b>adequate [4]</b> 21/15<br>40/6 143/19 178/25  | <b>affected [6]</b> 73/12<br>73/18 73/25 109/12<br>124/20 206/16  |   |
| <b>adequately [5]</b> 9/4<br>50/20 55/20 105/17   |  |  | <b>affecting [3]</b> 10/21<br>140/20 182/21   |   |
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|   |  |  | <b>afresh [1]</b> 118/9   |   |

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(62) contingency... - deaths

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| 111/21 120/1 121/12          | 171/17 172/2 176/15          | 20/16 21/24 33/6 36/7       | 173/18 174/1 174/11        | 189/10 189/20 190/2        |
| 140/7 140/13 149/7           | 184/13 192/2 192/13          | 40/2 46/10 47/1 48/5        | 175/17 176/8 176/11        | 190/3 190/6 190/21         |
| 160/20 160/20 167/24         | 197/17 200/15                | 57/11 121/13 126/21         | 176/13 177/1 178/13        | 197/10 202/10 203/10       |
| 169/22 170/22 184/22         | <b>given [35]</b> 17/19      | 146/20 147/18 183/4         | 178/21 180/13 181/2        | 210/7                      |
| 198/2 208/17 210/12          | 22/18 23/23 46/10            | 184/2 215/3                 | 181/17 182/23 183/5        | <b>group-based [1]</b>     |
| 211/15                       | 46/19 58/17 98/16            | <b>Goodall's [1]</b> 184/10 | 183/22 184/19 185/10       | 12/10                      |
| <b>General for [1]</b> 12/7  | 104/4 116/5 116/16           | <b>goose [1]</b> 195/15     | 185/19 186/13 188/15       | <b>groups [16]</b> 27/12   |
| <b>General role [1]</b> 34/4 | 118/4 118/20 125/14          | <b>got [17]</b> 19/7 30/5   | 188/18 188/23 188/24       | 28/7 28/24 35/18 70/1      |
| <b>generalised [3]</b>       | 127/4 134/12 146/19          | 88/13 88/18 92/22           | 191/4 191/12 191/16        | 88/20 90/5 101/9           |
| 14/16 21/17 22/3             | 152/15 162/10 162/18         | 106/21 119/18 125/7         | 192/3 192/9 193/1          | 101/22 101/23 117/10       |
| <b>generally [11]</b> 3/14   | 165/14 167/24 168/5          | 132/16 132/20 139/7         | 193/11 196/20 196/21       | 145/25 165/4 165/12        |
| 14/1 41/15 42/16             | 170/18 172/6 178/2           | 141/20 142/3 146/23         | 198/14 198/21 199/8        | 166/23 206/16              |
| 44/12 44/19 101/13           | 201/4 204/12 205/15          | 150/13 157/16 200/3         | 199/17 201/24 204/8        | <b>growing [1]</b> 49/7    |
| 106/2 106/8 115/9            | 206/6 206/22 206/22          | <b>gotten [1]</b> 212/25    | 204/12 204/18 205/9        | <b>grown [1]</b> 168/16    |
| 212/1                        | 210/17 211/11 212/15         | <b>Goulding [5]</b> 83/20   | 207/24 210/8               | <b>guess [3]</b> 118/4     |
| <b>generated [1]</b> 76/6    | 212/15                       | 136/8 210/4 210/13          | <b>Government's [8]</b>    | 118/6 148/5                |
| <b>generating [1]</b>        | <b>gives [1]</b> 9/13        | 212/10                      | 1/8 5/24 54/9 92/1         | <b>guidance [64]</b> 4/25  |
| 203/21                       | <b>giving [2]</b> 47/3 121/2 | <b>governance [3]</b> 8/16  | 146/1 168/11 169/23        | 21/9 22/11 23/8 23/13      |
| <b>generic [5]</b> 14/14     | <b>glad [1]</b> 204/1        | 14/1 174/2                  | 171/5                      | 23/14 23/15 39/22          |
| 74/8 92/11 95/2              | <b>glossed [1]</b> 174/14    | <b>government [188]</b>     | <b>governments [3]</b>     | 40/11 40/16 42/24          |
| 196/15                       | <b>gloves [2]</b> 87/25      | 1/20 4/6 5/3 7/12 7/13      | 86/17 121/19 205/25        | 43/6 52/13 53/15           |
| <b>generically [2]</b> 14/5  | 143/10                       | 7/14 7/15 7/20 7/25         | <b>gowns [1]</b> 87/24     | 53/16 54/10 74/13          |
| 19/13                        | <b>go [41]</b> 8/2 8/12 29/1 | 8/21 8/24 9/4 10/25         | <b>granted [1]</b> 207/1   | 84/18 84/20 87/6           |
| <b>genesis [1]</b> 195/10    | 30/9 31/20 35/11 36/5        | 13/19 13/20 13/21           | <b>granular [3]</b> 140/9  | 87/12 87/23 88/2           |
| <b>genomics [3]</b> 65/6     | 36/9 49/1 56/7 60/19         | 13/25 14/6 14/11            | 149/8 206/15               | 89/17 90/8 90/10           |
| 66/13 120/14                 | 71/8 72/6 73/8 74/5          | 14/12 14/13 14/24           | <b>grappled [2]</b> 139/22 | 90/18 90/21 91/18          |
| <b>gently [1]</b> 65/17      | 77/9 81/8 84/25 87/17        | 15/4 15/22 15/23            | 196/6                      | 91/23 92/16 92/16          |
| <b>genuine [3]</b> 117/12    | 88/9 89/15 94/15             | 16/23 16/25 17/8            | <b>grateful [2]</b> 66/14  | 92/17 92/18 92/21          |
| 152/13 192/10                | 95/13 98/11 101/21           | 17/11 18/21 20/1            | 187/25                     | 92/22 93/5 93/8 93/13      |
| <b>genuinely [2]</b> 20/22   | 104/3 107/12 118/19          | 20/17 21/8 23/11            | <b>great [5]</b> 140/22    | 93/17 93/20 94/21          |
| 23/5                         | 118/19 120/3 121/15          | 26/14 28/1 28/4 31/18       | 155/18 170/17 205/10       | 95/9 99/1 99/8 100/3       |
| <b>geographical [1]</b>      | 122/7 131/9 135/8            | 33/23 35/2 38/25 41/2       | 205/25                     | 100/8 101/8 101/18         |
| 3/17                         | 149/20 174/23 177/11         | 44/1 57/21 61/5 61/14       | <b>greater [4]</b> 89/19   | 101/20 102/1 111/17        |
| <b>Germany [1]</b> 192/17    | 178/19 182/5 182/6           | 62/18 65/1 66/6 66/19       | 139/9 194/12 206/20        | 111/19 114/24 116/17       |
| <b>get [21]</b> 24/1 29/15   | 182/8                        | 67/10 67/13 67/14           | <b>greatest [6]</b> 14/2   | 116/20 137/11 138/12       |
| 56/14 105/13 113/21          | <b>god' [1]</b> 10/24        | 67/16 68/8 68/9 68/11       | 14/5 15/23 16/2            | 138/14 148/15 169/6        |
| 120/18 123/6 123/7           | <b>goes [7]</b> 48/19 49/9   | 69/4 70/6 72/4 78/14        | 177/14 177/22              | 169/22 195/7 205/21        |
| 123/8 123/20 126/10          | 49/15 50/9 139/4             | 80/17 80/17 82/22           | <b>grips [1]</b> 139/24    | <b>Guidelines [1]</b> 93/3 |
| 137/25 139/20 144/15         | 166/9 200/1                  | 83/11 83/21 83/22           | <b>ground [4]</b> 20/21    | <b>guiding [1]</b> 50/22   |
| 149/19 165/25 186/3          | <b>going [27]</b> 13/16      | 85/9 86/24 87/8 88/4        | 56/11 157/19 183/10        |                            |
| 193/12 206/4 207/11          | 38/21 44/21 50/17            | 88/7 89/8 89/10 90/16       | <b>group [87]</b> 8/22     | <b>H</b>                   |
| 209/15                       | 52/5 52/7 55/10 57/5         | 92/6 94/25 102/23           | 12/10 14/10 14/24          | <b>had [257]</b>           |
| <b>Gething [20]</b> 16/17    | 88/15 98/2 101/17            | 110/20 113/9 119/19         | 15/2 15/17 16/14           | <b>hadn't [16]</b> 35/1    |
| 35/24 107/6 107/7            | 111/19 129/10 135/6          | 121/5 121/6 125/14          | 19/23 22/5 23/14           | 37/24 38/3 39/21           |
| 107/9 112/11 112/21          | 138/22 144/1 144/6           | 125/17 126/16 133/15        | 24/19 28/14 32/23          | 39/25 40/16 43/4           |
| 119/10 122/16 124/16         | 144/8 144/12 144/15          | 136/25 138/11 139/9         | 39/1 39/3 39/10 40/13      | 56/18 90/25 104/7          |
| 130/24 136/1 140/15          | 145/18 146/16 147/9          | 139/21 141/13 142/9         | 41/8 41/9 42/7 47/5        | 113/3 122/22 147/18        |
| 144/17 145/7 145/15          | 149/22 160/23 166/5          | 143/13 145/22 146/5         | 47/11 51/9 68/20           | 157/16 197/4 198/4         |
| 153/23 186/10 187/4          | 177/16                       | 150/1 151/15 155/10         | 68/24 69/2 69/3 70/11      | <b>half [5]</b> 8/13 62/3  |
| 215/14                       | <b>gone [13]</b> 17/23       | 155/16 155/18 155/25        | 70/14 74/23 74/23          | 66/7 79/25 167/23          |
| <b>Gething's [1]</b> 153/20  | 18/10 18/12 19/6             | 156/12 156/20 156/23        | 75/5 75/6 75/8 75/8        | <b>halfway [1]</b> 77/3    |
| <b>gets [1]</b> 173/15       | 19/16 37/24 38/9             | 156/25 157/3 157/6          | 75/10 75/14 75/16          | <b>Hammond [1]</b> 200/18  |
| <b>getting [7]</b> 17/8 42/6 | 38/10 52/17 111/23           | 158/1 158/7 159/3           | 75/18 75/20 75/21          | <b>hamper [1]</b> 122/17   |
| 123/19 139/24 154/6          | 151/6 152/19 157/16          | 159/4 159/7 159/15          | 75/23 76/1 76/17           | <b>hampered [1]</b> 175/5  |
|                              | <b>good [17]</b> 1/5 1/6     | 159/17 159/21 159/23        | 76/19 76/23 76/24          | <b>Hancock [1]</b> 123/12  |



|          |   |  |  |  |
|----------|---|--|--|--|
| <b>H</b> | 19/12 32/15 33/23<br>56/13 60/6 63/2 70/24<br>82/2 83/3 85/11 87/17<br>119/20 124/22 127/25<br>130/1 133/13 139/19<br>139/23 141/16 144/5<br>153/8 162/2 165/14<br>168/17 185/12 188/10<br>193/18<br><b>hazard</b> [5] 3/10 16/2<br>82/12 109/16 117/25<br><b>hazards</b> [10] 1/13<br>2/15 4/16 4/22 8/7<br>16/7 74/8 75/22 81/22<br>181/24<br><b>HCID</b> [4] 104/20<br>151/23 153/2 153/3<br><b>HCIDs</b> [1] 151/22<br><b>he</b> [33] 16/20 17/2<br>17/19 47/3 47/8 47/9<br>47/19 47/20 48/23<br>57/14 75/13 75/13<br>84/11 121/1 122/22<br>122/24 123/2 123/17<br>136/8 136/14 136/15<br>141/24 146/20 186/11<br>186/13 200/20 200/22<br>201/1 210/21 210/23<br>210/24 211/2 211/7<br><b>he's</b> [1] 210/21<br><b>head</b> [2] 208/2 210/4<br><b>headed</b> [1] 49/1<br><b>heading</b> [4] 71/9 72/8<br>80/2 84/6<br><b>headline</b> [2] 125/3<br>125/15<br><b>health</b> [276]<br><b>Health Secretary</b> [1]<br>111/10<br><b>health-related</b> [1]<br>95/19<br><b>healthcare</b> [6] 42/19<br>86/25 104/16 105/3<br>106/5 136/11<br><b>healthcare-associate</b><br><b>d</b> [1] 106/5<br><b>hear</b> [1] 208/20<br><b>heard</b> [25] 1/25 2/5<br>48/21 112/19 116/3<br>116/9 117/7 118/16<br>119/14 125/17 126/19<br>126/20 127/22 137/23<br>145/19 146/19 147/18<br>151/19 151/20 164/21<br>165/14 172/24 181/5<br>183/5 189/5<br><b>hearing</b> [1] 214/1<br><b>heart</b> [1] 178/19<br><b>Heath</b> [1] 152/17<br><b>Heaven</b> [6] 207/4<br>207/5 207/7 209/10<br>213/13 215/21<br><b>heavy</b> [1] 106/21<br><b>held</b> [11] 13/12 29/25 | 31/8 46/5 60/15 61/13<br>108/9 127/13 142/15<br>200/5 207/14<br><b>help</b> [7] 25/14 64/16<br>98/21 101/6 123/25<br>153/22 193/1<br><b>helped</b> [2] 23/5 139/6<br><b>helpful</b> [4] 90/15<br>93/24 94/10 139/8<br><b>helps</b> [3] 6/6 6/7<br>123/25<br><b>HEPU</b> [5] 210/2<br>210/4 210/6 210/11<br>211/12<br><b>her</b> [2] 65/12 146/9<br><b>here</b> [20] 18/25 72/7<br>73/10 84/5 85/1 88/11<br>89/17 96/2 103/3<br>105/1 115/19 115/21<br>116/11 125/25 149/8<br>150/15 153/8 181/12<br>198/17 208/24<br><b>Hertfordshire</b> [1]<br>95/20<br><b>hesitate</b> [1] 144/23<br><b>high</b> [20] 15/12 17/7<br>18/3 19/5 49/8 49/21<br>53/6 77/19 77/23 78/2<br>78/8 78/16 84/8 152/5<br>152/7 152/21 152/24<br>153/12 172/8 211/9<br><b>high-consequence</b><br><b>[4]</b> 49/8 152/7<br>152/21 153/12<br><b>higher</b> [4] 20/14<br>21/13 21/22 22/6<br><b>highest</b> [2] 10/12<br>29/8<br><b>highlight</b> [6] 3/21<br>22/6 95/14 124/1<br>129/10 143/2<br><b>highlighted</b> [3] 53/2<br>96/2 165/3<br><b>him</b> [3] 47/10 120/17<br>200/22<br><b>hindrance</b> [1] 192/19<br><b>hindsight</b> [7] 5/23<br>20/12 21/12 21/22<br>83/2 99/15 118/8<br><b>Hine</b> [3] 146/10 199/3<br>201/21<br><b>Hine review</b> [2]<br>199/3 201/21<br><b>his</b> [11] 17/2 17/20<br>47/3 48/23 85/21<br>100/25 186/10 186/14<br>200/17 206/4 210/14<br><b>history</b> [4] 185/19<br>203/13 203/18 203/19<br><b>hit</b> [4] 52/15 53/17<br>147/16 203/4<br><b>hitherto</b> [1] 180/17<br><b>Hobson's</b> [1] 194/10<br><b>holds</b> [1] 142/8 | <b>home</b> [7] 33/22 34/17<br>40/21 89/19 135/8<br>139/24 141/10<br><b>homes</b> [10] 33/3<br>33/24 90/11 127/24<br>135/7 135/21 137/1<br>140/8 140/11 143/9<br><b>honest</b> [1] 51/8<br><b>honesty</b> [1] 150/22<br><b>hope</b> [3] 16/6 22/8<br>123/22<br><b>hoped</b> [1] 53/20<br><b>Hopefully</b> [1] 48/2<br><b>horse</b> [1] 46/13<br><b>hospital</b> [12] 54/20<br>78/17 89/18 90/9<br>103/19 105/8 148/24<br>149/2 149/4 149/17<br>149/21 153/13<br><b>hospitals</b> [9] 53/4<br>77/15 102/21 103/7<br>104/14 106/2 106/4<br>143/9 151/19<br><b>hour</b> [1] 103/19<br><b>hours</b> [1] 27/1<br><b>housing</b> [1] 59/20<br><b>how</b> [45] 20/9 27/3<br>36/2 37/19 39/18<br>44/21 55/15 56/10<br>69/6 69/17 70/3 70/12<br>71/17 74/4 74/13<br>78/15 82/5 101/6<br>112/5 113/22 114/12<br>115/10 116/7 116/13<br>121/21 122/3 134/1<br>138/17 143/6 146/21<br>149/8 151/7 152/6<br>152/10 160/18 165/24<br>171/10 171/18 184/20<br>194/21 199/4 205/15<br>205/17 206/16 210/23<br><b>however</b> [3] 131/15<br>174/25 203/22<br><b>huge</b> [2] 129/24<br>171/3<br><b>hugely</b> [1] 156/9<br><b>human</b> [2] 49/17<br>197/1<br><b>hundreds</b> [1] 56/14<br><b>Hunt</b> [3] 122/2<br>122/21 123/13<br><b>Hunt's</b> [2] 123/1<br>141/23<br><b>I</b><br><b>I actually</b> [3] 26/17<br>185/2 190/9<br><b>I agree</b> [10] 15/17<br>21/23 22/18 34/8 35/4<br>43/4 44/21 53/11<br>105/16 171/20<br><b>I almost</b> [2] 132/3<br>132/7<br><b>I am</b> [10] 129/5 154/8 | 176/16 185/1 185/13<br>185/16 192/7 193/17<br>193/17 201/19<br><b>I appear</b> [2] 46/24<br>145/16<br><b>I ask</b> [2] 13/13<br>102/15<br><b>I assumed</b> [1] 130/21<br><b>I at</b> [1] 133/11<br><b>I attended</b> [2] 129/19<br>208/6<br><b>I became</b> [8] 109/21<br>129/4 175/21 175/25<br>186/4 187/11 188/8<br>200/16<br><b>I become</b> [1] 188/25<br><b>I believe</b> [3] 37/13<br>190/12 206/25<br><b>I can</b> [6] 39/17 48/6<br>83/2 90/14 184/3<br>188/21<br><b>I can't</b> [5] 4/4 105/22<br>108/22 130/25 208/24<br><b>I certainly</b> [2] 104/22<br>120/1<br><b>I chaired</b> [1] 175/21<br><b>I chose</b> [1] 113/20<br><b>I confident</b> [1] 166/1<br><b>I could</b> [8] 64/16<br>65/17 95/25 158/20<br>170/21 184/22 189/15<br>200/15<br><b>I describe</b> [1] 130/8<br><b>I did</b> [15] 80/25<br>106/13 111/16 111/24<br>112/6 116/22 117/8<br>118/1 118/7 118/20<br>121/15 123/11 132/11<br>146/7 208/6<br><b>I didn't</b> [9] 70/21<br>114/15 115/8 132/11<br>137/24 146/2 166/3<br>213/5 213/9<br><b>I do</b> [16] 16/24 22/18<br>23/2 43/2 63/16 68/4<br>81/21 84/1 119/8<br>122/18 124/2 126/25<br>185/2 187/12 188/25<br>205/7<br><b>I don't</b> [31] 3/10<br>12/22 15/6 24/21 56/2<br>80/5 83/9 91/19 96/24<br>97/16 98/5 98/9 99/16<br>101/3 115/23 121/15<br>122/21 138/5 143/22<br>144/14 145/19 150/8<br>152/15 168/13 170/21<br>180/2 187/4 198/2<br>203/16 211/21 212/19<br><b>I doubt</b> [1] 212/24<br><b>I engaged</b> [1] 132/23<br><b>I expect</b> [2] 104/22<br>135/14<br><b>I expected</b> [1] 130/11 |
|----------|---|--|--|--|

|                               |                               |                              |                                 |                              |
|-------------------------------|-------------------------------|------------------------------|---------------------------------|------------------------------|
| <b>I</b>                      | <b>I probably [1]</b> 179/20  | 124/6 124/8 126/16           | 6/10 16/6 28/8 33/12            | 99/25 130/19 169/12          |
| <b>I felt [2]</b> 162/2 164/2 | <b>I read [5]</b> 112/25      | 127/15 129/6 130/8           | 34/13 37/16 74/18               | 171/15 182/3 186/8           |
| <b>I first [1]</b> 119/8      | 112/25 113/20 115/1           | 131/25 132/7 133/5           | 74/22 78/20 91/13               | 190/18 191/22 196/22         |
| <b>I found [2]</b> 150/11     | 115/24                        | 137/14 138/16 139/5          | 92/7 97/11 97/18                | <b>identifies [1]</b> 188/18 |
| 150/24                        | <b>I recall [1]</b> 187/14    | 140/2 140/2 141/6            | 99/11 99/21 101/4               | <b>identify [9]</b> 7/16     |
| <b>I fully [2]</b> 104/24     | <b>I received [9]</b> 109/22  | 142/8 143/21 144/21          | 101/11 106/10 120/8             | 13/23 160/12 160/14          |
| 104/25                        | 115/2 115/6 118/1             | 147/8 149/10 150/6           | 121/11 130/14 139/4             | 160/17 162/15 172/19         |
| <b>I glossed [1]</b> 174/14   | 118/2 132/18 132/23           | 150/10 150/22 151/24         | 168/13 168/14 184/4             | 178/16 179/14                |
| <b>I go [1]</b> 122/7         | 136/6 204/21                  | 152/3 152/14 153/7           | 188/9 198/23 200/15             | <b>if [144]</b> 6/15 8/2 8/5 |
| <b>I guess [1]</b> 148/5      | <b>I recognise [3]</b> 68/5   | 153/14 153/16 158/16         | 201/13 201/23 209/3             | 8/12 10/17 10/23 14/4        |
| <b>I had [14]</b> 16/12 17/4  | 86/22 132/11                  | 159/19 162/25 165/17         | 210/13 210/14 211/21            | 14/4 15/16 15/18             |
| 85/15 108/17 111/3            | <b>I recollect [1]</b> 189/15 | 166/8 166/17 166/20          | 212/19 212/20                   | 15/20 17/17 24/20            |
| 111/11 118/15 118/18          | <b>I refer [1]</b> 25/6       | 167/13 172/24 174/3          | <b>I wouldn't [5]</b> 113/21    | 24/23 29/1 29/3 29/14        |
| 128/22 131/25 132/2           | <b>I referred [1]</b> 54/5    | 174/14 175/22 179/20         | 114/25 179/21 199/9             | 30/25 31/14 32/10            |
| 132/6 133/6 150/6             | <b>I remember [5]</b> 51/7    | 180/1 180/20 182/16          | 211/25                          | 35/11 36/5 36/7 36/24        |
| <b>I hadn't [1]</b> 90/25     | 129/25 130/1 170/21           | 184/2 184/11 185/8           | <b>I'd [28]</b> 47/7 47/21      | 36/25 37/5 38/2 47/23        |
| <b>I have [13]</b> 47/1 47/1  | 170/22                        | 186/5 190/24 197/16          | 48/24 50/25 52/25               | 48/25 52/10 57/10            |
| 79/19 97/25 104/4             | <b>I remind [1]</b> 86/7      | 198/5 200/2 202/6            | 55/13 59/7 71/1 72/20           | 64/16 65/17 66/2 69/1        |
| 112/15 117/7 132/24           | <b>I represent [1]</b> 207/8  | 203/17 204/14 206/5          | 83/17 86/13 91/24               | 71/8 72/17 74/1 78/4         |
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(71) impact - interpret

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(73) know... - machinery



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|          |  |  | <b>Q</b><br><b>qualifications [1]</b>  |  |

(80) pre - qualifications

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(81) qualifications... - register

|                               |                                    |                                |                                   |                              |
|-------------------------------|------------------------------------|--------------------------------|-----------------------------------|------------------------------|
| <b>R</b>                      | <b>remains [2]</b> 65/19<br>190/17 | <b>164/1</b>                   | <b>resolved [2]</b> 46/4<br>73/24 | <b>98/14 98/17 100/7</b>     |
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| <b>1/17 2/12 13/23 69/9</b>   | <b>remember [10]</b> 16/24         | <b>66/8 75/6 98/19</b>         | <b>86/20 137/13 163/5</b>         | <b>131/14 131/16 132/15</b>  |
| <b>148/2 181/14 181/16</b>    | <b>26/17 51/7 108/22</b>           | <b>113/19 115/9 157/10</b>     | <b>169/12 194/18</b>              | <b>144/7 148/15 160/10</b>   |
| <b>regret [1]</b> 175/10      | <b>129/25 130/1 131/20</b>         | <b>163/22 166/15 169/14</b>    | <b>resourced [4]</b> 50/20        | <b>165/18 166/8 167/18</b>   |
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| <b>120/8 120/9 200/8</b>      | <b>remembered [1]</b>              | <b>requirements [4]</b>        | <b>resources [24]</b> 20/2        | <b>183/3 183/18 196/8</b>    |
| <b>regularised [1]</b>        | <b>85/15</b>                       | <b>74/11 81/6 115/3</b>        | <b>32/19 32/20 42/14</b>          | <b>198/12 201/15</b>         |
| <b>157/18</b>                 | <b>remind [2]</b> 72/20            | <b>169/12</b>                  | <b>62/16 64/5 64/20</b>           | <b>responses [1]</b> 69/20   |
| <b>regularly [3]</b> 197/23   | <b>86/7</b>                        | <b>requires [3]</b> 72/12      | <b>72/12 159/23 159/25</b>        | <b>responsibilities [23]</b> |
| <b>202/21 203/12</b>          | <b>reminded [1]</b> 85/21          | <b>101/7 205/4</b>             | <b>160/1 160/3 160/7</b>          | <b>4/11 5/5 6/7 33/23</b>    |
| <b>regulation [3]</b> 32/18   | <b>reminding [1]</b> 142/18        | <b>requiring [5]</b> 13/6      | <b>163/1 163/4 171/23</b>         | <b>34/19 44/1 44/22 45/1</b> |
| <b>147/22 147/24</b>          | <b>remuneration [1]</b>            | <b>53/6 103/15 103/25</b>      | <b>175/6 190/13 191/4</b>         | <b>45/7 52/1 52/16 63/3</b>  |
| <b>regulations [2]</b> 158/1  | <b>61/7</b>                        | <b>169/7</b>                   | <b>192/8 193/14 193/25</b>        | <b>68/14 71/1 73/9 74/12</b> |
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| <b>relate [1]</b> 77/21       | <b>reorganising [1]</b>            | <b>117/22 134/14</b>           | <b>resourcing [4]</b> 21/9        | <b>161/4 162/2 169/15</b>    |
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| <b>77/22</b>                  | <b>replace [1]</b> 72/16           | <b>reservoirs [1]</b> 192/14   | <b>82/7 122/1 131/25</b>          | <b>128/20 133/10 151/13</b>  |
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| <b>42/17 45/21 57/10</b>      | <b>35/10 38/11 76/14</b>           | <b>resilience [106]</b> 2/13   | <b>respective [1]</b> 49/11       | <b>152/1 159/17 184/3</b>    |
| <b>61/18 88/2 89/16</b>       | <b>76/16 102/20 102/22</b>         | <b>2/17 2/19 2/22 2/25</b>     | <b>respects [2]</b> 4/13          | <b>184/9 208/16</b>          |
| <b>128/2 138/6 156/12</b>     | <b>103/6 104/24 104/25</b>         | <b>3/2 3/19 3/20 4/24 5/7</b>  | <b>60/1</b>                       | <b>responsiveness [2]</b>    |
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| <b>194/9 196/23 204/5</b>     | <b>131/7 132/10 132/11</b>         | <b>12/19 14/18 15/9 16/9</b>   | <b>respiratory [3]</b> 24/4       | <b>rest [3]</b> 103/11       |
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| <b>199/7 199/14 199/24</b>    | <b>167/9 167/9 167/16</b>          | <b>29/1 31/9 31/12 33/16</b>   | <b>158/23 198/8 198/15</b>        | <b>restatement [1]</b>       |
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| <b>relationship [2]</b>       | <b>169/20 177/17 180/5</b>         | <b>40/21 42/16 43/11</b>       | <b>responded [2]</b>              | <b>rested [1]</b> 109/9      |
| <b>110/3 122/25</b>           | <b>180/12 180/18 187/18</b>        | <b>43/12 43/18 43/20</b>       | <b>173/17 198/13</b>              | <b>restricted [1]</b> 91/10  |
| <b>relationships [9]</b>      | <b>190/24 196/23 211/20</b>        | <b>43/21 43/22 43/23</b>       | <b>responder [6]</b> 8/17         | <b>rests [1]</b> 105/3       |
| <b>27/21 90/3 123/15</b>      | <b>reporting [2]</b> 32/1          | <b>44/5 44/14 44/25 45/4</b>   | <b>28/10 41/18 62/25</b>          | <b>result [11]</b> 42/3 62/8 |
| <b>123/18 124/7 139/20</b>    | <b>40/25</b>                       | <b>51/24 52/3 55/19 56/4</b>   | <b>74/10 81/7</b>                 | <b>62/11 98/21 127/3</b>     |
| <b>200/19 201/13 203/8</b>    | <b>reports [3]</b> 103/8           | <b>56/18 63/7 68/16</b>        | <b>responders [4]</b> 43/14       | <b>134/15 163/25 179/13</b>  |
| <b>relatively [2]</b> 135/6   | <b>131/11 210/7</b>                | <b>68/19 69/5 69/8 69/14</b>   | <b>99/25 169/7 170/1</b>          | <b>180/24 185/1 189/19</b>   |
| <b>192/11</b>                 | <b>represent [3]</b> 4/21          | <b>69/19 69/25 70/3 70/5</b>   | <b>responding [10]</b>            | <b>results [1]</b> 192/25    |
| <b>release [1]</b> 73/22      | <b>73/15 207/8</b>                 | <b>70/12 70/14 70/15</b>       | <b>32/11 40/18 51/11</b>          | <b>retinopathy [1]</b> 62/13 |
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| <b>101/9 107/19 130/5</b>     | <b>68/8 68/18 69/12</b>            | <b>82/23 91/14 92/6</b>        | <b>193/5</b>                      | <b>retirement [2]</b> 60/23  |
| <b>147/22 152/12 161/10</b>   | <b>69/13 70/7 89/11</b>            | <b>133/21 142/4 161/10</b>     | <b>responds [1]</b> 191/16        | <b>67/3</b>                  |
| <b>192/12</b>                 | <b>representatives [2]</b>         | <b>162/17 162/23 165/6</b>     | <b>response [80]</b> 8/19         | <b>retrospect [2]</b> 56/17  |
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| <b>reliant [1]</b> 22/23      | <b>represented [6]</b>             | <b>172/21 173/10 173/17</b>    | <b>19/14 19/24 21/9</b>           | <b>return [2]</b> 58/5 195/2 |
| <b>relied [3]</b> 87/18       | <b>70/10 76/19 77/1</b>            | <b>173/24 174/21 177/6</b>     | <b>22/23 22/25 23/1 23/6</b>      | <b>returned [2]</b> 60/24    |
| <b>116/16 158/17</b>          | <b>78/12 204/18 204/19</b>         | <b>177/7 177/7 178/13</b>      | <b>23/15 24/18 24/19</b>          | <b>152/22</b>                |
| <b>relies [2]</b> 49/16 148/3 | <b>represents [2]</b> 15/6         | <b>179/2 181/4 181/6</b>       | <b>26/2 26/4 27/9 29/20</b>       | <b>revenue [3]</b> 48/20     |
| <b>rely [14]</b> 23/12 118/1  | <b>100/22</b>                      | <b>181/7 181/21 184/18</b>     | <b>33/11 34/2 38/18</b>           | <b>48/22 65/5</b>            |
| <b>118/7 118/20 148/7</b>     | <b>request [5]</b> 48/22           | <b>189/8 189/24 196/24</b>     | <b>49/16 49/21 53/14</b>          | <b>review [47]</b> 4/23 5/6  |
| <b>170/24 171/6 171/14</b>    | <b>94/25 108/23 118/12</b>         | <b>204/4 204/5 204/8</b>       | <b>53/21 55/23 56/16</b>          | <b>9/6 25/23 36/16 36/21</b> |
| <b>178/3 192/16 199/14</b>    | <b>123/4</b>                       | <b>212/7</b>                   | <b>58/2 63/7 64/15 65/24</b>      | <b>41/3 41/4 44/14 44/18</b> |
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| <b>remained [2]</b> 37/17     | <b>47/18 89/19 116/25</b>          | <b>resolution [1]</b> 34/8     | <b>88/19 92/19 92/19</b>          | <b>102/22 137/11 138/13</b>  |
| <b>53/16</b>                  | <b>117/2 148/24 149/17</b>         | <b>resolve [1]</b> 128/6       | <b>93/3 93/5 95/7 98/12</b>       | <b>164/15 170/4 174/1</b>    |
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|----------|--|--|--|--|

(84) sectors - some



|                               |                               |                              |                              |                              |
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(85) some... - successive

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[1]</b><br>107/6<br><b>version [6]</b> 11/18<br>71/7 71/7 72/18 96/5<br>176/24<br><b>version 2 [1]</b> 71/7<br><b>versions [1]</b> 181/6<br><b>very [96]</b> 3/24 11/4<br>13/16 17/13 18/3<br>22/16 26/4 26/6 26/6<br>26/16 32/11 36/12<br>36/12 40/18 45/5 51/4<br>51/8 52/19 54/17<br>55/10 56/5 56/15 57/2<br>58/5 58/16 63/11<br>71/24 78/12 78/16<br>93/16 94/20 97/18<br>100/2 100/2 100/19<br>102/6 104/10 105/6<br>105/17 106/24 106/25<br>107/17 109/11 111/11<br>112/12 114/20 123/8<br>124/9 125/3 125/21<br>126/8 127/8 137/3<br>143/21 143/21 144/13<br>147/21 148/18 152/4<br>152/20 152/24 153/19<br>153/22 154/4 154/20<br>155/5 157/1 157/2<br>162/10 172/8 176/2<br>176/3 177/22 178/11<br>182/9 185/11 187/25<br>193/9 193/17 194/2<br>194/23 197/23 197/23<br>197/24 197/25 201/9<br>201/13 205/14 206/1<br>206/9 207/10 211/9<br>212/3 213/10 213/13 | 213/16<br><b>veterinary [1]</b> 125/8<br><b>view [19]</b> 9/2 9/15<br>10/3 18/15 18/15 26/1<br>61/15 100/22 122/11<br>122/16 157/11 163/19<br>166/25 178/1 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123/5<br>125/19 126/6 127/1<br>127/5 127/19 128/1<br>128/15 128/21 129/7<br>129/24 137/8 143/23<br>146/21 148/5 162/14<br>195/16 202/1<br><b>WAST [1]</b> 78/7<br><b>watch [2]</b> 137/4<br>137/8<br><b>water [3]</b> 95/20<br>192/17 192/21<br><b>Watkins [1]</b> 210/18<br><b>Watkins' [1]</b> 211/20<br><b>wave [1]</b> 144/11<br><b>waves [2]</b> 142/11<br>148/22<br><b>way [64]</b> 2/24 4/21<br>12/16 13/2 20/23 22/9<br>22/9 34/7 37/25 42/13<br>43/19 46/3 61/13<br>67/23 91/2 91/19<br>93/18 99/20 100/9<br>100/19 102/1 108/10<br>109/17 110/11 118/16<br>121/21 123/20 130/16<br>135/10 135/12 138/18<br>139/20 146/3 147/13<br>154/21 157/19 162/5<br>162/6 163/21 164/20<br>167/7 170/14 171/19<br>172/11 173/5 173/18<br>174/17 175/6 176/17<br>178/5 182/9 183/1<br>191/16 193/2 193/11<br>197/16 198/7 199/15<br>200/2 200/3 200/25<br>203/2 206/13 208/14<br><b>ways [3]</b> 53/4 157/18<br>163/23<br><b>we [446]</b><br><b>we haven't [1]</b> 94/2<br><b>we'd [8]</b> 13/6 18/18<br>20/25 53/20 134/23<br>144/22 152/16 153/12<br><b>we'll [14]</b> 29/2 36/9<br>60/19 74/20 76/11<br>76/20 84/3 117/20<br>123/5 135/14 144/15 |
|----------|--|--|---|--|--|

(89) undertaken... - we'll



|                              |                            |                              |                            |                            |
|------------------------------|----------------------------|------------------------------|----------------------------|----------------------------|
| <b>W</b>                     | 181/25                     | 14/11 14/12 14/13            | <b>what [131]</b> 1/8 7/14 | 123/13 123/24 129/2        |
| <b>we'll...</b> [3] 177/2    | <b>Welsh [178]</b> 1/8 4/6 | 14/24 15/4 15/22 17/8        | 8/24 9/1 10/6 10/10        | 129/4 129/22 134/7         |
| 190/15 190/21                | 4/7 5/3 5/20 5/24 5/25     | 18/21 20/1 20/17 21/8        | 11/14 12/25 16/1 16/3      | 135/14 137/2 138/16        |
| <b>we're</b> [7] 16/3 124/25 | 6/23 7/13 7/15 7/20        | 23/11 28/1 35/2 38/25        | 17/8 18/5 18/12 29/24      | 146/23 147/16 147/20       |
| 135/13 138/1 138/9           | 7/25 8/21 8/24 9/4         | 41/2 44/1 57/21 61/5         | 36/19 44/23 47/8           | 148/7 148/10 151/2         |
| 166/5 170/15                 | 10/25 13/19 13/20          | 61/14 62/18 65/1 66/6        | 48/12 48/24 49/3           | 151/9 152/21 153/15        |
| <b>we've</b> [18] 4/19 9/24  | 13/21 13/25 14/6           | 66/19 67/10 67/13            | 50/25 52/5 53/25 54/3      | 163/6 163/22 164/25        |
| 46/14 68/1 81/13             | 14/11 14/12 14/13          | 67/16 68/11 69/4 70/6        | 54/4 54/6 54/9 55/14       | 167/4 167/6 171/4          |
| 88/13 88/17 92/22            | 14/24 15/4 15/22 17/8      | 72/4 78/14 80/17             | 55/16 56/10 61/25          | 186/24 187/7 188/25        |
| 93/2 93/6 95/6 98/12         | 17/9 18/21 20/1 20/17      | 82/22 83/11 83/21            | 63/12 64/12 66/7           | 190/4 192/3 197/21         |
| 106/21 111/18 119/8          | 21/8 23/11 26/14           | 83/22 85/9 86/24 87/8        | 66/10 66/20 67/9           | 198/8 200/15 206/17        |
| 143/6 150/13 187/17          | 27/24 28/1 35/2 36/20      | 88/4 88/7 89/8 89/10         | 67/19 69/1 69/3 70/3       | 207/22 208/12 209/1        |
| <b>weather</b> [1] 8/8       | 37/14 38/17 38/25          | 92/6 94/25 102/23            | 71/11 71/13 71/17          | 209/6 209/21               |
| <b>Wednesday</b> [1] 214/2   | 41/2 44/1 44/14 54/9       | 113/9 121/5 138/11           | 73/14 73/15 73/17          | <b>whenever</b> [1] 132/2  |
| <b>week</b> [6] 31/18 123/5  | 57/19 57/21 61/5           | 139/9 146/5 155/16           | 75/15 75/19 76/2 77/4      | <b>where</b> [32] 3/23 5/1 |
| 145/20 149/2 150/18          | 61/14 62/18 65/1 66/6      | 156/12 156/20 156/23         | 77/21 79/6 86/23 90/9      | 16/16 28/21 44/14          |
| 150/19                       | 66/19 67/10 67/13          | 156/25 157/3 157/6           | 95/14 95/16 96/11          | 55/21 60/4 64/21 91/1      |
| <b>weeks</b> [12] 25/6       | 67/16 68/11 69/4 70/6      | 158/1 158/7 159/3            | 97/7 98/15 100/2           | 106/10 113/18 126/7        |
| 142/12 143/7 143/7           | 72/4 78/14 80/17           | 159/7 159/17 159/23          | 101/17 101/21 110/4        | 126/12 128/5 130/3         |
| 143/9 143/10 143/10          | 82/22 83/11 83/21          | 160/2 161/3 161/7            | 110/16 110/16 111/1        | 132/6 136/15 138/2         |
| 143/11 144/1 144/4           | 83/22 85/9 86/24 87/8      | 162/16 162/17 162/21         | 114/17 116/22 117/23       | 138/17 138/18 139/18       |
| 148/22 150/4                 | 87/11 88/4 88/7 89/8       | 162/22 163/13 164/6          | 118/9 118/13 120/4         | 139/19 140/11 141/3        |
| <b>weeks'</b> [1] 55/22      | 89/10 92/1 92/6 94/25      | 164/18 166/24 167/22         | 120/16 122/24 123/9        | 152/24 184/6 200/24        |
| <b>well</b> [117] 4/3 8/10   | 102/23 113/9 121/5         | 168/2 168/10 170/11          | 123/20 124/25 125/23       | 203/8 203/12 203/19        |
| 16/15 16/19 21/21            | 121/6 125/11 126/24        | 170/14 172/19 173/2          | 126/12 132/4 132/9         | 206/10 207/22              |
| 24/19 27/23 27/24            | 138/11 139/9 142/10        | 173/4 173/15 173/18          | 132/21 134/15 134/24       | <b>whereas</b> [2] 138/19  |
| 28/8 28/13 30/21             | 143/13 146/1 146/5         | 174/11 175/17 176/11         | 135/1 136/21 137/6         | 199/16                     |
| 30/23 32/11 32/17            | 150/1 155/16 156/7         | 178/13 181/17 182/23         | 138/19 139/5 139/12        | <b>whether</b> [29] 9/3    |
| 34/8 35/12 35/23 38/5        | 156/12 156/20 156/23       | 183/5 183/22 184/19          | 141/1 144/15 147/9         | 10/23 18/1 43/15           |
| 38/23 39/8 41/19             | 156/25 157/3 157/6         | 185/10 185/19 188/23         | 149/16 149/22 150/25       | 47/19 52/8 54/11           |
| 41/21 45/5 45/6 46/8         | 157/25 158/1 158/7         | 188/24 191/4 192/9           | 153/10 159/6 160/10        | 78/10 114/13 114/14        |
| 46/9 46/17 51/15 52/1        | 158/11 158/18 158/24       | 193/1 198/14 198/21          | 162/17 163/12 164/4        | 118/5 123/12 143/1         |
| 52/4 55/3 55/22 56/3         | 159/3 159/7 159/17         | 204/8 204/12 204/18          | 164/5 165/24 166/17        | 146/6 147/10 147/12        |
| 59/21 62/2 63/2 64/10        | 159/23 160/2 161/3         | 205/9 207/24 210/8           | 168/14 172/3 175/6         | 165/10 170/17 171/21       |
| 64/24 73/25 74/20            | 161/7 162/16 162/17        | <b>Welsh Government's</b>    | 177/11 180/18 180/20       | 174/3 176/14 190/22        |
| 76/20 78/4 80/7 80/19        | 162/21 162/22 163/13       | <b>[7]</b> 1/8 5/24 54/9     | 182/7 182/10 182/16        | 194/3 198/18 199/18        |
| 80/24 84/2 86/13             | 164/6 164/12 164/18        | 92/1 146/1 168/11            | 186/19 191/22 193/7        | 200/13 202/8 208/21        |
| 90/24 91/23 92/8             | 166/24 167/22 168/2        | 169/23                       | 193/13 195/15 199/9        | 212/12                     |
| 94/12 96/9 97/3 97/5         | 168/10 168/11 169/4        | <b>Welsh</b>                 | 199/16 199/21 201/21       | <b>which</b> [189] 1/11    |
| 98/11 99/15 101/8            | 169/23 170/11 170/14       | <b>Government-led</b> [1]    | 203/23 207/15 208/17       | 1/12 1/17 1/18 2/2         |
| 101/20 104/16 106/25         | 170/19 170/24 171/4        | 8/21                         | 210/19 212/15 212/20       | 2/13 2/16 3/6 3/11         |
| 108/2 108/14 109/6           | 171/18 171/22 172/19       | <b>Welsh Governments</b>     | 213/3                      | 3/12 4/9 5/1 5/18 6/4      |
| 110/25 116/20 117/4          | 173/2 173/4 173/8          | <b>[1]</b> 205/25            | <b>what's</b> [5] 100/14   | 7/9 9/8 9/11 9/23 10/2     |
| 122/6 124/2 125/3            | 173/15 173/18 174/11       | <b>Welsh Ministers</b> [1]   | 115/9 138/3 139/14         | 12/16 13/2 13/24           |
| 125/9 125/25 126/13          | 175/17 176/11 177/20       | 169/4                        | 210/16                     | 14/10 15/10 15/19          |
| 126/16 130/11 131/4          | 178/13 178/21 178/22       | <b>Welsh Parliament</b> [1]  | <b>whatever</b> [8] 25/1   | 15/21 15/23 16/7           |
| 132/20 132/23 133/7          | 179/3 179/15 180/13        | 125/11                       | 25/1 28/5 32/11 57/17      | 16/20 20/23 22/2 23/3      |
| 135/3 135/11 138/16          | 181/17 182/23 183/5        | <b>Welsh-only</b> [1]        | 101/25 167/5 172/22        | 23/10 23/11 24/1 25/8      |
| 140/13 141/23 142/1          | 183/22 184/19 185/10       | 186/25                       | <b>whatsoever</b> [1]      | 25/11 26/10 26/20          |
| 147/22 148/8 152/15          | 185/19 186/25 188/23       | <b>Welsh-specific</b> [2]    | 151/21                     | 27/8 28/16 29/12           |
| 155/5 155/20 156/13          | 188/24 191/4 192/9         | 171/4 171/18                 | <b>when</b> [82] 4/4 11/20 | 29/23 33/7 33/18 34/7      |
| 156/25 159/11 161/18         | 192/14 193/1 193/5         | <b>went</b> [16] 20/13       | 17/4 20/17 31/4 37/15      | 34/24 37/20 39/1           |
| 163/18 164/15 165/7          | 198/14 198/21 199/21       | 26/24 31/5 33/10             | 40/18 45/15 47/3           | 40/14 41/3 41/13           |
| 165/14 171/19 175/16         | 202/1 204/8 204/12         | 34/16 114/6 114/18           | 48/23 50/12 52/14          | 42/13 43/23 45/11          |
| 176/16 177/24 181/25         | 204/18 205/9 205/25        | 116/22 128/21 147/8          | 54/4 54/16 55/6 55/23      | 46/5 47/4 48/19 48/20      |
| 184/1 185/11 185/22          | 207/24 208/7 208/10        | 183/23 191/2 195/22          | 61/23 69/20 72/17          | 48/25 49/12 49/17          |
| 186/22 190/15 193/2          | 210/8                      | 203/23 212/5 212/6           | 76/13 76/14 76/23          | 50/3 52/2 54/5 57/4        |
| 193/9 194/3 194/14           | <b>Welsh Assembly</b> [1]  | <b>were</b> [308]            | 79/5 82/11 90/1 90/8       | 58/19 60/12 60/19          |
| 199/8 199/9 200/5            | 208/10                     | <b>weren't</b> [9] 5/8 15/16 | 90/21 95/8 95/15           | 62/5 64/21 64/22           |
| 200/15 201/8 201/9           | <b>Welsh Government</b>    | 23/16 37/1 41/5              | 101/2 101/3 103/10         | 66/16 71/5 72/18 73/1      |
| <b>well-being</b> [8] 8/10   | <b>[124]</b> 4/6 5/3 7/13  | 123/19 143/15 168/21         | 104/18 108/3 108/19        | 74/7 75/6 76/7 76/11       |
| 16/19 35/23 59/21            | 7/15 7/20 7/25 8/24        | 189/19                       | 109/1 109/21 112/1         | 78/9 78/22 80/20 81/1      |
| 104/16 108/2 110/25          | 9/4 10/25 13/19 13/20      | <b>Westminster</b> [1]       | 112/24 114/22 119/11       | 84/5 85/19 86/11           |
|                              | 13/21 13/25 14/6           | 199/8                        | 119/21 121/2 123/6         | 91/11 93/2 93/6 94/2       |

(90) we'll... - which

|  |   |  |   |  |
|--|---|--|---|--|
| <b>W</b>   |   |  | <b>Y</b>  |  |
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|--|---|--|--|--|
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|  | <b>Z</b><br><b>zero [1]</b> 147/20<br><b>zoom [1]</b> 92/8  |  |  |  |

(92) yes... - zoom