Witness Name:	Dr Chris Llewelyn
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UK COVID-19 INQUIRY

WITNESS STATEMENT OF CHRIS LLEWELYN
ON BEHALF OF
THE WELSH LOCAL GOVERNMENT ASSOCIATION

I, Chris Llewelyn, say as follows –

Introduction

1. I am the Chief Executive of the Welsh Local Government Association (WLGA) of One Canal Parade, Dumballs Road, Cardiff, CF10 5BF. I took up this office in January 2019 having joined the WLGA as Director of Lifelong Learning, Leisure and Information in 2002 and later becoming the Deputy Chief Executive in 2010. During my time at the WLGA I have covered a wide range of the Association's portfolio areas, including periods covering local government finance and economic development.

2. On 25th April 2024, the WLGA applied for Joint Core Participant Status together with the Local Government Association (LGA). The Chair's letter on 31st May 2024 confirmed that the WLGA and LGA had been successful and had been designated as joint Core Participants in Module 7 of the UK Covid-19 Inquiry.

3. On 20th August 2024, the Lead Solicitor for Module 7 of the UK Covid-19 Inquiry (the Inquiry), wrote on behalf of Baroness Heather Hallett, the Inquiry Chair, with a draft request for documentation and witness evidence under Rule 9 of the Inquiry Rules 2006 Reference for Request – M7/WLGA/01. I am authorised by the WLGA to make this statement on its behalf in response to this request.

4. In responding to Rule 9 requests for other Modules, I have already provided eight witness statements: two for Module 1; two for Module 2B; one witness statement for Modules 3, 4, 5, and 6 respectively. As in previous submissions, I repeat that, while I have broad oversight of the WLGA's work I do not have first-hand knowledge of everything that it does. Accordingly, in making this statement I have had to rely from time to time on information provided to me by officers of the WLGA. It is my belief that they have diligently and fairly undertaken this task. My statement must therefore be read as representing a statement concerning the collective understanding and knowledge of the WLGA in relation to the procurement and distribution of key healthcare equipment in the United Kingdom during the Covid-19 pandemic. The WLGA's officers are highly professional, and it is my belief that they have again diligently and fairly reported to me the relevant information that I set out below.

WLGA Structure

5. The WLGA was established in 1996 as an unincorporated Association and as the membership body for local authorities in Wales. Membership is voluntary and councils

make their own decisions on whether to join. All 22 Welsh local authorities are members, all 3 fire and rescue authorities and all 3 national parks authorities are associate members.

6. The WLGA is politically led and is cross-party; it works to give local government a strong and credible voice with national government. As the national membership body for local authorities and the voice of local government, the WLGA's primary purpose is to promote, improve and to support local government.

7. Among its core objectives, the WLGA seeks to:

- represent and negotiate, wherever possible by consensus, the interests of member authorities to the Senedd Cymru/Welsh Parliament, Welsh Government, the Government and Parliament of the United Kingdom;
- formulate sound policies for the improvement and development of local governance, effective management in local authorities and the enhancement of local democracy in Wales and elsewhere, now and for future generations; and
- provide forums for the discussion of matters of common concern to Member Councils and Associate Authorities, and as a means by which joint views may be formulated and expressed.

8. As the representative organisation for Welsh local authorities, the WLGA works across all the services that local authorities provide to the public, including education, housing, social services, waste management, transportation, and economic development. The WLGA also plays an important role in promoting the role and prominence of councillors and council leaders, promoting sector-led improvement and public sector workforce development. Full details of the WLGA's current priority areas of work can be found outlined within the Corporate Plan 2024-27 (Exhibit CL9/001 – INQ000515078: WLGA Corporate Plan Objectives 2024-27).

9. The WLGA is funded through a combination of membership subscriptions, 'top-sliced' local government funding. and Welsh Government and Home Office grants for the delivery of specific projects or programmes.

10. The WLGA Council includes 72 members from the 22 local authorities. These are appointed proportionately by reference to population size, together with 6 further non-voting members, one from each of the Associate Members. The Council considers constitutional and business issues, and it has a deliberative role which can be used in

furtherance of Association policy. The Council also sets the budget of the Association.

11. At each Annual General Meeting the Council appoints the Association's senior office holders which include the leader, Deputy leader and Spokespersons. The leader of the largest political group is the Leader of the WLGA and has responsibility for promoting the policies of the WLGA supported by other office holders. The WLGA seeks to operate based on consensus - where leaders and senior members from different political groups are involved in the business of the WLGA, thereby representing the collective voice of local government.

12. The Deputy Leader supports the work of the Leader and other Group Leaders to provide collective advice and support and to represent the WLGA where necessary. Spokespersons promote the policies and views of the WLGA in specified policy areas and undertake bilateral meetings with relevant Welsh ministers and UK Government ministers and national public bodies.

13. The WLGA's Executive Board comprises the 22 leaders of the Welsh local authorities and is the main policy and deliberative forum of the Association that deals with issues at an all-Wales level.

14. Full detail on the principles and framework by which the WLGA operates can be found within the WLGA Constitution (Exhibit CL9/002 – INQ000515079: Welsh Local Government Association Constitution). It outlines the WLGA structure, financial regulations, roles and responsibilities of the Council and Executive, codes of conduct for elected members roles and the processes for decision-making and governance.

15. Welsh local authorities are also members of the Local Government Association (LGA) of England and Wales through the WLGA's corporate membership of the LGA. The LGA leads on non-devolved matters on behalf of Welsh local government, including employment matters, in liaison with the WLGA. The WLGA is represented on some of the LGA's boards, including the Executive Advisory Board.

16. At an officer level the WLGA is a small organisation, having around 85 employees at the start of the COVID-19 pandemic. The pandemic placed a significant demand on the WLGA's resources, as it transitioned from a representative body focused on making the case for greater flexibilities and funding for local government and medium-term policy development and legislation, to working in an emergency response environment, facilitating urgent and regular consultation and engagement between the Welsh

Government and other national stakeholders with council leaders and the 22 local authorities across many aspects of the collective COVID-19 public service response.

WLGA Membership

17. As highlighted above, the WLGA is the membership body for local authorities in Wales with all 22 Welsh local authorities being members. In addition, all 3 Welsh fire and rescue authorities and the 3 national parks authorities in Wales are associate members. The WLGA's members are listed below:

Local Authorities		
Blaenau Gwent County Borough Council	Bridgend County Borough Council	Caerphilly County Borough Council
Cardiff Council	Carmarthenshire County Council	Ceredigion County Council
Conwy County Borough Council	Denbighshire County Council	Flintshire County Council
Gwynedd Council	Isle of Anglesey County Council	Merthyr Tydfil County Borough Council
Monmouthshire County Council	Neath Port Talbot Council	Newport City Council
Pembrokeshire County Council	Powys County Council	Rhondda Cynon Taf County Borough Council
City and County of Swansea Council	Torfaen County Borough Council	Vale of Glamorgan Council
Wrexham County Borough Council		
Fire and Rescue Authorities		
South Wales	Mid and West Wales	North Wales
National Park Authorities		
Brecon Beacons	Pembrokeshire Coast	Snowdonia

Local Government in Wales

18. Local government in Wales is made up of 22 unitary authorities, each responsible for delivering over 700 defined services to their local communities. Services such as education, social care, housing, transport, planning, waste management, public protection, and environmental services. In addition, local authorities play a key role in community safety, economic development, and cultural services, supporting the needs of the population at a local level.

19. Local authorities are required to provide certain statutory services, as set out in UK and Welsh Government legislation, covering services from social care to environmental health inspection to planning. Other key services such as leisure facilities and art centres are provided at their discretion.

20. Councils provide some services directly, work in partnership with other organisations to provide others and can commission organisations in the private and voluntary sectors to provide services on their behalf.

21. Each local authority is governed by a council of elected members (councillors), who are publicly elected and represent various wards within the authority. Councillors are responsible for making policy decisions and ensuring that local services meet the needs of residents. Within each council, the elected members appoint a Cabinet, which is usually led by a council leader. The Cabinet members are assigned specific portfolios and are responsible for overseeing and implementing decisions related to their areas. Full council has the power to set strategic priorities, approve budgets, and hold the Cabinet to account. In addition to this, councils have various committees that scrutinise decisions and make recommendations on policy and service delivery options and standards.

22. Local authorities in Wales work closely with the Welsh Government, which sets national policies and provides funding for many local services. Whilst local government is responsible for delivering these services, the Welsh Government provides guidance and oversees compliance with legislation. This interaction ensures that national priorities—such as improving education, reducing poverty, and achieving sustainability—are implemented at the local level. Local authorities are also subject to inspections by national regulatory bodies, such as Estyn for education and the Care and Social Services Inspectorate for social services.

23. In Wales, local authorities are required to undertake internal reviews of their performance at least once every four years through mechanisms such as performance panels. This requirement is set out under the Local Government and Elections (Wales) Act 2021, which introduced a new framework to strengthen transparency, accountability, and continuous improvement within local government.

24. Wales is known for its collaborative approach to public services, with local authorities working closely with other public bodies, such as health boards, police services, and the third sector to deliver integrated services that address complex social issues more

effectively. One key aspect of this approach is the Public Services Boards (PSBs), which bring together leaders from local authorities, health services, fire services, and the Welsh Government to improve public well-being in each council area. These partnerships aim to enhance coordination, share resources, and deliver more efficient and cohesive services to the public.

Legislative Framework

25. In Wales, several legislative and planning frameworks govern infectious disease control, aiming to protect public health and establish protocols for handling outbreaks:

- **Public Health (Control of Disease) Act 1984 and Amendments**: this UK-wide act, with updates under the Health Protection (Wales) Regulations 2010, authorises actions to control infectious diseases. The Welsh Ministers, Chief Medical Officer, and local authorities have powers to issue restrictions and manage notifications of specific diseases, focusing on disease prevention and response.
- **The Health Protection (Wales) Regulations 2010**: this legislation strengthens the legal framework around disease notifications, allowing prompt action by health professionals and authorities when managing infectious diseases. The regulations obligate medical practitioners to report suspected cases of certain communicable diseases, establishing clear channels for communication between health agencies and local authorities.
- **Health Protection (Notification) Regulations 2010**: These regulations require doctors to notify local authorities about cases of certain infectious diseases, triggering the contact tracing process.
- **The Well-being of Future Generations (Wales) Act 2015**: although broad, this act integrates public health into the wider goal of sustainable development. Health policies, including communicable disease control, must consider long-term impact and prevention, mandating collaboration across public sectors to protect future generations.
- **Communicable Disease Outbreak Plan for Wales**: overseen by Public Health Wales, this plan provides detailed operational guidance for controlling infectious disease outbreaks. It involves an Outbreak Control Team (OCT) comprising public health officials, environmental health officers, and healthcare professionals to coordinate responses effectively and review management standards regularly.
- The **Civil Contingencies Act 2004** (CCA 2004) establishes the roles and responsibilities of local authorities and other public bodies in preparing for and responding to emergencies, including those related to public health.

26. Over and above the primary legislation set out above, local authorities were assigned specific partnership roles during the pandemic for contact tracing, in partnership with the local health board, and the protection of vulnerable people under the Welsh Government Test, Trace and Protect Strategy.

27. Civil emergencies are defined as an event or situation which threatens serious damage to human welfare or the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK.

28. CCA 2004 is underpinned by regulations and extensive government guidance. Specifically, the responsibilities of councils as Category 1 Responders (C1Rs), and (Local Resilience Forums) LRFs, are set out in the following guidance documents:

- The role of Local Resilience Forums: A reference document (CCS, v2 July 2013) (Exhibit CL9/003 - INQ000080824: The role of Local Resilience Forums - A reference document v2July2013)
- Emergency preparedness (CCS, originally published 2006, chapters updated differentially since) (Exhibit CL9/004 - INQ000116507: Emergency Preparedness - CCS - Chapter 11 Wales Amendments 10112011)
- Emergency response and recovery (CCS, 2013 version) (Exhibit C9L/005 - INQ000116561: Emergency Response and Recovery 5th edition October 2013)

Whilst there is extensive guidance in place to support the legislation, the legislation itself provides considerable flexibility for local planning to meet the broad legal requirements.

29. C1Rs are defined in schedule to the Act. These are the principal responders to emergencies, and they have prescribed duties and responsibilities. They include the emergency services, NHS bodies and local authorities. Category 2 Responders (C2Rs) work with and support the C1Rs and include utility companies, public transport providers and the voluntary sector.

30. The responders have duties and roles for readiness for responding to a civil emergency, and to prevent emergencies from occurring through mitigating plans and actions as far as is possible. The full roles of C1Rs are set out in our submission to Module 1.

31. The local responders work together in partnership, sharing planning, data, intelligence and resources in LRFs. Whilst the term 'local' is used here, the fora are organised on a police force area footprint and are thereby regional bodies. There are four fora in Wales –

- Dyfed Powys
- Gwent
- North Wales
- South Wales

32. The LRFs coordinate emergency planning and risk management across the risks and challenges of flooding, severe weather, pandemics, terrorist incidents, industrial incidents, loss of critical infrastructure, animal disease, pollution and transport incidents.

33. The LRFs have a key role in the discharge of the collective statutory duties of the C1Rs. There are also other partnerships in place which cover specific areas of the public services and similarly mitigate risk and plan for emergencies and loss of business continuity e.g. the statutory Regional Partnership Boards for Health and Social Care.

34. The WLGA itself does not have a formal or statutory role in civil emergencies, emergency preparedness or risk management, although its member authorities are Category 1 Responders (C1Rs) within the meaning of the Civil Contingencies Act 2004. Its role in the context of civil emergencies, emergency preparedness and risk management has been and remains to gather and provide the views of our members to government on national policies, guidance and legislation and regulations, and to suggest possible changes. During actual emergency situations our role is to inform government of the issues and concerns facing our member authorities, and to share information and good practice amongst our member authorities as part of a coordinated effort.

35. The WLGA chief executive is a member of the national advisory Wales Resilience Forum and the WLGA's Regulatory and Frontline Services Policy Officer attends the Wales Resilience Partnership Team and Chief Medical Officer's Health Protection Advisory Group. The WLGA is also represented on the Welsh Government's Warning and Informing Group, where emergency planning communications and updates are shared with LRFs and partners' communications officers.

36. WLGA representatives attend these forums alongside representatives of C1Rs, including local authority or Local Resilience Fora representatives. Any communications or co-production of guidance or plans is coordinated through the formal civil contingencies structures, led by Welsh Government, as outlined elsewhere in this and other witness statements.

37. C1Rs will also be members of these partnerships in different combinations according to their respective terms of reference. The Category 1 responders have the opportunity to refer or escalate any risk or emergent situation to their LRF at any time, whether these risks or situations become apparent in an internal organisational or in a partnership setting. Risks and situations so escalated become a shared responsibility amongst LFR responders for monitoring, and mitigating actions and contingency planning, as necessary. The LRFs have a primacy for civil contingencies work in their geographical areas of jurisdiction in this way.

38. The key duties of local authorities for disease control and contact tracing include; risk assessment - assessing risks to public health, including the potential spread of infectious diseases; planning – developing and maintaining plans for responding to emergencies, including actions to control the spread of diseases; collaboration – working closely with other agencies, such as health services and emergency responders, to coordinate efforts in controlling disease outbreaks. Local authorities may be granted additional powers under the Act in a declared emergency, allowing them to take extraordinary measures to protect public health, which could include more extensive contact tracing and isolation measures. The Public Health (Control of Disease) Act 1984 Act allows for the creation of emergency regulations that can impose additional requirements on individuals or organisations to control the spread of disease, such as quarantine orders or movement restrictions. These roles and powers were designed and intended for localised outbreaks of a disease, for example in a hospital, school or community setting, and one which could be isolated and controlled with the limited expertise and capacity of a typical local authority within their public protection function. They were not designed for, and local authorities are not resourced for, a global pandemic.

39. Local authorities in Wales, unlike their counterparts in England, do not have a full public health function with a designated director, roles and powers, and specific funding. Their functions in the field of public health are limited to public protection and include a wide definition of environmental health and food safety. There are no specific public health duties directly related to the Module 7 Provisional Outline of Scope. Local authorities have

no responsibility, for example, for decisions over lateral flow and PCR tests, testing for variants, and other testing techniques or facilities. The role of local authorities is limited to working in partnership with PHW and the Health Boards who have the direct responsibility for public health services in their localities.

40. Local authorities have specific health protection functions and statutory powers under legislation including the Public Health (Control of Disease) Act 1984, the Health and Safety at Work Act 1974 and the Food Safety Act 1990.

41. Local authorities have statutory duties to work in partnership with the public health bodies in the discharge of their emergency planning and civil contingencies functions, and in responding to an outbreak of a communicable or other disease as C1Rs.

WLGA's Involvement with TTI

42. The Welsh Government Test, Trace, Protect (TTP) Strategy (Exhibit CL9/030 – **INQ000547579**: 200513 Test Trace Protect Strategy) was launched on 13th May 2020, based on Public Health Wales (PHW) advice. The imperative was to set up a public service model, to be overseen by Welsh Government and delivered by health boards and local authorities in partnership in the localities. The local TTP services would: provide access to testing services and devices and systems for reporting test outcomes; identify those who have COVID-19 symptoms, and enable them to be tested while self-isolating; trace people who have been in close contact with the symptomatic person, requiring them to self-isolate for 14 days; provide advice and guidance, particularly where the symptomatic individual or their contacts are vulnerable or at greater risk; ensure that if the individual tests negative individuals and their contacts can get back to their normal routines as soon as possible.

43. On 13th May 2020, Welsh Government wrote to all local authority and NHS local health board chief executives to provide detail on their new TTP Strategy and formally address issues that were being raised through partnership discussions – Exhibit CL9/020 – INQ000115739: 200513 Final letter to HBs-LAs re Contact Tracing.

44. The strategy was to be fully funded by Welsh Government. This strategy reinforced the major partnership role expected of local authorities in response to the pandemic. The detail of the roles and responsibilities local authorities adopted for local TTP service design and delivery is set out in this submission.

45. Local authorities in Wales were central to the delivery of Welsh Government's Test, Trace Protect (TTP) strategy in their localities, working closely with Public Health Wales and their respective local health boards to establish the system at speed, and at a scale far exceeding existing contract tracing arrangements for localised outbreaks of a much smaller scale and duration. It is important to say at the outset that our submission is largely restricted to commentary on the 'trace' and 'protect' workstreams of Test, Trace and Protect. Local authorities had no direct involvement in the testing system, and played a support role only for example in sourcing of locations and facilities for mass and local test centres, in supporting access to/distribution of lateral flow devices, and in local communications to inform and advise the public as with all other aspects of the response to the pandemic. Local authorities were core delivery partners for the contact tracing and protect workstreams. Suffice it to say that the ability of the trace service to perform to expectation was reliant on the availability, accessibility and reliability of test devices and services, and the speed to turnaround of test results and the accuracy of the results.

46. WLGA and local government had no direct involvement in assessing the scale of a national testing system that would be required for a pandemic of this developing scale, or in its logistical planning in the early stages. Therefore, in planning to be an operational partner for the TTP service, local government was, at the outset, entirely reliant on the planning and decision-making by public health bodies and Governments. During the COVID-19 pandemic, there were a number of challenges in setting up and operating testing services of such a scale. These included turnaround times, data reporting, ease of public access (and transport) to test centres, and the need for significant testing and test (laboratory) processing capacity:

Turnaround Times

- In June 2020, the speed of processing COVID-19 tests in Wales declined, with just over half of the tests being processed within 24 hours, down from 68% at the end of April. This slowdown raised concerns about the effectiveness in turn of the contact tracing system which relied on prompt test results to identify and isolate cases swiftly. Source: Exhibit CL9/021 – **INQ000547570** BBC Concern over Wales test results turnaround
- By July 2020, only 26.8% of tests at drive-through centres were processed within 24 hours, marking the worst performance for these regional centres at that time. The Welsh Government acknowledged the issue and indicated that measures were being implemented to improve turnaround times.
  Source: Exhibit CL9/022 – **INQ000547571** BBC Only 27% of NHS drive-in tests back in 24 hours

Data Reporting Issues

- In December 2020, planned IT maintenance led to a significant under-reporting of positive COVID-19 cases. Approximately 11,000 positive tests were delayed in being reported, causing a substantial jump in case rates once the data was updated. Public Health Wales stated that, despite the reporting delay, individuals who tested positive were contacted promptly.
  Source: Exhibit CL9/023 – **INQ000547572**: BBC Covid 11000 positive tests delayed in Welsh figures

Capacity Enhancements

- To address testing challenges, the Welsh Government invested nearly £32 million to enhance Public Health Wales' laboratory services. This investment aimed to increase testing capacity and speed up turnaround times, and enable regional labs to operate 24/7. The plan included adding extra staff and equipment to regional laboratories and establishing six "Hot Labs" in hospitals for rapid testing.
  Source: Exhibit CL9/024 – **INQ000547573**: PHW Investment will speed up Covid-19 testing and introduce 24 7 labs

Mass Testing Initiatives

- In late 2020, mass testing pilots in areas like Merthyr Tydfil and lower Cynon Valley were conducted. These initiatives identified asymptomatic cases, leading to an estimated prevention of 353 COVID-19 cases, 24 hospitalisations, 5 ICU admissions, and 14 deaths. The pilots demonstrated the effectiveness of mass testing in reducing virus transmission.
  Source: Exhibit CL9/025 – **INQ000547574**: PHW Whole area testing estimated to have prevented hundreds of cases of COVID-19

47. The testing services became more comprehensive with improved performance reliability over time. Once local government became operational in TTP, local authorities were able to influence the logistical planning of test services to suit local needs and circumstances with the mass test including the mass testing initiatives cites above as an illustrative example.

48. The early stages of TTP operation (June to September 2020) saw the mass redeployment of local authority employees into the new service. Had this not been the case then the service would not have been operational with any immediacy. Local authority workforces were an invaluable resource as an interim arrangement pending the recruitment of a new

workforce of scale and durability, and while the system could be established and embedded before being scaled up through formal recruitment. The versatility of the local government workforce, and the commitment of local authorities, gave TTP the flexibility to respond to demand, including for later waves of the pandemic through the scaling up of the capacity at short notice when the need arose. Other partner employers could be drawn upon to second employees, such as Cardiff Airport in the case of the local and national surge capacity services hosted by Cardiff City Council. Local authorities had to adapt existing Customer Relationship Management (CRM) systems to maintain records and process data, and source telephony and ICT equipment to enable the workforce to operate.

49. Whilst testing was the responsibility of partners in health, (establishing testing process, physical testing and the laboratory functions), local authorities played a support role in the logistics of site identification and set-up for mass testing facilities. Working across the local health board regions, local authorities identified and repurposed existing facilities, and helped work on logistical planning for their use for mass testing. They also helped set-up local test centres in areas of high incidences of positive tests/outbreaks, and played a key support role in arranging for access to/distribution of lateral flow devices.

50. Through their pre-existing public protection responsibilities, local authorities were in a position to advise and lead on scaling up contact tracing processes to the level required in the pandemic. This, combined with local authority expertise in managing and operating large scale contact centres, enabled quick and successful establishment of tracing arrangements across Wales. Local authority environmental health officers were able to provide specialist advice, working with colleagues from PHW and the local health boards to (1) ensure consistency of advice and (2) advise on outbreak management. Through their environmental health officers and local authority health and safety teams, local authorities were able to act quickly with businesses and communities found to be the source/at the centre of an outbreak, providing advice, and taking an enforcement action as necessary.

51. The safety and protection of the most vulnerable people in communities was a priority for local authorities throughout the response to the COVID-19 pandemic. Recognising that the WLGA and local authorities across Wales have first-hand local intelligence and an understanding of the consequences a requirement to isolate may have on individuals, the WLGA's Director of Social Services and Housing chaired the national Protect workstream from its formation until December 2020. The workstream provided information which formed an essential part of the part of the Welsh Government Test, Trace, Protect Strategy (Exhibit CL9/030 – **INQ000547579** 200513 Test Trace Protect Strategy) for

testing the general public and tracing the spread of coronavirus in Wales document, published on 13th May 2020.

52. Through the national Protect workstream local authorities played a leading role in supporting individuals, many of whom were already struggling with the impact of the pandemic upon their lives. Local authorities provided a trusted source of advice and communication within and across local communities. The workstream involved the lead Protect officers from each local authority in Wales. Working closely local health board leads and voluntary community groups (and nationally through the Wales Council for Voluntary Action (WCVA) Protect officers were able to draw on local knowledge and expertise to support people shielding/ isolating or living on their own.

53. The localised approaches to Protect were tailored to the communities they were supporting. A wealth of case studies evidence this. Examples include: coordinating volunteers to deliver food packages, particularly in rural areas where major supermarkets would not make home deliveries; signposting people to local support services including support within the voluntary sector; advising farming communities on the need to isolate despite operating in rural settings; the use of 'buddies' or volunteers to deliver medication or library books; transporting individuals to test and vaccination centres; working with local councillors to ensure isolation rules, and the changing nature of rules, were understood in communities where English (or Welsh) is not the main language used. At a time of significant upheaval and uncertainty, the personal and localised support provided by local authorities and partners helped ensure that the most vulnerable in communities were cared for through the pandemic.

54. The WLGA had no knowledge of, or any involvement in, the development of a TTP strategy for the eventuality of a global pandemic, prior to Covid-19. This would have been the responsibility and domain of Public Health Wales. The readiness of local authorities, alongside their local public health teams (embedded in the local health boards) was limited to the control and management of local outbreaks of infectious diseases in local settings as explained earlier in this submission. There was no regional or national planning for a strategy and a service of the type and scale required for a pandemic of which we were aware.

55. The WLGA and local government had little or no role in the development of the initial plan emerging within PHW despite learning that local authorities were to be designated as having a major delivery role in the field. The strategy was not co-produced in the conventional way. Local government, and the WLGA as the representative body, did

though have an increasing influence over the operationalisation of the strategy from the point the Welsh Government produced its own strategy. Local service delivery models were then designed and implemented, and developed and expanded, throughout the unfolding pandemic with the benefit of experience and shared learning.

56. The implications of there being no co-production were that local authorities had little or no forewarning that they would be expected to be a delivery partner in a new service for which they had limited expertise and no (at the time) allocated resources. As a result, there was very limited readiness to respond with any immediacy. Had they been involved in co-production then they could have had (1) planning time and (2) some influence to make the PHW Plan far more realistic. PHW had appeared to over-estimate the capacity and readiness of delivery partners for a new function of such a scale. Co-production would have brought the national and local partners closer from the outset. The senior management in local authorities were already stretched to meet their local and regional gold and silver responsibilities in the early stages of the pandemic, and had little advance warning that they would need to adapt to plan and implement a new service of this scale and importance. This can be seen in a letter written on behalf of the WLGA Leader – Exhibit CL9/026 – INQ000547575 AM letter to Dr T Cooper - PHW – 11052020

57. Local government and the WLGA had an increasing influence over the operationalisation of the service once the Welsh Government Strategy had been produced, and they were able to then 'plan for real'. From this point, there was less idealism and prescription in the service model, compared to the PHW Plan which had preceded, and the health boards and constituent local authority partners were given flexibility to design their own operational models according to their local circumstances and ways of working. Funding and support was assigned by Welsh Government. Each local partnership was required to submit a local plan for approval by WG.

58. The seven service models across Wales shared the same characteristics of being designed to meet the purposes and objectives of the national Strategy, to be managed and delivered in partnership between health boards and local authorities with the same demarcations of respective roles and responsibilities, to abide by the prevailing regulations and public guidance at the time, to work to similar standards and targets in operating procedures and performance targets, and to ensure value for money by working within set financial limits. By way of example, draft operational plans for Gwent Local Resilience Forum and Cwm Taf Morgannwg can be found in the following exhibits:

- Exhibit CL9/027 - INQ000547576 Gwent Covid Prevention and Response Plan v1.1

- Exhibit CL9/028 - INQ000547577 CTM - Contact Tracing Case Management Operational Plan - 05052020
- Exhibit CL9/029 - INQ000547578 Contact Tracing Case Management Structure - 05052020

The WLGA does not hold copies of all seven models in place across Wales.

59. The Public Health Act 1984 outlines responsibilities for managing and controlling communicable diseases and provides a framework to safeguard public health. Local authorities, alongside others, play a central role in enforcing these measures. Part 2A of the Act has been referenced in our Module 1 submission. Orders made under Part 2A of the Act were initially explored as an option for containing Covid-19. Time was given to obtaining assurance that every local authority in Wales would make available suitable qualified and competent officers who would be able to respond to outbreak, and serve Part 2A Orders as necessary, in conjunction with Public Health Wales.

60. The pre-existing Tarian database (owned and operated by Public Health Wales), already in use for tracking communicable diseases, was not adequate for the scale of a pandemic, and it soon became clear that more bespoke methods of and capture and processing of information would be needed. Public Health Wales and the Directors of Public Protection reviewed the limitations of the capacity in local government to increase contact tracing capability, alongside the lack of an adequate central IT data system. There was a first and early phase of local approaches to building local capacity and recording of tracing information by adapting existing local CRM systems, whilst a national CRM system was developed. Welsh Government took the responsibility for the strategic direction of the expansion of the TTP services whilst keeping local government engaged and informed via meetings with Leaders, Chief Executives, the TTP Governance Group and practitioner networks.

61. The Tarian system, owned by Public Health Wales (PHW), was the primary database for communicable disease surveillance in Wales pre COVID-19. Whilst it worked effectively for routine outbreak management (e.g. food poisoning, TB, measles), the scale and speed of the pandemic rapidly exposed its limitations. Local database systems had to be developed amongst the seven local TTP service partnerships to capture and operate TTP case data pending the development of a new national CRM system for Wales which was treated as a priority for rapid development at the time of the outbreak of the pandemic. The limitations of Tarian are noted in the PHW Public Health Protection Response Plan (Exhibit CL9/031 – INQ000547580 Public Health Wales Response Plan 4 May 2020

[page 9]):

> *"The system used in England feeds into a cloud-based database. In Wales we have a server based system called Tarian, which will not cope with the requirements of a response on the scale proposed and a robust database will still be required if we use the CTAS portal. Tarian will be required to maintain the daily non-COVID-19 infectious disease response across Wales. The system in Scotland appears to be a complete digital package. In presenting this proposal it is recognised that acquisition of the digital solution represents a significant risk to the delivery of the Plan."*

We are not aware that there was any contingency plan in place for a CRM system with the capability and capacity for a pandemic.

62. With the open recognition that the Tarian system was not suitable, it was an operational imperative for the local TTP service partnerships to develop their own CRM systems for data capture and case tracking. This was done pending the development of a national CRM system of sufficient capability and capacity.

63. Once the Welsh Government Strategy was published (Exhibit CL9/030 – **INQ000547579** 200513 Test Trace Protect Strategy) local planning for local partnership arrangements for a new TTP service was accelerated as a top priority. Whilst local plans worked at different paces, and local models were developed according to local circumstances, there was a national aim to have operational services in place imminently and according to set deadlines. The pioneering services were of a smaller scale than the services which were developed in larger stages, and capacity was largely drawn existing management capacity and redeployments into the contact tracing teams. Once local government was informed of expectations of this new role, and the Welsh Government Strategy was in place, planning was accelerated at speed to meet expectations and target dates. However, had there been earlier warning then local authorities could have had more planning time and, in all probability, been able to have their TTP services in place at an earlier date.

64. The national Protect Task Group, referenced earlier in this submission, was established in May 2020 and formally announced to local authority leaders in August 2020 (Exhibit CL9/006 – INQ000281828: TTP-POD Protect - Letter to leaders of Welsh local authorities) to oversee the third workstream of the Test, Trace, Protect strategy - Protect. The task group included representatives from Welsh Government, NHS Wales, local authorities and the third sector. Initially, its role was to identify the support which may be required to enable people to successfully self-isolate and how this support could best be provided. It

was seen that local authorities were best placed to lead, coordinate and deliver support locally, working with the third sector and volunteers to make support available and cross-referring clients to other specific services. Meetings of the task group were initially administered by the WLGA and chaired by the WLGA before shifting to Welsh Government coordination in December 2020.

65. The main focus of protect work, and discussions administered by the WLGA, was primarily under the work on 'shielding' and the work being undertaken by councils in partnership with the third sector in protecting those most vulnerable to the impact of the virus. This primarily involved coordinating regular meetings of local government officers and involving Welsh Government. The agendas were generally open and involved wide ranging questions and discussions on delivery of the shielding scheme. The WLGA, WCVA and Welsh Government met regularly outside of the meetings with councils to address issues that may arise and ensure good communication was ongoing.

66. As the pandemic progressed the work of the task group expanded and started to link to wider protect work being undertaken by Welsh Government. It was at that point that a natural transference of coordination happened, and Welsh Government took more of a lead in arranging and supporting these discussions. By this time, local authorities had systems in place for protect operations. Welsh Government used this forum to support the long-term sustainability of TTP, drew on intelligence such as behavioural insight research on public behaviour, and for planning to distribute funding for local COVID support hubs. The WLGA continued to attend these meetings and to contribute.

67. The following exhibits provide insight into the matters discussed within this task group while coordinated by the WLGA:

Email	Attachments
Exhibit CL9/032 – **INQ000547581** 200529 - Test Trace Protect - Protect 1130 1230 Monday 1 June 2020	**Exhibit CL9/033** – **INQ000281714** TTP - Protect - Task Group - Meetings - 1 Jun 20 – Agenda **Exhibit CL9/034** **INQ000281715** TTP - Protect - Task Group - Meetings - 1 Jun 20 - Paper 1 - ToR **Exhibit CL9/035** – **INQ000281716** TTP - Protect - Task Group - Meetings - 1 Jun 20 -

	Paper 2 - scoping paper
Exhibit CL9/036 – INQ000547589 200604 - RE Test Trace Protect	**Exhibit CL9/037** – INQ000281722 2020.06.03 - Mapping grid - Test Trace Protect - Protect - Support available
Exhibit CL9/038 - INQ000547592 200629 - Joint letter on Protect	**Exhibit CL9/039** – INQ000547594 Draft Letter to LAs - Support under 'Protect' work stream
Exhibit CL9/040 – INQ000547595 200715 - TTP Protect Task Group - notes and actions from last meeting and copy of interim revised scripts	**Exhibit CL9/041** – INQ000547605 HSS - TTP Programme - Action log - Protect Project **Exhibit CL9/042** – INQ000547606 TTP-Protect- Task Group - Meetings - 13 July 20 - DRAFT minutes
Exhibit CL9/043 – INQ000547607 200827 - Contact Tracing scripts and action cards latest versions for comment and a selection of attachments by way of example:	**Exhibit CL9/044** – INQ000547627 200820 - Action Card cafe restaurant pubs bars draft 3 **Exhibit CL9/045** – INQ000547628 200820 - Action Card Holiday Accommodation draft 3 **Exhibit CL9/046** – INQ000547629 200820 - Action Card Multiple House Occupancy **Exhibit CL9/047** – INQ000547630 200820 - Action Card Nurseries Childcare draft 3 **Exhibit CL9/048** – INQ000547631 200820 - Action Card Schools draft 3 **Exhibit CL9/049** – INQ000547632 200820 - Clinical Lead SOP **Exhibit CL9/050** – INQ000547633 200820 - Contact Advisor SOP v3 - Eng **Exhibit CL9/051** – INQ000547634 200820 - Contact Tracer SOP v3 - Eng **Exhibit CL9/052** – INQ000547635 200820 - Management of Non-responders SOP

	Exhibit CL9/053 – INQ000547636 200820 - Copy of Action Card comments (004) **Exhibit CL9/054** – INQ000547637 200820 - NHS Wales Test Trace Protect Service FAQs v1 **Exhibit CL9/116** – INQ000547703 200820 - Action Card cluster outbreaks Tarian use **Exhibit CL9/117** – INQ000547704 200820 - Action Card communicating with an individual who has sensory learning difficulties draft1 **Exhibit CL9/118** – INQ000547705 200820 - Action Card Community Healthcare draft 3 **Exhibit CL9/119** – INQ000547706 200820 - Action Card Further Education Universities draft2 **Exhibit CL9/120** – INQ000547707 200820 - Action Card COVID19 Vulnerable Individuals draft 3 **Exhibit CL9/121** – INQ000547708 200820 - Action Card Hair dressers Barbers Beauty Salon Tattoo Parlour draft 3 **Exhibit CL9/122** – INQ000547709 200820 - Action Card Leisure Attractions draft 3 **Exhibit CL9/123** – INQ000547710 200820 - Action Card Safeguarding draft 3
Exhibit CL9/055 – INQ000547638 201106 - Agenda and Papers for today's meeting	**Exhibit CL9/056** – INQ000547642 Ceredigion CC - Shielded food box scheme 10.06.20 **Exhibit CL9/057** – INQ000547643 Future production and delivery of food boxes in Wales for those being shielded **Exhibit CL9/058** – INQ000547644 HACCP Food Hub 2020

Exhibit CL9/059 – INQ000547645 201221 - Protect leads questionnaire	**Exhibit CL9/060** – INQ000547647 Protect leads - questionnaire

68. The WLGA had no direct role in administering isolation support payments to individuals required to self-isolate by the NHS Wales Test, Trace, Protect service (TTP). Local authorities operated under guidance and direction provided by Welsh Government (insert exhibit). On this point the WLGA notes information provided within the March 2021 Wales Audit Office report 'Test, Trace, Protect in Wales: An Overview of Progress to Date, Report of the Auditor General for Wales' (Exhibit CL9/061 – INQ000066525 WAO track trace protect 2021 [paragraph 1.50]):

> *"In response to the financial challenge associated with self-isolation, from 1 November, people on low incomes in Wales have been able to apply for a £500 payment if they have tested positive for COVID-19 or told to self-isolate. A similar scheme has been available to social care workers as a top-up payment to their statutory sick pay. Self-isolation payments have recently been extended to some parents and carers on low incomes who have had to look after children who are self-isolating. Local authorities received just under 20,000 applications between November and January 2021 with around 50% of those eligible for payment. The scheme was being reviewed at the end of January, but there was clear recognition that there remained a need to financially support those in most financial need to allow them to comply with self-isolation requirements."*

The WLGA does not hold figures relating to the number and percentage of applicants for isolation support payments who were successful (and those rejected) across local authority areas.

Key meetings and engagement with decision makers

69. A chronology of key meetings the WLGA participated in throughout the course of the pandemic is set out in Exhibit CL9/007 - INQ000504001: M7 Chronology of Meetings. The 'key meetings' identified by the WLGA are, in the main, either:

- political level meetings (involving Ministers and/or WLGA members [council leaders in the main]) or senior officials (involving Welsh Government, WLGA and/or local

government officers) where key decisions and issues relating to Module 7 (Test, Trace and Isolate) were discussed; or

- officer level meetings where officers across the public sector were updated on strategic decisions and the direction of the response to Covid-19, such as the TTP and the vaccination programme, and practical approaches to implement these decisions were reviewed and agreed.

70. The chronology of key meetings (Exhibit CL9/007 - INQ000504001 – M7 Chronology of Meetings) identifies the following as the main meetings and networks where the broad range of the responses to the pandemic was discussed by the WLGA and local authorities in Wales:

- Political / senior official meetings:
  - Leaders conference call
  - Chief Executive conference call
  - Shadow Social Partnership Council
- Officer meetings:
  - Public Health Strategic Coordinating Support Group
  - Strategic Oversight Group
  - Protect Task Group

71. Many meetings identified will have covered all aspects of the pandemic. These meetings at times discussed or reviewed the arrangements for Test, Trace and Protect as one item on a wider agenda, or informally as a non-agenda item. The WLGA does not have notes of all meetings given that many were brief, organised as group telephone calls, or were meetings where officials from other organisations would have been expected to take a note of key points and actions. The WLGA can provide notes of the majority of, if not every, of its own Leader and Chief Executive meetings, if so requested. Matters relating to TTP and the scope of this module were discussed at the following meetings:

Local Authority leaders meetings

- 10 April 2020 (Exhibit CL9/008 - INQ000473075:-200410 Leaders Meeting Notes)
- 16 April 2020 (Exhibit CL9/080 – INQ000115655 200416 Leaders Meeting Notes)
- 22 April 2020 (Exhibit CL9/081 – INQ000115679 200422 Leaders Meeting Notes)
- 29 April 2020 (Exhibit CL9/082 – INQ000115696 200429 Leaders Meeting Notes)
- 11 May 2020 (Exhibit CL9/062 – INQ000115737 200511 Leaders Meeting Notes)
- 15 May 2020 (Exhibit CL9/016 – INQ000181163: 200515 Leaders Meeting Notes)

- 22 May 2020 (Exhibit CL9/009 – INQ000115782: 200522 Leaders Meeting Notes)
- 27 May 2020 (Exhibit CL9/010 – INQ000115788: 200527 Leaders Meeting Notes)
- 3 June 2020 (Exhibit CL9/063 – **INQ000115811** 200603 Leaders Meeting Notes)
- 5 June 2020 (Exhibit CL9/064 – **INQ000115822** 200605 Leaders Meeting Notes)
- 12 June 2020 (Exhibit CL9/017 – INQ000089882: 200612 Leaders Meeting Notes and Exhibit CL9/065 – **INQ000115844** 200612 WLGA Leaders Briefing)
- 19 June 2020 (Exhibit CL9/066 – **INQ000089883** 200619 Leaders Meeting Notes)
- 3 July 2020 (Exhibit CL9/067 – **INQ000089904** 200703 Leaders & Ministers notes)
- 11 September 2020 (Exhibit CL9/068 – **INQ000116056** 200911 Leaders Meeting Notes)
- 25 September 2020 (Exhibit CL9/069 – **INQ000089885** 200925 Leaders Meeting Notes and Exhibit CL9/070 – **INQ000089884** 200925 Item 3 Local Lockdown - Lessons Learned
- 2 October 2020 (Exhibit CL9/071 – **INQ000089886** 201002 Leaders Meeting Notes)
- 18 December 2020 (Exhibit CL9/072 – **INQ000503997** 201218 Leaders Meeting Notes)

Local Authority Chief Executive meetings

- 29 May 2020 (Exhibit CL9/015 – INQ000115791: 200529 - Chief Executives Notes)
- 12 June 2020 (Exhibit CL9/073 – **INQ000115839** 200612 Chief Executives Meeting Notes)
- 19 June 2020 (Exhibit CL9/074 – **INQ000089881** 200619 Chief Executives Meeting Notes)
- 26 June 2020 (Exhibit CL9/075 – **INQ000115877** 200626 Chief Executives Meeting Notes)
- 14 July 2020 (Exhibit CL9/076 – **INQ000115932** 200714 Chief Executives Teams Notes final)
- 28 July 2020 (Exhibit CL9/077 – **INQ000115968** 200728 Chief Executives Meeting Notes)

Finance Sub-Group meetings

- 17 July 2020 (Exhibit CL9/078 – **INQ000115942** 200717 Item 3 Finance Sub Group COVID Income and Expenditure Survey Future Pressures)
- 19 August 2020 (Exhibit CL9/079 – **INQ000181406** 200819 - FSG – Minutes)

72. As outlined in the chronology above, the WLGA engaged with a range of government and non-government bodies and boards on strategies and plans within the Module 7 Provisional Outline of Scope. The response and coordination of Test, Trace, Protect in Wales was grounded in a partnership approach, utilising established partnership working relationships across the public sector. The Welsh Government's approach to engagement with local government at both a political and officer level was a key feature of the overall response to the pandemic, and in the case of TTP.

73. The regular calendar of meetings evidenced in the chronology provided a method and opportunity for issues to be highlighted by local authorities and escalated to the appropriate Minister or Welsh Government officials. WLGA officers played an advisory role, supporting and/or convening meetings between local leaders and Welsh Ministers, local government professionals and Welsh Government officials. Of the Leaders meetings identified in paragraph 58 above, where TTP was discussed, Welsh Government ministers attended and participated in discussion at the following:

- 10 April 2020 (Exhibit CL9/008 - INQ000473075:-200410 Leaders Meeting Notes)
- 16 April 2020 (Exhibit CL9/080 – **INQ000115655** 200416 Leaders Meeting Notes)
- 22 April 2020 (Exhibit CL9/081 – **INQ000115679** 200422 Leaders Meeting Notes)
- 29 April 2020 (Exhibit CL9/082 – **INQ000115696** 200429 Leaders Meeting Notes)
- 11 May 2020 (Exhibit CL9/062 – **INQ000115737** 200511 Leaders Meeting Notes)
- 15 May 2020 (Exhibit CL9/016 – INQ000181163: 200515 Leaders Meeting Notes)
- 22 May 2020 (Exhibit CL9/009 – INQ000115782: 200522 Leaders Meeting Notes)
- 27 May 2020 (Exhibit CL9/010 – INQ000115788: 200527 Leaders Meeting Notes)
- 3 June 2020 (Exhibit CL9/063 – **INQ000115811** 200603 Leaders Meeting Notes)
- 5 June 2020 (Exhibit CL9/064 – **INQ000115822** 200605 Leaders Meeting Notes)
- 12 June 2020 (Exhibit CL9/017 – INQ000089882: 200612 Leaders Meeting Notes and Exhibit CL9/065 – **INQ000115844** 200612 WLGA Leaders Briefing)
- 19 June 2020 (Exhibit CL9/066 – **INQ000089883** 200619 Leaders Meeting Notes)
- 3 July 2020 (Exhibit CL9/067 – **INQ000089904** 200703 Leaders & Ministers notes)
- 25 September 2020 (Exhibit CL9/069 – **INQ000089885** 200925 Leaders Meeting Notes)
- 18 December 2020 (Exhibit CL9/072 – **INQ000503997** 201218 Leaders Meeting Notes)

74. Key individuals the WLGA engaged with through these meetings include:
- Julie James MS, Minister for Housing and Local Government

- Vaughan Gething MS, Minister for Health and Social Services
- Julie Morgan MS, Deputy Minister for Health and Social Services
- Eluned Morgan MS, Minister for International Relations and Welsh Language
- Joanne Daniels, Lead Official for Test, Trace and Protect, WG
- Reg Kilpatrick, Director General, WG
- Shan Morgan, Permanent Secretary, WG
- Andrew Slade, Director General, WG
- Dr Andrew Goodall, Director General of Health and Social Services/Chief Executive NHS Wales
- Dr Tracey Cooper, PHW Chief Executive

75. The WLGA also worked closely with lead officers from local authorities to ensure discussions and decisions at a national government level were communicated and consistently applied at a local government level. This included Chief Executives, those local authority officers who played gold and silver roles within their respective Strategic Coordination Groups in the LRF areas, and the Directors of Public Protection Wales (DPPW) Executive Board including their regional representatives across Wales.

76. As noted above, Welsh Ministers and Welsh Government officials regularly met with the 22 local authority leaders at meetings convened and supported by the WLGA. Via this route, local government in Wales was briefed on upcoming decisions on matters set out in the Provisional Outline of Scope for Module 7 and was able to provide views and feedback to decision makers. At such meetings, matters for Test, Trace, Protect will not have been the main or sole item of business but rather one of many to be covered, as explained earlier in this submission. Examples of Ministers discussing or answering questions relating to Test, Trace, Protect, amongst other issues, can be found in the meeting notes identified in paragraph 73 above.

77. The WLGA assisted WG by accessing networks such as the Directors of Public Protection to ensure that the most appropriate and expert professional local government officers were able to provide advice and opinion on policy and strategy. Welsh Government Officials, including the Deputy Director of Health, the Environment and Health Protection lead, and the communicable disease specialist local authority seconded to Welsh Government, regularly attended the Executive Board meetings, which were increased to being held weekly.

78. The multi- agency TTP Strategic Oversight group was established by Welsh Government in April 2020 and was also attended by a senior local government officer, and the WLGA

regulatory policy officer. Welsh Government chaired this meeting, and on the first occasion, discussed the strategic overview of the current pandemic situation, the aims of the group, proposals for what was then called "public protection proposals" (which became known as TTP), and a discussion about the development and delivery of an operational plan. Subsequent meetings allowed representatives to hear real time development of the TTP operational development, and to provide feedback from their organisational perspectives. The group met regularly throughout the pandemic period, weekly until October 2020, fortnightly until July 2021 and monthly until February 2022. The WLGA is able to exhibit meeting notes of the following TTP Oversight Group meetings:

- 21 May 2020 (Exhibit CL9/083 – **INQ000505395** 290520 Item 1 - Minutes oversight group 210520)
- 29 May 2020 (Exhibit CL9/084 – **INQ000547671** 040629 Item 1 - Minutes Oversight Group 290520)
- 4 June 2020 (Exhibit CL9/085 – **INQ000547672** 110620 TTP Programme Oversight Group Item 1 Minutes 040620)
- 11 June 2020 (Exhibit CL9/086 – **INQ000547673** 190620- TTP Programme Oversight Group Item 1 Minutes 110620)
- 19 June 2020 (Exhibit CL9/087 – **INQ000547674** 250620 - TTP Programme Oversight Group - Item 1 - Minutes 190620)
- 25 June 2020 (Exhibit CL9/088 – **INQ000505399** 020720 - TTP Programme Oversight Group - Item 1 - Minutes 250620)
- 9 July 2020 (Exhibit CL9/089 – **INQ000547676** 2020-07-16 - TTP Programme Oversight Group - Item 1 - Minutes of 09072020)
- 16 July 2020 (Exhibit CL9/090 – **INQ000505400** 2020-07-24 - Item 1- TTP Programme Oversight Group - Minutes of 16072020)
- 24 July 2020 (Exhibit CL9/091 – **INQ000505401** 2020-07-24 - Item 1- TTP Programme Oversight Group - Minutes of 240724)
- 8 August 2020 (Exhibit CL9/092 – **INQ000547679** 2020-08-13 - Item 1 TTP Programme Oversight Group - Minutes of 060820)
- 13 August 2020 (Exhibit CL9/093 – **INQ000505486** 2020-08-13 - TTP Programme Oversight Group - Minutes of 130820)
- 20 August 2020 (Exhibit CL9/094 – **INQ000547681** 2020-09-03 Item 1 TTP Programme Oversight Group - Minutes of 20082020)
- 3 September 2020 (Exhibit CL9/095 – **INQ000505403** 2020-09-10 Item 1 TTP Programme Oversight Group - Minutes of 03-09-20)
- 10 September 2020 (Exhibit CL9/096 – **INQ000547683** 2020-09-17 Item 1- TTP

Programme Oversight Group - Minutes of 10-09-20)

- 19 September 2020 (Exhibit CL9/097 – INQ000505489 2020-09-17 Item 1- TTP Programme Oversight Group - Minutes of 17-09-20)
- 1 October 2020 (Exhibit CL9/098 – INQ000505407 2020-10-01 - Item 1- TTP Programme Oversight Group - Minutes of 01-10-20)
- 15 October 2020 (Exhibit CL9/099 – INQ000505422 2020-10-29 Item 1- TTP Programme Oversight Group - Minutes of 15-10-20)
- 12 November 2020 (Exhibit CL9/100 – INQ000505430 2020-11-26 Item 1 TTP Programme Oversight Group - Minutes of 12-11-2020)
- 26 November 2020 (Exhibit CL9/101 – INQ000505490 2020-12-10 Item 1 - TTP Programme Oversight Group - Minutes of 26-11-2020)
- 10 December 2020 (Exhibit CL9/102 – INQ000505491 2020-12-10 TTP Programme Oversight Group - Minutes of 10-12-2020)
- 21 January 2021 (Exhibit CL9/103 – INQ000547690 2021-01-21 - TTP Programme Oversight Group Notes)
- 4 February 2021 (Exhibit CL9/104 – INQ000505492 2021-02-04 - TTP Programme Oversight Group - minutes)
- 4 March 2021 (Exhibit CL9/105 – INQ000505459 2021-03-04 - TTP Programme Oversight Group - minutes)
- 1 April 2021 (Exhibit CL9/106 – INQ000505464 2021-04-01 - TTP Programme Oversight Group - minutes)
- 15 April 2021 (Exhibit CL9/107 – INQ000505469 2021-04-15 - TTP Programme Oversight Group - minutes)
- 29 April 2021 (Exhibit CL9/108 – INQ000505493 2021-04-29 - TTP Programme Oversight Group - minutes)
- 27 May 2021 (Exhibit CL9/109 – INQ000505471 2021-05-27 - TTP Programme Oversight Group - minutes)
- 22 July 2021 (Exhibit CL9/110 – INQ000505475 2021-07-22 - TTP Programme Oversight Group - minutes)
- 25 November 2021 (Exhibit CL9/111 – INQ000547698 2021-11-25 - TTP Programme Oversight Group - minutes)

79. Four sub-groups were established under the TTP Strategic Oversight Group to focus on specific areas of work:

- Digital developments
- Contact tracing operations
- Support for isolation (Protect)

- Testing network

The WLGA did not formally have representation on all these groups. As noted in paragraph 55, the Support for Isolation (Protect) group was chaired by the Chief Executive of Rhondda Cynon Taf County Borough Council and the WLGA Director of Social Services. Local government was represented on the remaining task groups via local authority Chief Executives or their representatives, and provided updates via the WLGA Chief Executive meetings.

80. In the early stages of these sub-groups, concern was expressed that local government was under-represented, as evidenced in the meeting notes of 22nd April 2020 (Exhibit CL9/014 – INQ000115778), a meeting attended by the Minister for Housing and Local Government, the Minister and Deputy Minister for Economy and Transport, where it is recorded:

> *" **Contact tracing** - Announcement from FM on Monday that LAs will coordinate this, this approach makes sense but needs further work and planning and the WLGA had no prior knowledge before announcement."*

This is further evidence of a missed opportunity for the co-production of TTP planning at the early and formative stage.

81. We are aware that these concerns were echoed by chief executives of local authorities themselves in our regular contact with them at the time. Concerns were also expressed within SCG settings when the category 1 responders for the pandemic themselves, as collectives, became aware of an onerous new response duty, which they would have to oversee. I have set out the implications of the initial PHW Plan for TTP not being co-produced at paragraph 56 above.

82. An alternative approach to planning would simply be the close involvement of development of a plan from its conceptual stage through to its finalisation and adoption, by all stakeholders who would be involved in its delivery come operationalisation. Those with professional expertise, any experience, would then have the opportunity to help design a plan that is more owned, and more capable of being implemented effectively. Any future plan for TTP for a future scenario should fully take into account measures for contingency planning which I have set out as recommendations in this witness statement.

83. Welsh Government officials engaged with local authorities through the early development

and implementation of its Test, Trace, Protect (TTP) strategy. Evidence of this can be seen in the minutes of the WLGA convened weekly Chief Executive meetings, attended by Chief Executives or lead representatives from each of the 22 local authorities in Wales:

- Chief Executive meeting notes show that on 1st May 2020 WG officials joined to discuss a range of Covid issues, of which Testing was one (Exhibit CL9/012 INQ000115778: 200501 Chief Executives Meeting Notes)
- Welsh Government officials did not attend the Chief Executive meetings held on 15th and 22nd May during which there was discussion on how Test and Trace arrangements were developing regionally (Exhibit CL9/013 - INQ000115756: 200515 Chief Executives Meeting Notes and Exhibit CL9/014 – INQ000115778: 200522 Chief Executives Meeting Notes)
- Welsh Government officials joined the Chief Executives meeting on 29th May 2020 to provide an update and answer questions from Chief Executives (Exhibit CL9/015 - INQ000115791: 200529 - Chief Executives Notes)

84. There was limited engagement by PHW in the development of its thinking and planning prior to May 2020. The PHW Public Health Protection Response Plan (Exhibit CL9/031 – **INQ000547580** Public Health Wales Response Plan 4 May 2020 assigned a new and significant role for local authorities which was not widely expected, and for which they were neither ready nor resourced. The PHW strategy was complex and was seen to be impracticable as presented. . It received a counter-reaction from local government that it was unreasonable and unrealistic. The PHW Plan over-estimated the readiness and capacity of local authorities to be a delivery partner in the deadlines it set for new local service models to be operational, and the capacity required to do so. It was also a highly prescriptive document which had not been 'reality checked' with key delivery partners. The PHW plan appeared to have been written in isolation. It did not connect with other plans for the challenges of the pandemic including economy recovery and social wellbeing.

85. Once Welsh Government responded with its own strategy with more pragmatism and with assurances over support, guidance and financial resources, local government was able to engage and plan the design and implementation of local TTP service models with purpose and confidence. The WG strategy can be marked out from the PHW plan in two ways. Firstly, it recognised the vocal concerns being expressed by local government about the challenges being given to them with this new role, and adapted the planning for the TTP service with there being more local ownership of and flexibility in the design of the local delivery models. Secondly, as a strategy, it had a broader scope which took into account

the wider challenges of the pandemic. Also, whereas the PHW was a 'blueprint' for a new service which the WG would need to consider and resource, the WG strategy was an approved and actual delivery plan which would be financially resourced for it to be implemented.

86. Overall, communications by Welsh Government on TTP at a national level were well coordinated and were frequent. This statement is caveated with the frequency, and relatively late notification of changes to regulations and public communications which necessitated changes to the 'scripts' for advising people who had tested positive, and changes to the underlying Standard Operating Procedures (SPOs) for the TTP service. Public confusion could arise with the issue of changing instructions and advice on how to cooperate and behave. Changes to public instruction and advice were frequent, as has been explained in our submission to Module 2B.

- Exhibit CL9/112 – INQ000273741: First M2B witness statement of Chris Llewelyn WLGA (paragraph 110)

  "The Local Authority role in policing NPI's was a critical one and needed careful administration. Local authorities adopted an approach of offering advice, convincing businesses of the need to protect their customers and employees, before resorting to enforcement where needed. It is in this context that when consultation was late or changes in the restrictions were not advised in a timely manner that Local Authorities were unable to respond promptly to requests for advice and assistance. When consultation and co-production did take place, and it did take place often, the policy changes flowed into a more effective delivery regime."

- Exhibit CL9/112 – **INQ000469686** First M2B witness statement of Chris Llewelyn WLGA (paragraph 219)

  "Additionally, local authorities received large numbers of queries from business and individuals seeking to understand how these broad concepts translated to everyday incidences of social and economic activity. The subsequent consultation/interaction between local authorities and the Welsh Government led to the further development of the Regulations through 2020 and the production of guidance to underpin the key principles. The amount of guidance issued and revised through 2020-21 was considerable as it sought to set out what individuals and businesses were expected to do in certain circumstances."

87. The WLGA has a key repeat observation to make over national communications. The public in Wales could be confused by separate communications on test, trace and protect/isolate programme from UK and Welsh Governments. Whereas the NHS is a devolved service in Wales, and the public should have been led by communications and instructions from Welsh Government, the announcements and communications coming from the UK Government had far greater profile and traction in the media and on social media. This confusion did have some impact on the types of enquiries and complaints made over access to information and advice, and on expectation management. It should be noted that the risks of confusion were particularly high in the areas of Wales that border England.

88. The consequences of such confusions were that individuals could be more challenging with TTP advisors on what was expected of them at the time under regulations, with the risk of lower levels of cooperation and compliance. The conflicting communication messages for Wales and England also impacted on public confidence in the wider system of TTP and the measures in place to prevent the spread of Covid-19. From a TTP perspective, the following anecdotal examples illustrate why public confusion on advice or regulations may have occurred:

- At points during the pandemic regulations enforcing restrictions to exercise stipulated a 'once-a-day' limit in Wales, at the same time this limit was not in place in England
- When travelling by train, individuals were required to wear a face covering within Wales, and once across the border into England individuals were able to remove them
- Travel restrictions in place in September 2020 meant that arrivals into Wales and Scotland from nations such as Portugal and parts of Greece were legally required to isolate, arrivals into England and Northern Ireland were not.

89. Local authorities were more positive about the content, frequency and dissemination of localised communications and information generated under the silver and bronze command arrangements managed in partnership with the Health Boards. Here, the local authorities had input and influence and could draw on their extensive networks of contacts, and media platforms, to disseminate bespoke information to the greatest effect.

90. The Strategic Coordination Groups (SCGs) operate at the most senior level of regional/local planning in a live emergency situation under the Civil Contingency Arrangements. They are assigned Gold Status. Within their governance arrangements they can set up silver and bronze groups with more bespoke roles and specific tasks and delegations. In an emergency situation it is commonplace to have a silver group dedicated

to communications – with the public, media and stakeholders. During the Covid-19 pandemic, silver groups were deployed for communications. The groups had the advantage of local knowledge, ready access to media outlets, and access to the communications systems and outlets of their partner organisations to release key information across communities of place and communities of interest in a uniform way and at pace.

91. SCGs work in a dynamic way, and as a result communications can be drafted and approved quickly to communicate a new or changed public message according to the needs of the moment. The information is seen to come from a trusted source by local communities who connect with the originators i.e. local public bodies. The silver groups also have the benefit of having a 'feedback loop'. The partners can give instant and 'soft' intelligence on how the communications are being received and whether they are having the desired impact e.g. in compliance with regulations on restrictions of movement, in the field. Partners have the advantage of being connected to what is happening 'on the ground' through their workforces, local councillors, voluntary and community organisations, and local press reporting activity etc. Therefore, the SCG communications can be well-informed in their messaging, style and timing.

92. Local authorities played a key role in developing and implementing public awareness and communications strategies and plans as a partner to the Strategic Coordinating Groups (SGCs). SGCs maintain specialist communications groups – often called *Warning and Informing Groups* – as part of their structure. These groups bring together communications leads from the respective partner bodies. Local communications could be tailored and targeted, for example in communities where there was a high incidence of positive testing/an outbreak, and to specific and vulnerable communities.

93. The WLGA did not develop its own messaging as the Welsh Government led on this at a national level. The WLGA played a role in supporting local authorities and feeding back any relevant intelligence to Welsh Government colleagues to help triangulate. The regular Warning and Informing meetings were used as the primary forum for this, where Welsh Government and partners, including local authorities, to discuss the current position - including arrangements for Test, Trace, Protect.

94. The WLGA role was principally to advocate for local government for support and financial resourcing, and to represent the views of local authorities, both political and professional, through the machinery described above. The arrangements for the set-up and implementation of local TTP service models was devolved to the local authorities and their

local health board partners, with local/regional oversight by their respective SCGs, and national oversight by WG. There was no specific involvement of the voluntary and community sectors in the operation of the TTP services, other than where referrals might be made for support and advice of vulnerable people under the Protect workstream.

95. Welsh local authorities are also members of the Local Government Association (LGA) of England and Wales through the WLGA's corporate membership of the LGA. The LGA leads on non-devolved matters on behalf of Welsh local government, including employment matters, in liaison with the WLGA. The WLGA is represented on some of the LGA's boards, including the Executive Advisory Board.

96. Both the Northern Ireland Local Government Association (NILGA) and the Council of Scottish Local Authorities (COSLA) are independent membership bodies, representing the interest of local government in Northern Ireland and Scotland respectively. The WLGA undertakes wider work with the LGA, COSLA and NILGA (particularly looking at the overall financial needs of local government and workforce planning), typically through the UK Forum. There is no joint formal work programme on emergency planning across the national associations. The WLGA does not have capacity for this function. Should there be an agreement that the associations work together in the future, then resources will be needed to be provided for us to do so.

97. The four local government associations met twice together through the UK Forum (of local government associations) during the pandemic - on 7th August 2020 and 3rd June 2021, and the comparative approaches to the pandemic was a topic of discussion. The respective finance teams met regularly from May 2020, exchanging information on pandemic caused income losses and their recovery, and local government fiscal deficit forecasting and analysis, and shared approaches to engagement with UK and devolved governments. Officials from the LGA, WLGA and NILGA and the English regions also met regularly through the National Association for Regional Employers, to discuss common issues on workforce. There was no joint formal work programme on emergency planning, nor joint activity on preparedness for Covid-19, prior to the pandemic. Based on the agendas available to the WLGA for these meetings, it does not appear that TTP and respective national approaches were discussed at these UK Forum (of local government associations).

98. Given that the TTP service in Wales was a bespoke public service model, under devolved arrangements led by Welsh Government, there was no opportunity or necessity to engage in detailed planning with sister organisations. Information on the Welsh approach would

have been shared, as needed, under the above arrangements.

WLGA role in Test, Trace Protect

99. The WLGA had no direct role in the enforcement of TTP procedures as, similarly to other areas of enforcement during Covid-19, responsibility lay at the local level within and amongst local partners according to their respective roles and powers e.g. local authorities, police forces.

100. The WLGA would have had sight of information and data on the performance of the local/regional TTP services, and levels of public compliance where they were reported, within the national partnership arrangements described above, and from its regular and informal contact with local authorities at a political and a professional level. However, it had no direct role in the use of this information for planning or enforcement purposes. From the WLGA's perspective, the arrangements for the governance, management and accountability of the planning and performance of the TTP services were strong. These included:

- managerial oversight by local authorities as delivery partners both collectively and individually;
- oversight by the category 1 responders to the pandemic as a collective in the SCG setting with, for example, a bespoke silver group for TTP within their governance structures;
- regular reporting to Welsh Government as the funder of the services;
- daily data entry into the CRM system to enable timely oversight of live service performance for assurance, advice and support, and intervention as needed at an SCG and Government level;
- specific national reports on emergent situations such as SBARs;
- Public Health Directors located in each of the seven health boards were held directly to account for performance within the structures of NHS Wales/Welsh Government and PHW; and
- networking amongst TTP leads across the seven operational TTP areas for sharing performance information, challenges, solutions, and good practice.

The WLGA was not responsible for the performance of TTP services but had sight of overall performance information through some of the above routes, and from briefings at a political level with Government Ministers as was the case with the response to all aspects of the pandemic.

101. Local authorities were fully embedded in the operationalisation of the Welsh Government Strategy for TTP, as a delivery partner with the local health boards, under the public service model which was adopted. This role is set in more detail in paragraphs 42-55 of this submission.

Devolved approaches

102. During the COVID-19 pandemic, the approach to contact tracing in Wales differed from that in England reflecting (1) the devolved nature of public health responsibilities in the UK and (2) the desire to have a responsive and accountable service within the public sector.

103. In Wales, contact tracing was managed through a localised system, with significant involvement from local health boards and local authorities. It was to be a public sector governed service co-managed at a local level by the local health boards and the respective local authorities, under a national strategy and directly funded by Welsh Government. There was no outsourcing to the private sector. Accountability for performance and funding was at the levels of (1) local reporting within the partner bodies (2) regional reporting within the Strategic Coordination Groups (SCGs) under the Civil Contingency arrangements (3) national reporting, eventually via the national CRM, to WG and PHW and as set out in paragraph 37.

104. The Test, Trace, Protect (TTP) strategy of Welsh Government was launched in May 2020 with a community-led approach. Local authorities, in partnership with local health boards, were to be responsible for tracing and advising 'index case' contacts (those who had had a positive test result reported) and their recent/immediate personal contacts, under a national framework and with specific and additional funding. This allowed for more tailored responses to the specific needs and circumstances of different localities and communities. From the WLGA's perspective, the localised or community-led approach to TTP was effective in fulfilling its purpose and objectives. From our experience, factors in the success of the model included:-

- ownership and responsibility by public bodies who (1) are accountable and (2) were able to operate the function in parallel to and in integration with other operational functions such as support to the vulnerable and those shielding, and enforcement;
- knowledge of local areas and communities for local logistical planning including flexible and responsive localised testing services;
- knowledge of local areas and communities for planning communications and

engagement; and

- local authorities being a known and trusted agencies for support and advice in times of crisis, including being the voice of advice over the telephone when making contact with 'index' and 'contact' cases.

105. The TTP system was designed to be fully integrated with local public health teams and local health boards, ensuring that those with local knowledge were directly involved in the contact tracing process.

106. In England, as we understand it, a more centralised approach was taken to central approach was taken to forming an NHS Test and Trace service, and one which operated at the national level. This system relied heavily on a central database and a national call centre to trace contacts. Local authorities appeared to have less involvement initially, than was the case in Wales. Over time, however, as the central system faced challenges and the pressures of demand, then there was a greater involvement of local authorities. The system remained more centralised than the system in Wales.

UK Government Approach

107. The WLGA worked exclusively with Welsh Government, and Public Health Wales, on the design and delivery of a bespoke model under devolved powers within Wales. We have limited working knowledge of the English model and cannot comments with any insight or authority on the UK Government approach other than the general observations we have made (above) in contrasting the Welsh and the English models.

108. Our general comments on the level of preparedness of the UK for a pandemic of this scale and longevity, made in our submission to Modules 1 of the Inquiry, apply equally to TTP as to other areas of emergency planning for the eventuality of a global pandemic.

- Exhibit CL9/113 – INQ000177802: M1 First Witness Statement of Chris Llewelyn (paragraph 100-101):

  "100. The extent to which Welsh Government had the logistical capacity and plans, and the resources and supply chains (with their national partners such as NHS Wales and Public Health) for specific and large-scale interventions for Covid-19 including - emergency health services and facilities, the procurement and supply of personal

protective equipment (PPE), mass testing, systems for tracing infected citizens to isolate and prevent contagious infection, and for mass vaccinations once vaccines became available - can only truly be evaluated against the response made from the point when a national emergency was declared (to be explored in other Inquiry Modules).

101. The response to logistical planning for Covid-19 in the above areas involved significant additional financial resourcing at the UK and Welsh Government levels, the redeployment and/or recruitment of workforces, and the construction/acquiring of facilities. All of these actions required for this Covid-19 pandemic were of scale greater than plans in place for readiness. Although Governments and C1Rs acted with great urgency, there were inevitable time delays in these key interventions as these new or significantly extended services and facilities were set up and resourced."

- Exhibit CL9/113 – INQ000177802: M1 First Witness Statement of Chris Llewelyn (paragraph 103-106):

"Constraints

103. […]. Resources have to be redirected or new resources allocated in the event of an emergency situation. Welsh Government would not have the financial resources in place for response to and recovery from a pandemic of the scale of Covid-19

104. The reality, during the events that followed this specified date in response to the Covid-19 pandemic, is that new systems, facilities and supply chains of scale had to be created/constructed, at significant additional public cost, for the interventions listed above and other interventions, and that civil service personnel had to be redeployed to coordinate the governmental response.

Planning for a speedy and effective response

105. […]

106. As with all emergency scenarios, the ultimate test of preparedness and readiness is the speed and effectiveness of the response to an actual emergency situation or incident. There has been no precedent for a pandemic of the scale, unpredictability and longevity of Covid-19, from which to apply experiential learning into planning, in modern times."

- Exhibit CL9/113 – INQ000177802: M1 First Witness Statement of Chris Llewelyn (paragraph 123-127):

"The adequacy of local emergency plans to deal with a pandemic like Covid-19

124. The emergency plans at the collective LRF level, and the individual local authority level, will have had some provision for interventions for an outbreak of an infectious disease within a region/local area e.g. the reprioritisation of health services; the management of places/communities with high infection rates; the testing, isolation and treatment of patients; temporary additional mortuary facilities. The emergency plans will have had imitations in their planning for a global pandemic of the scale, unpredictability and longevity of Covid-19. The Annex B survey of local authorities provides more information on the adequacy of local plans and their ability to adapt, individually and with their Category 1 responders, in response to the pandemic.

125. These plans will not have made provision for logistical and financial planning for additional emergency health services and facilities such as -

- *'Rainbow Hospitals',*
- *The procurement and supply of personal protective equipment (PPE),*
- *Mass testing,*
- *Systems for tracing infected citizens to isolate and prevent contagious infection on a large scale,*

and

- *Mass vaccinations once vaccines became available for the challenges of the scale and longevity of the Covid-19 pandemic which was to be experienced.*

126. Such planning would be the beyond the collective planning of the C1Rs at the LRF level, including local authorities, without significant additional planning and resources from governments.

Funding

127. Local authorities do not hold specific budgets for responding to emergency situations and incidents and have to rely on (1) the (re) deployment of the workforce, facilities, plant and machinery, and budgets and (2) their financial reserves in the event of an emergency. Local authorities are dependent on Welsh Government for additional financial support in the event of an emergency of scale which is beyond their means."

- Exhibit CL9/113 – INQ000177802: M1 First Witness Statement of Chris Llewelyn (paragraph 163-164):

163. "Over the period from 2009-10 to 2019-20 core local government funding reduced by around £1bn in real terms. Many of the smaller local government services which play a role prevention or response, will have been subject to year-on-year cost pressures and reductions in budgets with a compound effect on overall capacity. This is the case in local environmental health and public protection services, where the statutory duties for public health sit, within the date range.

164. Whereas local authorities have to retain sufficient capacity to discharge their statutory duties their overall capacity in this field - both managerial and operational - will, in many cases, have been reduced. The effect is that there will have been less overall and expert capacity in preparedness for an emergency of scale outside of the scope of 'business as usual' operations, and beyond emergencies

of a known and more routinely containable scale."

- Exhibit CL9/113 – INQ000177802: M1 First Witness Statement of Chris Llewelyn (paragraph 203):

  203. "Based on the experience of Welsh local government as C1Rs, and as partners with other C1Rs, preparedness for a future pandemic scenario of a scale, unpredictability and longevity of Covid-19 will need to be far stronger than was the case pre-2020, and contingency resilience will need to be far more extensive than before."

109. The state of readiness of Welsh Government, will have been informed by, and limited to, the extent of the civil contingencies and emergency planning in place at (1) a devolved government level and (2) a UK government level (noting the role and responsibilities of the UK Government for declaring pan-UK emergencies and leading a response). The sufficiency and readiness of emergency plans is informed by scenario and resilience testing exercises.

110. The readiness of any government for a testing and contact tracing programme during a pandemic of the scale, unpredictability and longevity of Covid-19 will to a high degree be dependent on the scope of such exercises and the adoption and application of learning and recommendations from them. The WLGA does not have a detailed knowledge of these exercises or their applicability to readiness for the Covid-19 vaccination programme.

111. As noted in the WLGA's Module 1 statement, arrangements for the oversight of an emergency situation in Wales, under the direction of a UK level response, are illustrated in the Pan Wales Response Plan. The Pan Wales Response Plan (2017) is generic for an emergency of any type, and is limited to describing the hierarchy of command, and the structures, processes and roles for triggering readiness for, and the response to, an emergency. It does not extend to specific readiness logistical planning for a pandemic or indeed an expansive test and contact tracing programme.

112. All of the actions required for this Covid-19 pandemic, including systems of mass testing, contact tracing and isolation proved to be of a scale greater than any plans in place for readiness. Although Governments and Category 1 Responders (C1Rs) acted with great

urgency, there were inevitable time delays in the key interventions as new or significantly extended services and facilities had to be set-up and resourced.

113. As with all emergency scenarios, the ultimate test of preparedness and readiness is the speed and effectiveness of the response to an actual emergency situation or incident. There had been no precedent for a pandemic of the scale, unpredictability and longevity of Covid-19, which required a programme capable of the mass vaccination of the whole population, from which to apply experiential learning into planning, in modern times.

114. The emergency plans at the collective LRF level, and the individual local authority level, will have had some provision for interventions for an outbreak of an infectious disease within a region/local area e.g. the reprioritisation of health services; the management of places/communities with high infection rates; the testing, isolation and treatment of patients; temporary additional mortuary facilities. The emergency plans will have had imitations in their planning for a global pandemic of the scale, unpredictability and longevity of Covid-19. As explained in paragraph 54, any capacity and planning for TTP will have been geared for local outbreaks only.

115. These plans will not have made provision for logistical and financial planning for additional emergency health services and facilities for mass testing and systems for contacting and tracing individuals who have tested positive, to offer advice, direction and support.

116. The WLGA has no direct knowledge of the efficacy of the UK Government's National Testing Programme, nor any direct knowledge or comment relating to outsourcing aspects of TTI to the private sector.

117. The WLGA has no direct knowledge of the Lighthouse Laboratory Network as the laboratory testing facilities were not operated by local government either directly or in partnerships. Through participation in TTP with the role of contact tracing, we did observe at peak times of demand test results could come back at later that the target times, and the Lighthouse Laboratory Network would have been part of this service, where located close to Wales and offering a cross-border service. However, this was to be expected with the large volumes of tests being processed. The general performance of the testing system was swift and reliable. The system became more reliable, and robust over time. The reliability of the results from lateral flow devices (LFDs) was variable, notably in the early stages of the pandemic, and often contradicted the results from supervised tests. Levels of confidence in the efficacy of their results was mixed. This is an observation, and

for others with professional expertise to comment upon.

118. The WLGA has no direct knowledge of the national tracing model and the centralised approach to TTI in England, as these did not apply to the public service model in Wales.

119. The WLGA is unable to comment on the cost or value for money of the UK Government's national test and trace regime, nor the funding and resources available to local government in England from UK Government. The Welsh TTP model was funded in its entirety by Welsh Government. In the WLGA's experience, the Welsh trace and protect functions of the model for which local government was responsible in partnership with the health boards were fully and adequately funded. We have no reason to question that the test function, for which local government was not responsible and was not a joint budget-holder, was not equally fully and adequately funded.

120. The WLGA has no direct knowledge of the accessibility of TTI in England as they did not apply to the public service model in Wales. We would however observe that definitions of vulnerability were similar in England and Wales, so it could be expected that the two models would have aimed to operate in a similar way in advising and supporting vulnerable people.

Local Infrastructure, Capacity & Expertise

121. The limited capacity, and the absence of infrastructure for any TTP service of scale prior to the pandemic, has been mentioned throughout this statement (paragraphs 45, 54, 56, 108). The civil contingencies structures make provision for all types of emergency situations - flooding, severe weather, pandemics, terrorist incidents, industrial incidents, loss of critical infrastructure, animal disease, pollution and transport incidents. However, there were severe limitations in planning for a declared emergency of the scale and longevity of a pandemic such as Covid-19. The TTP resources between the local government and health/public health partners were not designed to have the capacity to scale-up for a pandemic. They were designed to respond to and contain local outbreaks of communicable diseases as set out previously.

122. At a national level Public Health Wales maintained a database system, Tarian, for the holding of data on reported cases of communicable diseases. On a practical level, the WLGA had limited sight or knowledge of this data, however WLGA representatives will have been given insight into the data via participation in meetings of the Public Health

Strategic Coordinating Support Group. This pre-existing system had limitations, as referenced earlier. Local CRM systems had to be developed/adapted for the first and early stage of the pandemic. This inevitably led to a variation in approach across Wales, and challenges in collecting and reporting information in a consistent way.

123. These local CRM systems, intended as an interim solution only, operated for a short time before the national CRM database was ready. These interim solutions were based on existing database systems held by local partners and were used to log and track reported cases. They were supported by some paper records and required significant inputting time by the TTP teams. The early field experience of contact tracing, and logging and inputting and managing data was drawn upon to assist in the development of the national CRM information system which went live on 9th June 2020 and, from that point, was the sole system in operation across Wales.

124. All new data systems have the same challenges in development: systems design meeting purpose; systems functionality serving purpose; systems resilience; availability and operation of standard operating systems; workforce training and performance; range and suitability of information reporting functions etc. Data systems will normally have extensive functionality testing and 'soft' launches before going live. This was not possible given the time pressures for TTP services to be operational so immediately. Also, the newly deployed TTP teams will not have had the same access to training support in such a short implementation 'window', and standard operating procedures for a new service will have been in their infancy. Whilst the interim systems may have been fit for basic functioning as a short-term measure, they will have had different design qualities and varying degrees of sophistication e.g. the information reporting functions on TTP service performance and the depth of information on case e.g. local zoning of trends in positive viral cases. Once the national CRM came in, all seven local models were working to the same levels of consistency and quality of system inputs and reporting outputs.

125. The local knowledge held by local authorities and their partners on local communities is a critical resource for planning the logistical response to any emergency. Whilst this should be true of a pandemic as with any other emergency, the reach of local systems of intelligence gathering had not been tested in this way before either in scenario-planning or in an actual emergency.

126. Local authorities have the ability to adapt certain resources to meet the needs of an emergency situation, for example their contact centres for making and receiving calls, building assets and transport fleets. Local authorities are expected to be adaptable in the

deployment of their resources, as needed and appropriate, in any emergency situation.

127. As explained above, local authorities have both expertise and experience in this field within their Public Protection function, specifically to respond to and contain local outbreaks of communicable diseases. Whilst this capacity is small in scale in local authorities, it was drawn upon to (1) guide the set-up, operation and performance of the TTP services (2) to advise and guide local Incident Management Teams (IMTs) in response to local outbreaks, and (3) to give expert advice, along with public health teams, in analysis of trends, risks and issues in decision-making fora e.g. the LRFs. The pre-existing capacity and expertise was central to local operations throughout the pandemic. The pre-existing infrastructure was not designed for an operational TTP service of the scale, durability and flexibility required for a pandemic. An entirely new service had to be built, in phases, as described elsewhere in this submission.

128. Local authorities deployed their civil contingencies/emergency planning capacity throughout the pandemic at all levels: SCG gold level; SCG silver level specialist sub-groups including TTP and communications; local operational planning and response as a C1R, e.g. within partnership Incident Management Teams (IMTs) to deal with local outbreaks and other risks; internal operational planning through business continuity and service innovation to meet the changing needs of communities.

129. Local authorities also deployed their generic capacity including the adaptation of contact centres and CRM databases to support the TTP services. Also, local authorities drew on their property asset base, and outward customer services based, to offer collection points for Lateral Flow Devices (LFDs) by the public in support of the testing system.

130. The communications systems and media of local authorities were used to communicate to the public for TTP similarly to all other aspects of the response to the pandemic including the prevailing regulations, public health advice, and vaccination. Local authorities service contacts, and local intelligence, were used to reach out to those who might be vulnerable under the Protect workstream.

131. As above, local authorities adapted their support services to meet the changing demands of the collective response of the C1Rs and partners, as the pandemic developed and unfolded. This was done in accordance with the changing strategic directions of Welsh Government and Public Health Wales, in response to the direction of their respective SCG, and to respond to the varying circumstances, and conditions, within local communities.

Local Government's Involvement with TTI

Overview of involvement

132. As noted previously in this statement, Public Health Wales submitted its *Public Health Protection Response Plan* (PHRP) to Welsh Government on 5th May 2020 (Exhibit CL9/031 – INQ000000000: Public Health Wales Response Plan 4 May 2020 exhibit this) . This advised on a next phase of the Public Health COVID response in Wales which would enable Wales to enter a recovery phase and the eventual removal of the current COVID - 19 related restrictions. This plan had three key pillars: Contact Tracing and Case Management; Population Surveillance; Sampling and Testing. A major partnership role was set out for local authorities in setting-up and running the trace and protect service workstreams alongside their respective local health board.

133. Welsh Government then published its *Test, Trace, Protect Strategy* on 13th May 2020 (Exhibit CL9/030 – **INQ000547579** 200513 Test Trace Protect Strategy). This was based on the Public Health Wales (PHW) plan and advice. The strategy would: identify those who have COVID-19 symptoms, enabling them to be tested while self-isolating (index cases); trace people who have been in close contact with the symptomatic person, requiring them to self-isolate for 14 days (contact cases); provide advice and guidance, particularly where the symptomatic individual or their contacts are vulnerable or at greater risk; ensure that if the individual tests negative individuals and their contacts could return to their normal routines as soon as possible. This strategy reinforced the major partnership role of local authorities.

134. Local authorities and the local health boards were required to have operational TTP services in place at the beginning of June 2020.

135. Local authorities, both individually and collectively through their SCGs and the WLGA, gave immediate and constructively challenging feedback to both PHW and WG on the feasibility of setting up a new and expansive service of this type (1) with limited expertise (2) with limited capacity given their already stretched position of managing service continuity and new initiatives in the midst of a developing pandemic and (3) without funding, resources and training and other support for new recruits for a new service. There was no existing service of this specialist type, of any scale, within local authorities to build upon. Examples of these discussions can be found in the meeting minutes exhibited earlier in this submission. The WLGA does not hold records of the respective SCG meetings held across Wales.

136. As outlined above there was little prior involvement of the WLGA in the development of national test and trace planning. The early WG strategy developed quickly due to the urgency of the situation and with the benefit of experience, and in co-production with all key partners. WG dedicated a lead civil servant to provide oversight of the strategy. Close working relationships, and open communication lines – both formal and informal – between WG and the local delivery partners, ensured that the partners were soon given good and timely direction and funding, and enabled the strategy to be applied in practice with flexibility and pragmatism.

137. During May and June 2020, local authorities worked together, in tandem with their respective local heath boards to plan and form new TTP services with governance arrangements, management arrangements, data systems, reporting systems, new ICT hardware, and initial staffing arrangements largely through the secondment of local authority employees from other roles with TTP being treated as an urgent priority. The early model services were in operation within this period. The deadline for the operation of the new TTP services was the beginning of June 2020. All seven local authority TTP cluster had trace and protect services operational by the end of the first week of that month.

138. Welsh Government made financial grant awards for the initial period of set-up and operation and communicated this promptly to allow local authorities and health boards to plan and commit resources with confidence. Although the funding did not flow immediately, the commitment to funding was immediate and relied upon.

139. For each health board area, a single local authority was assigned to lead strategic and operational planning. In some cases, an individual local authority acted as the employer for newly recruited workforces for the TTP teams for their region, and devolved teams to their neighbouring local authorities for localised working and oversight e.g. in North Wales, Flintshire County Council performed the employer role. Regional oversight was built into the SCGs in ensure that TTP was integrated with all other pandemic oversight and decision-making. Without local authorities adopting a lead role in this way, local coordination may have been less effective and the challenge for Welsh Government to ensure a consistency of approach across the regions would have been greater.

140. Cardiff City Council played a greater role. The Council was the host for a national service for tracing, contacting and advising in-bound international travellers. The Council was also

the host for a national surge capacity team (300+ employees at its peak) to supplement the local trace services during periods of high demand when there were peaks in infection rates. This is an example of local government at its best, stepping forward and adapting to fill a gap in national contingency planning.

141. Key milestones in the development and operation of Test, Trace, Protect were:

- publication of the PHW Plan and the WG strategy for Test, Trace and Protect – May 2020;
- operation of the early and first phase local TTP services under the strategy – from June 2020;
- development of the second phase TTP services with a recruited workforce, building on the initial re-deployment workforce model – from August 2020;
- availability of a national CRM system for improved and consistent data collection and management on case, workflows and performance statistics – November 2020; and
- maintenance of the TTP services, and a constant renewal of employees in the face of turnover, throughout the pandemic – from June 2020 until the declaration of the end of the national emergency and the eventual standing-down of the TTP services.

142. Local authorities enforced TTP procedures where they could. However, they have no enforcement powers when it comes to the behaviours of individuals who choose not to isolate when so directed. Rather, their powers are/were for issuing directions and closure notices to businesses who were operating illegally under the prevailing restrictions e.g. retails, licensed premises under environmental health/licensing/trading standards powers, and to referring complaints to the police in the case of illegal gatherings, and individuals failing to isolate e.g. returning travellers. Local authorities could have been more effective if they had the legal powers to issue Fixed Penalty Notices (FNPs) on individuals. This should be an area for review.

143. Levels of compliance are strongly influenced by public attitude. This includes a sense of duty to comply with restrictions, and fear of non-compliance such as the risk of a prosecution. General public messaging on compliance, during the whole pandemic, was frequent, clear and persistent. In the case of TTP, there was personal messaging and advice and direction given in positive test cases, both in the individuals who has tested positive and to their direct and immediate contact. Performance statistics for TTP were maintained. Statistics on enforcement activity and prosecutions were similarly maintained. The levels of performance in reaching individuals – index cases and contact cases - were high, and often exceeded 85/90%. The general level of acceptance of the need to follow advice was high,

although the ability to check that individuals were following through on isolation was limited, given the numbers of individuals involved and the limited surveillance capacity of the police. In March 2021, Wales Audit Office produced 'Test, Trace, Protect in Wales: An Overview of Progress to Date, Report of the Auditor General for Wales' (Exhibit CL9/061 – **INQ000066525** WAO track trace protect 2021). This report provides a comprehensive commentary of contract tracing performance that the WLGA would endorse.

> *"131. At the beginning of September tracing teams were reaching most positive 'index' cases in 24 hours. The time taken to reach index cases is measured from when their details are uploaded into the digital tracing system to the time tracers successfully make contact. For close contacts, the clock starts both when a close contact is identified by a positive case, and also from the point when the related index case was referred onto the contact tracing system. The clock stops when successful contact has been made. Whilst index cases know they have tested positive and should self-isolate, their close contacts may have the virus and be unaware of it. Therefore, the longer it takes to reach contacts, the more likely they are to unwittingly spread the virus.*
>
> *132. Even though the TTP system has been contacting a high proportion of both positive index cases and their close contacts, a small proportion of people have not been reached at all. This has been for a number of reasons which includes incorrect contact details or a reluctance of contacts to respond to the call. At 20 February, 625 index cases (0.4%) and 21,482 close contacts (5%) had not been reached at all. It is important to note that only people going through the TTP system will have been traced, Members of the public who have reported symptoms through other means, such as the ZOE symptom app or tested positive by undertaking a private test will not have been traced."*

144. In the case of a local outbreak, in a factory or institutional setting for example, local authorities and their partners were able to have a high degree of control of cooperation and compliance, with on-site work under the supervision of an IMT. Practical support was offered to those who had to isolate and may have some/greater vulnerability as a consequence, as described under the Protect commentary. Local authorities observed that there was growing public fatigue with compliance over time, notably when regulations changes, fines were introduced and threatened, and with the onset of the vaccination programme which increased levels of public confidence in immunity.

145. Statistics and data were maintained, as explained above, both in partnership e.g. reports to SGCs and SBARs (Situation, Background, Assessment and Recommendation) reports, and within the databases held by the individual partners e.g. TTP for local authorities, and

enforcement activity and prosecutions for the police forces. SBARs were the formal reports for updating on local situations, and the escalation of risks and issues.

146. As noted above, Cardiff City Council took a lead in providing a TTP service for returning travellers from abroad as the lead authority for the service which covered the locality within which Wales' principal airport is located. They were supported by others at times of peak demand, for example Powys County Council. The Authority was rigorous in contact management, the provision of advice, and follow-up work including checks and surveillance.

Local Authority interaction with Welsh Government

147. Interaction between local government and Welsh Government is described in paragraphs in earlier paragraphs.. The engagement was open, frequent/continuous, constructive and generally effective. Local authorities expressed concerns about the extent and regularity of changes to guidance and regulations to which they had to adapt at short notice, such as changes to NPIs. This, however, was a feature of the response to Covid-19 generally, and was not solely a feature of TTP.

148. The responsibilities and roles between WG and local government became clear once the WG Test, Trace and Protect Strategy was published (May 2020) and disseminated and explained to local government. Whilst the challenges of setting-up and resourcing a new TTP service of this scale, in the time required, were considerable, there was little if any confusion over roles and responsibilities. WG liaised with local authorities well throughout the pandemic via the lead WG director and the other arrangements described in this submission.

149. The challenge for defining roles and responsibilities was a more local one and was two-fold. Firstly, how would the clusters of local authorities within each of the seven local health board areas organise themselves to provide a coherent and consistent service (1) in partnership with their respective local health boards and (2) for the public. Secondly, how would local authorities and the local health boards define, and operationalise, their respective and overlapping roles and responsibilities. These challenges were successfully met, as described earlier in this submission..

150. The arrangements for raising queries and to channel concerns from local authorities to Welsh Government were the same as those in answer to the above question. Given the scale of Wales, and the ratio of seven lead authorities to a single (devolved) government,

it was possible to escalate queries and concerns direct to the lead WG director and her team, on a personal level, and to obtain clarity and issue resolution. This could be done on an informal or a formal basis. For example, the notes of the WLGA Leaders meeting held on 12th June 2020 evidence that Leaders were in a position to directly contact Ministers with questions or concerns (Exhibit CL9/017 – INQ000089882: 200612 Leaders Meeting Notes).

151. The SCGs were also a route for the formal escalation and concerns through their frequent reports into Welsh Government, through SBAR reports, and through informal means such as the weekly/bi-weekly meetings of SCG chairs with WG officials.

152. Major concerns were raised by local government at the outset, once the Test, Trace and Protect Plan of Public Health Wales was published. This plan preceded, and informed, the Test, Trace and Protect Strategy of Welsh Government which had primacy amongst the two documents.

153. The principal concerns at that time were: the new TTP service, with local authorities to be directly responsible for the trace and protect workstreams, was to be of scale for which local authorities had neither the experience or the capacity; the new service would require a large number of employees, to be re-deployed or recruited, at very short notice; the new TTP workforce would have to be trained in advance with support and supervision arrangements; the new service was meant to be operationalised within weeks at little or no notice; how this new service requirement was to be funded; local authorities would not have a bespoke CRM system for TTP made available to them and would have to adapt their existing local CRM systems for this purpose; the procurement of additional telephony and ICT equipment for this new workforce would be a challenge, at short notice, such were the demands on the supply market; the Covid-19 testing regime – capacity and reliability – was in its infancy, and the performance of the tracing workstream would be heavily dependent on the availability of timely and accurate test results to underpin timely referrals of contact cases to the trace teams; the willingness of the public to engage with a system of contact, and advice, for which there was no precedent, was an unknown. The concerns were primarily over the new trace workstream. The expectations for the protect workstream, which developed over time and with the benefit of experience, and in which the WLGA played a co-leadership role at a national level, were less of a concern. Protect was a natural extension of the local work to support vulnerable people, for example those who were shielding, and those who were already under the care of local authorities in some form. Local government had concerns over the ability and capacity of the health partners to scale up testing services which would be accessible, dynamic and reliable,

and of course over advances in developing a scientific test methodology to response to a new global pandemic and its variants. The latter was, of course, out of our sphere of responsibility. Local government was responsible for the second 'T' and the 'P' in TTP, and not the first 'T'.

154. These concerns were raised directly by local authorities, through political and professional leaders, through the SCGs who had the responsibility for coordinating and assuring the regional responses to the pandemic (within the police force footprints), and through the WLGA via the communications and engagement arrangements summarised in this submission, and set out in detail in the WLGA's Module 2B Witness statement:

- Exhibit CL9/112 – **INQ000469686** First M2B witness statement of Chris Llewelyn WLGA (paragraph 16-19):

"16. The WLGA convened and supported regular meetings of all 22 leaders, which were attended by Welsh Ministers to provide views on the Welsh Government COVID-19 response including non-pharmaceutical interventions, availability of testing, PPE, to highlight local issues regarding schools and social care, operational and resourcing challenges and to develop local solutions to challenges, including the building of field hospitals, development of TTP (Test Trace Protect – see below) and support for the roll-out of vaccination.

17. The Welsh Government's approach to engagement with local government was a key feature and the public service response to the pandemic differed in many respects in Wales compared to England. Although Test Trace Protect is likely to be considered by the Inquiry in a future Module, it provides a helpful example to illustrate the differing approach.

18. In Wales, dialogue began in May 2020 about the role of contact tracing; identifying people who had come into contact with an infected individual and putting in place measures to prevent further spread of the infection. What emerged in June 2020 was the Welsh Test, Trace and Protect (TTP) model delivered by local authorities and a range of Public Health partners operating on the local health board area footprints. The Directors of Public Protection and Public Health played lead roles in overseeing local developments and ensuring a cohesive framework across Wales.

19. From February 2020, through to May 2022, the WLGA worked with local authorities, the Welsh Government and other partners, including -

- *Consultation and liaison between the Welsh Government and local authorities, including leaders, chief executives and other senior officers regarding COVID-19 related matters.*
- *Convening regular informal meetings between leaders and Welsh Ministers to discuss COVID-19 related matters and escalate local issues and bilateral meetings between the WLGA Leader, Spokespersons and Welsh Ministers and other key partners, including the Wales Office and Public Health Wales.*
- *Development of local government proposals and submissions for consideration by Welsh Government, including local government funding support and recovery.*
- *Providing support for engagement through formal structures, including Partnership Council, and the Recovery Sub Group and Finance Sub Groups (the role of these bodies is referenced in paragraphs 53 and 55 respectively).*
- *Facilitating the Schools Social Partnership forum, between the WLGA, local authorities, Welsh Government and unions.*
- *Providing and facilitating professional and elected member advice and views into Welsh Government around several aspects of the COVID-19 response which impacted on Welsh communities or local authorities, including enforcement, shielding, school closures, PPE and testing of core workers, and TTP.*
- *Supporting the coordination through local authorities of the distribution of financial support to individuals and businesses."*

- Exhibit CL9/112 – **INQ000469686** : First M2B witness statement of Chris Llewelyn WLGA (paragraph 264-267):

"263. Local authorities, through Local Resilience Fora, will have conducted local lessons learned and reviewed risk assessments and local/regional plans accordingly. The WLGA's Executive Board considered papers on Civil Contingencies: Update and Forward Look on 24th September 2021 [CL/157 - INQ000082834] (Minutes of the meeting [CL/158 - INQ000082927]). This report summarised the impact of the strain felt by the workforce and service managers from having to continue to juggle with the reintroduction of 'routine activity' whilst still engaged in on going response/ recovery to the pandemic. Local authorities were dealing with significant back logs of work in some services, The report also reflected on the protection of the core civil contingencies

capacity in local authorities and Welsh Government and the need for succession planning. The report noted the need for:

> *"…equal investment and commitment is given to local government to ensure a larger and more resilient civil contingencies workforce, provide additional training opportunities and be able to attract and retain the high calibre of employees required…[and]… that engagement and options are explored with Welsh Government apprenticeship sector to consider and deliver specific civil contingencies apprenticeships within local government to assist and ensure the necessary skilled workforce required for succession planning."*

264. The WLGA Executive Board considered a paper on 28th January 2022 outlining the wider 'Public Protection Pressures', which included an appendix on 'Building for the Future' authored by the Directors of Public Protection in Wales. [CL/159 - INQ000082834].

265. On the 25th February 2022, the WLGA wrote to the Minister for Finance and Local Government, following the Executive Board meeting [CL/160 - INQ000082836]. The WLGA met with the Minister on 25th April 2022 and the Minister requested further evidence to be submitted for discussion. Directors of Public Protection are currently finalising this work.

266. The WLGA will continue to make this case for resourcing in these services as part of resource planning as we look to the future."

155. Welsh Government responded with urgency and understanding and gave assurances for the full funding of the new TTP service at an early stage. Such concerns can be evidenced in WLGA Leaders meetings held on 15th May 2020 (Exhibit CL9/016 – INQ000181163: 200515 Leaders Meeting Notes) and 22nd May 2020 (Exhibit CL9/009 - INQ000115782: 200522 Leaders Meeting Notes), and the WLGA Chief Executive meeting held on 29th May 2020 (Exhibit CL9/015 - INQ000115791: 200529 - Chief Executives Notes). A letter written to the Minister for Housing and Local Government on 29th May 2020 and the response received on 23rd June 2020 can be found at Exhibit CL9/018 – INQ000181653: 200529 WLGA letter to MHLG re CT & CTRS and Exhibit CL9/019 – INQ000181286: 200626 MFHLG letter to WLGA re LAs Income Loss & CTRS 23 June.

156. Under the WG strategy, local authorities worked in clusters with their respective local

health board, with urgency and pragmatism, to set-up the governance, management, operational, funding, data sharing and performance arrangements for the TTP services. Under the direction of Welsh Government, and with support and advice as needed, there was a high degree of delegation to localities. Whilst this was a challenge, a high level of local/regional delegation and ownership empowered the local partners to act and to overcome the concerns listed above.

Any concerns over the availability of funding, in scale and immediacy, were quickly allayed by WG. The issue of concern and frustration for local authorities, both raised at the time, and since with retrospection, is why the trace and protect parts of the funding package for local authorities had to be routed through the health boards, and not direct. Once the TTP governance arrangements settled down, and the funding flowed, local authorities were reimbursed for their costs in full. However, they were placed in a position where they had to negotiate their funding share with their local health boards, rather than with WG. This is another example where local government is left feeling that it is not given parity of esteem along with the NHS, and is relied upon as a 'delivery agent,' rather than as an equal and trusted partner in strategic planning. Local government needs to be more fully valued and involved. This has been raised in several of my previous statements to the Inquiry:

- Exhibit CL9/114 – INQ000474532 - Module 4 Witness Statement of Chris Llewelyn on behalf of the Welsh Local Government Association (paragraph 94):

  "The health services are critical in a response to a pandemic. However, all employees in health services appeared to be given priority access to vaccination in the early phases irrespective of their roles. The NHS in its totality is a huge employer with a significant proportion of its employees being in non-medical management, professional services and administrative and clerical positions. The prioritisation of health employees could have been more defined and restricted, to enable early priority access for other front-line and emergency oversight workgroups in other parts of the public sector such as the aforementioned."

- Exhibit CL9/115 – INQ000518355: Module 5 Witness Statement of Chris Llewelyn on behalf of the Welsh Local Government Association (paragraph 19):

  "From a local authority perspective, it appeared at the outset of the pandemic that Welsh Government's efforts were predominantly focussed on securing the supply of PPE to the NHS. Guidance, where available, was predicated on NHS applications

and did not easily translate into non-hospital care settings, it also was not clear about the specific application of PPE required in different situations. For example:

- *The term 'Domiciliary Care' covers a range of activity from single workers visiting multiple people and households for short periods within a single day, to small staff teams working in a single household or building shared by multiple co-tenants with communal and personal accommodation. The risks, rights and requirements of the settings differ, however the care sector felt that guidance did not take account of these differing contexts and approached domiciliary care with a 'one size fits all' approach.*
- *Guidance relating to care sector transportation was considered lacking or unworkable by the care sector. Where a care worker was required to transport an individual within their own car, it was not practicable for the driver to wear a PPE visor and drive safely. Guidance was also lacking with regards to the cleansing of a vehicle used to transport care recipients, with workers unsure how to approach transporting members of their own family in the same vehicle.*
- *As set out in guidance, there was an expectation for care workers to wear full PPE when accompanying people shopping or undertaking other community activities, however this would clearly mark individuals as 'cared for' and could be seen as discriminatory.*
- *Where workers were required to travel together in a single vehicle and are unable to maintain social distance, there was a lack of guidance as to whether workers should continue wearing the mask worn when supporting last client before donning a fresh mask at the next client, wear a new mask each time they entered the vehicle, or have a separate mask to be worn when travelling. Each scenario would have a different impact on the daily demand of PPE .*
- *Guidance on the disposal of PPE in the community (Covid-19 Waste Arising from Healthcare Worker activities in the community & household Municipal Waste – attachment to Exhibit CL/092 - INQ000473667) referred to "nurses" and "patients" and stated that "this position does not relate to […] care workers providing residential care within a house holders premises" despite being issued for this purpose. This guidance also referred only to supporting individuals that were "self-isolating or positive COVID 19" and did not reflect the most usual scenario of caring for people whose Covid status was unknown."*

- Exhibit CL9/115 – INQ000518355: Module 5 Witness Statement of Chris Llewelyn on behalf of the Welsh Local Government Association (paragraph 36):

  […] guidance issued on PPE in the care sector left room for interpretation, and this

impacted upon how accurately demand could be estimated. Some questions were unanswered, such as how often to change gloves and masks if undertaking a variety of personal care tasks with an individual, or when to wear a visor and whether reusable visors could be cleansed and re-used. A specific example is Public Health Wales guidance (May 2020) that stated eye protection could be used as a 'sessional product'. Domiciliary care providers, who's workers would see 15-30 individuals per 'shift' were left unsure whether visors needed to be changed between individual visits or keep the same visor for a whole shift. This was further complicated by differing products being provided to care providers – the same provider might be issued both reusable safety goggles and single use visors. Local authorities reported that in some cases visors arrived without instruction as to whether they were single use, sessional use or multi-use cleanable products. Additional confusion was created at times when PHW issued guidance stated visors were single use, but providers were issued visors clearly labelled as multi-use.

157. The liaison arrangements between Welsh Government and local government are as described earlier in this submission. WG was frequent and consistent in sharing changes to TTP policy and practice, through these arrangements, as the strategy was adapted to meet the changing circumstances of a dynamic pandemic situation. Local authorities shared in the data provided by PHW/local public health teams daily.

Local Authority Interaction with UK Government

158. There was no direct engagement with the UK Government as local authorities in Wales operated under a bespoke model under the devolved arrangements. All engagement, with government, was with Welsh Government alone.

159. Given the bespoke model in Wales, the respective responsibilities and roles were clear and understood. Once the Welsh Government strategy was agreed, communicated and embedded, local authorities and their local partners had clear roles and responsibilities both in partnership, and as individual public bodies.

160. The WLGA and local authorities in Wales were not party to any direct methods of communication with UK Government in respect of TTI. To the WLGA's knowledge, no issues were raised directly with UK Government given that engagement was with Welsh Government directly, and alone.

161. The WLGA does not have knowledge of the detailed workings of data sharing, and the co-

decision making and policy development, between governments. However, we were aware that data was shared between the national Public Health institutions across the UK, including Public Health Wales, as local government in Wales had access to regular and detailed data sets of patterns of testing, and infection rates, across the UK. Such data was critical to forward planning e.g. on enforcement activity to limit transmission. Data was shared, for example with Public Health England and the UK Health Security Agency on inbound travellers, and on cross-border testing.

Cooperation and communication with partners

162. Local authorities worked in clusters, within their respective health board areas, to set-up and implement a localised TTP service. Joint working, and communications, were constant at the SCG oversight level, through silver groups set-up within the SCG arrangements and charged with specific responsibility for TTP, and within bespoke governance arrangements at an operational level between the respective health board and their cluster of local authorities. Communication covered service set-up and resourcing, service performance data, and escalations of issues and risks from service resourcing to service resilience, to the emergence of local outbreaks and the response required through formal reports e.g. SBARs.

163. At a national level local authorities from the seven health board areas communicated regularly through both formal and informal channels. Formal channels included specific group meetings with the WG lead official and with PHW, and through the regular meetings for oversight of the response to the pandemic e.g. the weekly/bi-weekly meetings of SCG Chairs with Welsh Government and the weekly de-briefing sessions hosted by PHW. Informal channels included request for advice and mutual support between local authority TTP leads. Communications covered all aspects of service planning and performance, the exchange of good practice, and updates on operating models and service requirements.

164. The WLGA alongside Welsh Government representatives met with the Wales Council for Voluntary Action (WCVA) initially daily, and continuously throughout the pandemic to maintain connectivity and engagement with public and voluntary sector. Test, Trace, Protect and the ways in which third sector organisations across Wales could support its success was one of many topics or agenda items discussed in this forum. From a WLGA perspective, this engagement provided an important mechanism in delivering the Protect part of the strategy, enabling and securing invaluable voluntary sector support at a local authority level across Wales, particularly in more rural areas.

165. As outlined in paragraphs 76-78, the WLGA interacted with other local government representative organisations via the UK Forum (of local government associations). Local government in Wales was focussed on delivering the TTP policies and approach as directed by Welsh Government and did not place any significant attention on approaches taken within other devolved nations beyond what was reported via national media.

166. The TTP model was bespoke. It was a public service model governed, managed and delivered by public service partners at the local/regional level, specifically the local health boards and the local authorities. There was no private sector procurement within this model for 'trace' and 'protect; The laboratory testing services which the health boards drew upon for 'test' were a combination of public and private laboratories. From our understanding, the proportion of public sector testing grew as capacity was expanded. However, the arrangements for laboratory testing were not part of the local/regional TTP service for which local authorities had any decision-making roles. We did have some local knowledge of nationally procured mass or 'Lighthouse' test centres, for example in the North Wales region where one was sited on the Flintshire/Chester and Cheshire West boundary, to serve both North Wales and the North West of England. These mass test centres supplemented public testing capacity at a key point in the pandemic.

Evaluative Perspectives

167. Local authorities have limited workforce and management capacity as stated in our submissions for earlier modules, with limited flexibility to re-deploy employees to new services such as TTP at short notice as (1) most workgroups had to ensure business continuity in their respective service areas during the pandemic e.g. social care, education, housing, environment corporate services (2) few workgroups were 'furloughed, and thereby available for redeployment and (3) test and trace roles – specifically contact tracing and contact advisor roles – required people, telephony and ICT skills which are not common and required pre-training. Not all employees, even those who might have been available, would necessarily have the capability to adapt to these roles. In the early and first phase of the TTP service, pending recruitment of a new TTP workforce through external recruitment, the TTP cohort was made-up mainly, if not entirely, of redeployed employees within local authorities. The number of positions required to cope with demand, and therefore the number of redeployments, was significant. Highly competent service managers and senior administrators were also required to set-up and oversee the TTP service. Redeployments were also required for these positions both for the first phase and, in many cases, for the duration of the TTP service.

168. The most senior managers of local authorities, who were already acting in specialist Gold and Silver command roles for the whole pandemic, were also required to oversee the set-up, operation of performance of their local TTP services. This was another work demand when local authorities were already over-stretched to ensure business continuity of essential services, and in overseeing innovation in services which needed to adapt to the new circumstances of operating in a pandemic.

169. Local authorities had to sourced additional telephony and ICT equipment, of scale, to equip their new TTP services. This, procurement, given the surge in demand for new equipment from both business and domestic sectors to enable home/agile working and general connectivity for society to be able to function, was a challenge in itself.

170. All of the above were funded in full by Welsh Government over time. This was not a question of being allocated sufficient funding for the task but one of being able to source resources – people and equipment – at very short notice.

171. In our submissions to previous modules 1 and 2B we have commented on the limited capacity in specialist professions which come into their own in a pandemic, specifically public protection/environmental health. Whilst capacity has been grown elsewhere, for example within Public Health Wales, there has been a retraction in many local services, including environmental health, during a prolonged period of reductive annual budgets. The environmental health capacity available to fulfil the duties of local authorities in the context of a pandemic, as set out earlier in this submission and in previous modules, was under heavy and sustained pressure. Whilst local government coped, with admirable resilience, one cost was an accumulated backlog in inspections and other work in the fields, for example, of housing, food safety and trading standards. The need to expand the total capacity of public protection and environmental health officers within local government has been a feature of previous submissions.

- Exhibit CL9/113 – INQ000177802: M1 First Witness Statement of Chris Llewelyn (paragraphs 163-164):

  "163. Over the period from 2009-10 to 2019-20 core local government funding reduced by around £1bn in real terms. Many of the smaller local government services which play a role prevention or response, will have been subject to year-on-year cost pressures and reductions in budgets with a compound effect on overall capacity. This is the case in local environmental health and public protection services, where the statutory duties for public health sit, within the date range.

164. Whereas local authorities have to retain sufficient capacity to discharge their statutory duties their overall capacity in this field - both managerial and operational - will, in many cases, have been reduced. The effect is that there will have been less overall and expert capacity in preparedness for an emergency of scale outside of the scope of 'business as usual' operations, and beyond emergencies of a known and more routinely containable scale."

- Exhibit CL9/113 – INQ000177802: M1 First Witness Statement of Chris Llewelyn (paragraph 179):

179. … Whereas local authorities have to retain sufficient capacity to discharge their statutory duties such as civil contingencies, some may have been forced to reduce their emergency planning team complement or introduce hybrid roles, with emergency planning officers taking on wider roles and thereby having less dedicated time for this specific function.

- Exhibit CL9/113 – INQ000177802: M1 First Witness Statement of Chris Llewelyn (paragraphs 199-200):

199. The WLGA's Executive Board considered papers on Civil Contingencies: Update and Forward Look on 24th September 2021. (CL/22- INQ000082834) (Minutes of the meeting (CL/23 - INQ000082833) This report summarised the impact of the strain felt by the workforce and service managers from having to continue to juggle with the reintroduction of 'routine activity' whilst still engaged in on going response/ recovery to the pandemic. Local authorities were dealing with significant back logs of work in some services, The report also reflected on the protection of the core civil contingencies capacity in local authorities and Welsh Government and the need for succession planning. The report noted the need for:

"...equal investment and commitment is given to local government to ensure a larger and more resilient civil contingencies workforce, provide additional training opportunities and be able to attract and retain the high calibre of employees required ... (and) ... that engagement and options are explored with Welsh Government apprenticeship sector to consider and deliver specific civil contingencies

apprenticeships within local government to assist and ensure the necessary skilled workforce required for succession planning."

200. The WLGA will continue to make this case for resourcing in this field as part of resource planning as we look to the future.

172. Local authorities were able to take a financial risk in committing new resources to TTP with the comfort of a clear commitment from Welsh Government to fund the service in its totality. Welsh Government followed through with that commitment and fully funded the service and was responsive to local need in doing so. The financial exposure to local authorities in the early and first phase was limited by the scale of redeployment from a workforce already employed salaried by the same authorities. Therefore, there was not the same anxiety that financial reserves could be depleted through funding TTP as was the case for other financial risks caused by the pandemic e.g. loss of commercial incomes.

Vulnerability and Inequalities

173. The availability of services and support for the most vulnerable was a priority for WLGA members in discussions with Welsh Ministers throughout the pandemic. Leaders and local authorities, through WLGA meetings, regularly raised the need to consider and respond to the needs of vulnerable people.

174. The TTP service was designed as a universal access for all residents, groups and services. Considerations in planning service delivery included the accessibility of information, the reach of communications, and multilingualism. The are not aware of any detailed analysis on vulnerability and equalities which sat behind the WG strategy for TTP. The local delivery partners would implicitly be expected to make the services accessible, and appropriate for customer need, as with any other public service.

175. The TTP services did not request or hold personal data on contacts which might show shown a protected characteristic. The data reported on the performance of the TTP services e.g. their success rate in making contact with all reported cases of a positive Covid-19 test result as a percentage of all cases referred, was high level. However, where a vulnerability was disclosed in the course of conversations with contacts, some of which could be long and involved given the feelings of anxiety the prospect of self-isolation could prompt, then specific advice and support was offered as part of the ‘protect’ objective.

This was done entirely on a case-by-case basis. Local authorities have reported how they made follow-up calls to those who expressed vulnerability during the course of tracing contact, to check on their welfare. Given the limitations of the data held, it would not have been possible to deduce the rates of co-operation with the service by protected characteristic where they might exist. Local knowledge will have been accumulated through the benefit of experience and will have informed the way in which local services under Protect were offered, but data was not formally recorded from our sighting of performance data. We are not aware that any evaluation was taken of the service from this perspective at the time of the service being in operation, or since.

176. The WLGA had no specific role in promoting TTP service design and access in this way, at a national or local level, other than championing the need to be aware of the need to mitigate inequality and vulnerability in all our responses to the changing circumstances, and demands, of the enfolding pandemic.

177. As outlined earlier in the submission, the WLGA played a significant role under the Protect workstream, where local government was proactive in reaching out and supporting vulnerable people through a suite of services, including through TTP.

178. The personal data held on all those with whom the TTP service had contact for contact and tracing purposes, was minimal. It would not have enabled any detailed analysis of accessibility to services, and take-up, of groups with protected characteristics. Each index case the services had contact with, and the clusters of individuals who needed to be traced as a result of having had recent contact with them, was treated as an individual case for the specific purpose of encouraging cooperation e.g. temporary and voluntary isolation, precautionary self-testing etc.

179. However, in the course of telephony interviews with those contacts, where personal risks and vulnerabilities were disclosed, the TTP case officers were able to offer advice and support, and signposting to other support services e.g. access to prescriptions, access to food and supply deliveries, support for medical conditions. Whilst this was a universal service, the services used their best endeavours to understand the personal circumstances of each case and offer advice and support as was practicable.

Lessons for the Future

180. The WLGA is not aware of any specific national reviews of TTP that have taken place, or in which WLGA was involved.

181. Local authorities were responsible for the Trace and Protect workstreams of Test, Trace and Protect as explained previously. Overall, local authorities adapted and performed exceptionally well in: setting up the governance, management, recruitment (through both redeployment and formal recruitment routes), operational, financial, data systems, and performance management arrangements for the TTP service at very short notice; assigning a lead authority for each of the seven health board areas to give strategic leadership and interface with Welsh Government; assigning highly competent lead officers to oversee the service from the outset; redeploying internal employees to the service for its first and early stage; the successful performance of the trace service in meeting its objectives with high percentage levels of successful contact with index and contact cases; using data and intelligence to respond localised outbreaks and to inform decision-making on NPIs; supporting individuals who were vulnerable due to the necessity to self-isolate under the Protect workstream; frequent and consistent public communications requesting cooperation and compliance; showing the ownership, and resilience, to oversee the service from the outset to the end of the pandemic. Local government also played an important support role in testing, as set out in this submission.

182. Areas for improvement for local authorities include: having arrangements in place to stand-up and re-train employees from within their workforce to be ready for redeployment at short notice, as part of national planning (as per the recommendation at the close of this submission) for the eventuality of a pandemic; being able to maintain a sufficient workforce through recruitment and retention (noting that local authorities found it a challenge to recruit and retain employees in part due to the unavailability of suitable candidates in the employment market and the unattractiveness of the short-term contracts on offer); the ability to have sufficient bi-lingual capacity within the TTP work teams in line with the principles of the Welsh Language Standards operated by local authorities in the course of normal business (for the same reasons as the preceding point). It should be stressed that these are areas for future improvement, rather than areas of underperformance in the moment of the pandemic. The ability to perform to optimum was compromised by the mitigating factors expressed in the bracketed text.

183. We have set out areas for future improvement in the lessons/recommendations section which follows. Local government, and the WLGA, accept that we have roles to play alongside national and local partners.

184. Welsh Government and Public Health Wales could have been expected to have a strategy in place to expand national TTP capacity in the wake of a global pandemic based

on (1) previous test exercises (2) international models elsewhere and (3) given the known risks of a potential global pandemic from international data and intelligence (to which PHW is party) over several decades. This would have improved readiness. PHW could also have been expected to have surge capacity in place, as a contingency, as the first response for trace and protect in the early stages of the pandemic.

185. The production of the PHW plan, followed by the WG strategy, was close to two months in from the declaration of a national emergency. This delay meant a delay in preparations at a local/regional level. Whilst a full TTP service could not be in place until a testing regime - with the necessary advances in an approved scientific testing model and the availability of testing kit was in place - the opportunity was lost to make early logistical arrangements at a local/regional level in readiness e.g. recruitment of teams, development of data and telephony systems, and the development of public communications plans.

186. The PHW plan was not co-produced with delivery partners including local government. Rather it was issued, with an expectation that local authorities would be ready and equipped to respond immediately and set-up local partnership arrangements for delivery at short notice. This was an example of remote and removed central planning. PHW over-estimated the capacity of local partners to respond. PHW itself did not appear to have a contingency plan to expand its own trace capacity as a 'stop gap' in such an emergency, supported by the public health teams embedded in the local health boards.

Lessons Learned/Recommendations

187. The **key lessons** to be learnt from our experience of the response to the pandemic are many.

188. It is beyond question that there was limited planning for a Test, Trace and Protect function of scale and duration at the national level, between Welsh Government and Public Health Wales. Whilst the public health teams embedded in the local health boards, and local authorities, have expertise in this field their capacity is very limited and is designed to control local outbreaks of communicable diseases of a small scale and a short duration.

189. To scale-up a TTP service of the size and capacity required to respond to the Covid-19 pandemic was a monumental task. Local authorities and their health partners overcame the challenge and succeeded in setting-up trace and protect services of scale, efficiency, and high performance, and ones which were accountable for their performance and gave value for money. The local trace and protect services, at peak, had workforces of 250

upwards. Local government almost exclusively provided the workforce for trace and protect. Other public sector employers, including Welsh Government and agencies of Government, did not provide any secondees of any comparable scale.

190. As with any emergency situation, contingency planning and operational planning through scenario testing can only give so much assurance over readiness for the eventuality of an actual emergency. Planning has to be matched by adaptability and innovation in the moment, finding solutions to challenges of which the responders have little or no comparable experience from past events.

191. As can be seen from the contents of our submission, the lessons we can draw from the response within the scope of this module cover both forward planning and contingency arrangements, and the operational requirements for an effective TTP service in the moment. Our recommendations flow from these lessons learnt.

192. The WLGA **recommends** that the following actions are taken with commitment, and prioritisation at the Welsh Government level. Some of these recommendations follow recommendations we made in our submissions to Modules 1 and 2B: -

- co-produced and resourced national contingency strategies and plans should be in place for TTP services for the eventuality of a future pandemic. These strategies and plans should be co-owned by Welsh Government, Public Health Wales, NHS Wales and the local health boards and local government, and should draw on the combined experience of the response to Covid-19;
- national and regional LRF level scenario-testing should be held at regular intervals to test, report, review and adjust those strategies and plans;
- planning should include reserve capacity, public sector workforce redeployment plans, and logistical support/call-on contracts to stand-up a TTP service notice at short notice as part of the above planning. A core reserve workforce could be maintained on stand-by through the maintenance of a register, and regular retraining, at national/regional levels. This should be a pan-public sector resource;
- PHW to give consideration to stand-by arrangements for national capacity for (1) inbound travellers and (2) peaks in demand, known as 'surge', when local TTP services will be at a point of over-commitment;
- TTP operational systems should be maintained in a state of readiness. These should include: standard operating procedures and guidance; role descriptions for contact tracers and advisors, and other roles; training modules; telephony and digital contact forms; a national CRM system;
- The adequacy and effectiveness of data capture and data sharing protocols for

information on vulnerable people who will need to be protected and supported in a pandemic situation to be reviewed;

- A register of sites for use as mass or local testing centres should be maintained as part of the above planning. This should be supported by logistical plans for their operationalisation;
- There should be a permanently assigned lead in both Welsh Government and Public Health Wales for the oversight of the arrangements set out in the recommendations above; and
- The adequacy of the total capacity of the local government public protection workforce across Wales should be kept under review, supported by a dynamic and resourced workforce development plan for this professional sector.

Statement of truth

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

Signed: _____ PD _____

Dated: ___24th April 2025_____

Exhibit schedule

Exhibit	Paragraph number(s)	Internal reference	Inquiry Reference
CL9/001	8	WLGA Corporate Plan Objectives 2024-27	INQ000515078
CL9/002	14	Welsh Local Government Association Constitution	INQ000515079
CL9/003	28	The role of Local Resilience Forums - A reference document v2July2013	INQ000080824
CL9/004	28	Emergency Preparedness - CCS - Chapter 11 Wales Amendments 10112011	INQ000116507
CL9/005	28	Emergency Response and Recovery 5th edition October 2013	INQ000116561
CL9/006	64	TTP-POD Protect - Letter to leaders of Welsh local authorities	INQ000281828
CL9/007	69, 70	M7 Chronology of Meetings	INQ000504001
CL9/008	71	200410 Leaders Meeting Notes	INQ000473075
CL9/009	71, 155	200522 Leaders Meeting Notes	INQ000115782
CL9/010	71	200527 Leaders Meeting Notes	INQ000115788
CL9/011	78	Meeting note of the Public Protection - Strategic Oversight Board 200430	INQ000182410
CL9/012	83	200501 Chief Executives Meeting Notes	INQ000115778
CL9/013	83	200515 Chief Executives Meeting Notes	INQ000115756
CL9/014	80, 83	200522 Chief Executives Meeting Notes	INQ000115778
CL9/015	83, 155	200529 - Chief Executives Notes	INQ000115791
CL9/016	71, 155	200515 Leaders Meeting Notes	INQ000181163
CL9/017	150	200612 Leaders Meeting Notes	INQ000089882
CL9/018	155	200529 WLGA letter to MHLG re CT & CTRS	INQ000181653
CL9/019	155	200626 MFHLG letter to WLGA re LAs Income Loss & CTRS 23 June	INQ000181286
CL9/020	43	200513 Final letter to HBs-LAs re Contact Tracing	INQ000115739
CL9/021	46	BBC Concern over Wales test results turnaround	INQ000547570
CL9/022	46	BBC Only 27% of NHS drive-in tests back in 24 hours	INQ000547571
CL9/023	46	BBC Covid 11000 positive tests delayed in Welsh figures	INQ000547572
CL9/024	46	PHW Investment will speed up Covid-19 testing and introduce 24 7 labs	INQ000547573
CL9/025	46	PHW Whole area testing estimated to have prevented hundreds of cases of COVID-19	INQ000547574
CL9/026	56	AM letter to Dr T Cooper - PHW – 11052020	INQ000547575

CL9/027	58	Gwent Covid Prevention and Response Plan v1.1 DRAFT ISSUED TO SCG	INQ000547576
CL9/028	58	CTM - Contact Tracing Case Management Operational Plan - 05052020	INQ000547577
CL9/029	58	Contact Tracing Case Management Structure - 05052020	INQ000547578
CL9/030	42, 51, 63, 133	200513 Test Trace Protect Strategy	INQ000547579
CL9/031	61, 84, 132	Public Health Wales Response Plan 4 May 2020	INQ000547580
CL9/032	67	200529 - Test Trace Protect - Protect 1130 1230 Monday 1 June 2020	INQ000547581
CL9/033	67	TTP - Protect - Task Group - Meetings - 1 Jun 20 - Agenda	INQ000281714
CL9/034	67	TTP - Protect - Task Group - Meetings - 1 Jun 20 - Paper 1 - ToR	INQ000281715
CL9/035	67	TTP - Protect - Task Group - Meetings - 1 Jun 20 - Paper 2 - scoping paper	INQ000281716
CL9/036	67	200604 - RE Test Trace Protect	INQ000547589
CL9/037	67	2020.06.03 - Mapping grid - Test Trace Protect - Protect - Support available	INQ000281722
CL9/038	67	200629 - Joint letter on Protect	INQ000547592
CL9/039	67	Draft Letter to LAs - Support under 'Protect' work stream	INQ000547594
CL9/040	67	TTP Protect Task Group - notes and actions from last meeting and copy of interim revised scripts	INQ000547595
CL9/041	67	HSS - TTP Programme - Action log - Protect Project	INQ000547605
CL9/042	67	TTP- Protect- Task Group - Meetings - 13 July 20 - DRAFT minutes	INQ000547606
CL9/043	67	200827 - Contact Tracing scripts and action cards latest versions for comment	INQ000547607
CL9/044	67	200820 - Action Card cafe restaurant pubs bars draft 3	INQ000547627
CL9/045	67	200820 - Action Card Holiday Accommodation draft 3	INQ000547628
CL9/046	67	200820 - Action Card Multiple House Occupancy	INQ000547629
CL9/047	67	200820 - Action Card Nurseries Childcare draft 3	INQ000547630
CL9/048	67	200820 - Action Card Schools draft 3	INQ000547631
CL9/049	67	200820 - Clinical Lead SOP	INQ000547632
CL9/050	67	200820 - Contact Advisor SOP v3 - Eng	INQ000547633
CL9/051	67	200820 - Contact Tracer SOP v3 - Eng	INQ000547634
CL9/052	67	200820 - Management of Non-responders SOP	INQ000547635
CL9/053	67	200820 - Copy of Action Card comments (004)	INQ000547636
CL9/054	67	200820 - NHS Wales Test Trace Protect Service FAQs v1	INQ000547637

CL9/055	67	201106 - Agenda and Papers for today's meeting	INQ000547638
CL9/056	67	Ceredigion CC - Shielded food box scheme 10.06.20	INQ000547642
CL9/057	67	Future production and delivery of food boxes in Wales for those being shielded	INQ000547643
CL9/058	67	HACCP Food Hub 2020	INQ000547644
CL9/059	67	201221 - Protect leads questionnaire	INQ000547645
CL9/060	67	Protect leads - questionnaire	INQ000547647
CL9/061	68	WAO track trace protect 2021	INQ000066525
CL9/062	71, 73	200511 Leaders Meeting Notes	INQ000115737
CL9/063	71, 73	200603 Leaders Meeting Notes	INQ000115811
CL9/064	71, 73	200605 Leaders Meeting Notes	INQ000115822
CL9/065	71, 73	200612 WLGA Leaders Briefing	INQ000115844
CL9/066	71, 73	200619 Leaders Meeting Notes	INQ000089883
CL9/067	71, 73	200703 Leaders & Ministers notes	INQ000089904
CL9/068	71	200911 Leaders Meeting Notes	INQ000116056
CL9/069	71, 73	200925 Leaders Meeting Notes	INQ000089885
CL9/070	71	200925 Item 3 Local Lockdown - Lessons Learned	INQ000089884
CL9/071	71	201002 Leaders Meeting Notes	INQ000089886
CL9/072	71, 73	201218 Leaders Meeting Notes	INQ000503997
CL9/073	71	200612 Chief Executives Meeting Notes	INQ000115839
CL9/074	71	200619 Chief Executives Meeting Notes	INQ000089881
CL9/075	71	200626 Chief Executives Meeting Notes	INQ000115877
CL9/076	71	200714 Chief Executives Teams Notes final	INQ000115932
CL9/077	71	200728 Chief Executives Meeting Notes	INQ000115968
CL9/078	71	200717 Item 3 Finance Sub Group COVID Income and Expenditure Survey Future Pressures	INQ000115942
CL9/079	71	200819 - FSG – Minutes	INQ000181406
CL9/080	71, 73	200416 Leaders Meeting Notes	INQ000115655
CL9/081	71, 73	200422 Leaders Meeting Notes	INQ000115679
CL9/082	71, 73	200429 Leaders Meeting Notes	INQ000115696
CL9/083	78	290520 Item 1 - Minutes oversight group 210520)	INQ000505395
CL9/084	78	040629 Item 1 - Minutes Oversight Group 290520)	INQ000547671
CL9/085	78	110620 TTP Programme Oversight Group Item 1 Minutes 040620)	INQ000547672
CL9/086	78	190620- TTP Programme Oversight Group Item 1 Minutes 110620)	INQ000547673
CL9/087	78	250620 - TTP Programme Oversight Group - Item 1 - Minutes 190620)	INQ000547674
CL9/088	78	020720 - TTP Programme Oversight Group - Item 1 - Minutes 250620)	INQ000505399

CL9/089	78	2020-07-16 - TTP Programme Oversight Group - Item 1 - Minutes of 09072020)	INQ000547676
CL9/090	78	2020-07-24 - Item 1- TTP Programme Oversight Group - Minutes of 16072020)	INQ000505400
CL9/091	78	2020-07-24 - Item 1- TTP Programme Oversight Group - Minutes of 240724)	INQ000505401
CL9/092	78	2020-08-13 - Item 1 TTP Programme Oversight Group - Minutes of 060820)	INQ000547679
CL9/093	78	2020-08-13 - TTP Programme Oversight Group - Minutes of 130820)	INQ000505486
CL9/094	78	2020-09-03 Item 1 TTP Programme Oversight Group - Minutes of 20082020)	INQ000547681
CL9/095	78	2020-09-10 Item 1 TTP Programme Oversight Group - Minutes of 03-09-20)	INQ000505403
CL9/096	78	2020-09-17 Item 1- TTP Programme Oversight Group - Minutes of 10-09-20)	INQ000547683
CL9/097	78	2020-09-17 Item 1- TTP Programme Oversight Group - Minutes of 17-09-20)	INQ000505489
CL9/098	78	2020-10-01 - Item 1- TTP Programme Oversight Group - Minutes of 01-10-20)	INQ000505407
CL9/099	78	2020-10-29 Item 1- TTP Programme Oversight Group - Minutes of 15-10-20)	INQ000505422
CL9/100	78	2020-11-26 Item 1 TTP Programme Oversight Group - Minutes of 12-11-2020)	INQ000505430
CL9/101	78	2020-12-10 Item 1 - TTP Programme Oversight Group - Minutes of 26-11-2020)	INQ000505490
CL9/102	78	2020-12-10 TTP Programme Oversight Group - Minutes of 10-12-2020)	INQ000505491
CL9/103	78	2021-01-21 - TTP Programme Oversight Group Notes)	INQ000547690
CL9/104	78	2021-02-04 - TTP Programme Oversight Group - minutes)	INQ000505492
CL9/105	78	2021-03-04 - TTP Programme Oversight Group - minutes)	INQ000505459
CL9/106	78	2021-04-01 - TTP Programme Oversight Group - minutes)	INQ000505464
CL9/107	78	2021-04-15 - TTP Programme Oversight Group - minutes)	INQ000505469
CL9/108	78	2021-04-29 - TTP Programme Oversight Group - minutes)	INQ000505493
CL9/109	78	2021-05-27 - TTP Programme Oversight Group - minutes)	INQ000505471
CL9/110	78	2021-07-22 - TTP Programme Oversight Group - minutes)	INQ000505475
CL9/111	78	2021-11-25 - TTP Programme Oversight Group - minutes)	INQ000547698

CL9/112	86, 154	First M2B witness statement of Chris Llewelyn WLGA	**INQ000469686**
CL9/113	108, 172	M1 First Witness Statement of Chris Llewelyn	INQ000177802
CL9/114	157	Module 4 Witness Statement of Chris Llewelyn on behalf of the Welsh Local Government Association	INQ000474532
CL9/115	157	Module 5 Witness Statement of Chris Llewelyn on behalf of the Welsh Local Government Association	INQ000518355
CL9/116	67	200820 - Action Card cluster outbreaks Tarian use	**INQ000547703**
CL9/117	67	200820 - Action Card communicating with an individual who has sensory learning difficulties draft1	**INQ000547704**
CL9/118	67	200820 - Action Card Community Healthcare draft 3	**INQ000547705**
CL9/119	67	200820 - Action Card Further Education Universities draft2	**INQ000547706**
CL9/120	67	200820 - Action Card COVID19 Vulnerable Individuals draft 3	**INQ000547707**
CL9/121	67	200820 - Action Card Hair dressers Barbers Beauty Salon Tattoo Parlour draft 3	**INQ000547708**
CL9/122	67	200820 - Action Card Leisure Attractions draft 3	**INQ000547709**
CL9/123	67	200820 - Action Card Safeguarding draft 3	**INQ000547710**