

UK Covid-19 Inquiry public hearings: module 1, week 4 (03-06 July 2023)

The [UK Covid-19 Inquiry](#) (the Inquiry) public hearings for [module 1](#) commenced on 13 June 2023 and will conclude on 21 July.¹

This week the focus of the Inquiry was on Wales and Northern Ireland, hearing evidence the First Minister of Wales, Mark Drakeford, as well as Professor Jim McManus and former Minister for Health Northern Ireland Robin Swann.

Next week the Inquiry will continue to hear evidence from key political and public figures including Michael Gove, along with Nigel Edwards, chief executive of the Nuffield Trust, Mark Lloyd, chief executive of the Local Government Association, and Richard Horton, editor in chief of the Lancet.

This briefing summarises the proceedings most relevant to NHS trusts, and is the fourth in the series of weekly briefings on the Inquiry's public hearings. You can see our earlier briefings on the preliminary hearings, [weekly briefings on the hearings](#), and a set of [frequently asked questions on rule 9 requests](#) we prepared with our legal partners, on our website.

Monday 03 July

Witnesses

Evidence was heard from Sir Frank Atherton and Dr Andrew Goodall.

Summary of witnesses' evidence

Dr Sir Frank Atherton

Sir Frank has been the chief medical officer (CMO) for Wales since 2014.

¹ Module 1 is investigating government planning and preparedness and will examine the period between June 2009 (when the World Health Organisation [WHO] announced that scientific criteria for an influenza pandemic had been met) and 21 January 2020 (when the WHO issued the first situation report on what would become the Covid-19 pandemic). The Inquiry has been considering evidence on this module since on 21 July 2022 gathered through rule 9 requests under [The Inquiry Rules 2006](#) and three preliminary hearings.

Sir Frank confirmed that before the pandemic he worked closely with the UK CMOs, Dame Sally Davies and Sir Chris Whitty. They would meet formally on a quarterly basis, with more informal meetings taking place in between. In comparison to the UK CMOs, Sir Frank had a very small supporting office around him before the pandemic and it focused on administrative duties.

Sir Frank said that the Welsh preparedness group shadowed the UK preparedness groups and would not take any actions until the UK groups had acted first. They did not update their planning and preparedness documentation because Westminster had failed to update their central documentation and guidelines. Sir Frank did not recall having input into the national risk assessments (NRAs) or the national security risk assessments (NSRAs). He said that this was a UK document.

He confirmed that there was no Welsh representation within [New Emerging Respiratory Viral Threats Advisory Group](#) (NERVTAG) and he was not aware of recommendations made by the group in relation to the importance of mask wearing. Sir Frank said that he would have expected to be informed of relevant recommendations as they filtered through the system in Wales.

Dr Andrew Goodall

Dr Andrew Goodall is the current permanent secretary to the Welsh government and was the director general for health and social services and chief executive of NHS Wales from 2014-2021.

Dr Goodall said that the [UK influenza pandemic preparedness strategy 2011](#) included “a number of assumptions” that directed governments to ignore a range of interventions, such as restrictions on gatherings and non-pharmaceutical interventions. These could have genuinely helped in the Covid-19 response. He said that the strategy led governments to neglect pandemic containment mechanisms.

On [Exercise Cygnus](#), the UK wide cross-government pandemic simulation held in 2016, Dr Goodall said that a Welsh pandemic flu task and finish group was set up in response to the exercise. The group planned to test what was in stock and the pandemic planning measures Wales had in place. He said the group was not able to complete its work as the focus was moved onto “other matters”. Dr Goodall accepted that it was a strategic decision to wait for pandemic preparedness work in Whitehall to take place before setting up Wales’ own pandemic flu preparedness workstreams, and that there was a diversion away from civil contingencies planning towards preparations for a no-deal exit from the European Union (EU).

The full transcript of the day's proceedings is available [here](#).

Tuesday 04 July

Witnesses

Evidence was heard from Dr Quentin Sandifer, Vaughan Gething, Member of the Senedd (MS), and the Rt Hon Mark Drakeford MS.

Summary of witnesses' evidence

Dr Quentin Sandifer

Dr Quentin Sandifer is a consultant adviser on pandemic and international health at Public Health Wales (PHW).

Dr Sandifer gave the Inquiry an overview of the functions and funding of PHW. He told the Inquiry that PHW has never had a representative on NERVTAG and in his view, it would be beneficial to have a Welsh representative in the group.

Vaughan Gething MS

Vaughan Gething is the current minister for economy in Wales. He was cabinet secretary and minister for health and social services in the Welsh government from 2016 to 2021, and deputy minister for health from 2014 to 2016.

Throughout his time as health minister he did not read the [UK influenza pandemic preparedness strategy 2011](#), and the first time he read the document was for the Inquiry. He also did not read the NRAs while he was health minister. Instead of reading full documents he would be briefed by civil servants on the relevant areas. He said that this is typical, as ministers do not have time to read through every document relevant to their department. Gething said that until he was asked to participate in [Exercise Cygnus](#) in 2016, he was not aware that an influenza pandemic was classified as a tier 1 risk on the [2016 NRA](#). Tier 1 risks were judged to be the highest priorities for UK national security, considering both likelihood and impact.

Gething said that prior to the pandemic, he felt that UK ministers did not take ministers from the devolved nations "seriously". He said there were strained relationships between Welsh and UK ministers and that it was a "deliberate choice" by UK ministers to have little contact with them. He said that UK secretaries of state, Jeremy Hunt and Matt Hancock, would take "months" to answer correspondence. He said that these strained ministerial relationships "hampered pandemic planning in Wales".

Rt Hon Mark Drakeford MS

Mark Drakeford has been first minister of Wales since 2018. He was minister for health and social services from 2013 to 2016.

On the [UK influenza pandemic preparedness strategy 2011](#), Drakeford said that the plan was an inadequate basis for dealing with the events that unfolded in the Covid-19 pandemic, but there were some aspects of it that were still useful. Ultimately, the plan “did not stand up to its major test”.

Asked about the relationship between Wales and Westminster, he said that relations did not work well. He said that there was a lack of a systematic basis for engagement between ministers. Drakeford said that there was an over reliance on an individual minister’s willingness to work in a cooperative way. He said there should be a robust system in government bringing together ministers from across the nations to discuss business. Drakeford said the [joint ministerial committee](#) (JMC) mechanism operated well in some areas but did not operate in a health context and while he was health minister there was no participation at secretary of state level. There was discussion pre-pandemic about the possibility of setting up a health ministers forum, but UK health ministers had no appetite for it. Under the JMC mechanism, the initiative to engage with devolved nations lay in the hands of UK ministers. Drakeford made clear that while these relations between the UK and the devolved nations are strained at ministerial level, the relationships at official level (such as between Welsh and UK CMOs) are much better.

The full transcript of the day's proceedings is available [here](#).

Wednesday 05 July

Witnesses

Evidence was heard from Dr Catherine Calderwood, Professor Jim McManus, Professor Kevin Fenton and Professor Mark Woolhouse.

Summary of witnesses' evidence

Dr Catherine Calderwood

Dr Catherine Calderwood was CMO for Scotland between 2015 and 2020.

Dr Calderwood said that they had a very good relationship with CMOs of the other nations and held both formal and informal meetings on a regular basis throughout the year. She added that between meetings, it was very easy to pick up the phone to other CMOs to discuss issues and ask for advice. When asked about the [UK influenza pandemic preparedness strategy 2011](#), she said that she took up

her position a few years after it had been drafted and had no detailed knowledge of it. She didn't recall any discussion about redrafting the document.

With regards to the scientific advisory group for emergencies (SAGE), she said there was Scottish representation. She said that in quieter times, the flow of information was good but as the pandemic emerged, communications became more difficult because it was based in London. Technical difficulties made it hard to participate. In March 2020, a Covid-19 advisory group for Scotland was set up.

Dr Calderwood was asked about Exercise Iris, a one day table top exercise conducted in Scotland. She said that several recommendations from the exercise had been implemented and several had not. She said that some recommendations had not been continued because staff were taken away to work on Covid-19. Of the recommendations that were not fully implemented, she said one of the most important ones was providing information to health boards about personal protective equipment (PPE) and the distribution and fitting of FFP3 masks.

She praised some of the advances and innovations made by the scientific and research community during the Covid-19 pandemic such as the development of a vaccine and better collaboration across the UK. When talking about clinical advances, she said that remote consultations have made a huge difference, particularly in Scotland which has many rural areas.

When asked about how health care systems can remain prepared for future hazards and continue to meet the day to day demands of running a healthcare system, she said that it is extremely difficult. She said that the NHS is working "at or if not beyond capacity at all times".

Professor Jim McManus

Professor Jim McManus, president of the Association of Directors of Public Health (ADPH), gave evidence to the Inquiry.

Professor McManus gave an overview of the role and responsibilities of directors of public health. He outlined the challenges that the Health and Social Care Act 2012 (the Act) presented. He said that there were differences in local authority and NHS structures and cultures, issues about pay structures, questions over budgets and discussions about who paid for what. He said that the public health grant paid to local authorities had decreased. There had been a number of funding cuts starting in 2015/16 and, depending on how you calculate it, the cuts to funding were either 26% or 33% in real terms. He said that the Health Foundation say £1bn is missing from the public health grant. This is an England-only grant and research shows that some areas have fared worse per head of the population than others.

Professor McManus explained that there can be a lack of understanding about the role of directors of public health and sometimes a lack of understanding of local authority capabilities. Leaving directors of public health out of the loop was a problem during the pandemic as they oversee a range of services and are expert in contact tracing and know their local communities and areas well. He said that in the early stages of the pandemic, support from the CMO was helpful but that some government departments still didn't understand what directors of public health did.

Professor Kevin Fenton

Professor Kevin Fenton is president of UK Faculty of Public Health (FPH).

Professor Fenton provided background about the work of the faculty and its membership. He said that addressing health inequalities is key to the faculty's work. He stressed the importance of sharing scientific information between countries, working in partnership with the World Health Organisation (WHO), and learning from other countries also experiencing an infectious disease threat.

Counsel talked about the [UK influenza pandemic preparedness strategy 2011](#) and the accompanying equality impact assessment (EIA). He said that the EIA was not as thorough or detailed as it could have been. He said on reflection and review of the EIA, it was clear that there were missed opportunities to understand the impact on groups with protected characteristics.

He talked about the [Health and Social Care Act 2012 \(the Act\)](#), which brought about significant change and reorganisation. He said that Public Health England played an important role in ensuring there was an understanding of how the public health system worked. Following the introduction of the Act, the NHS lost its close relationships with public health staff to a certain extent, as these staff moved to different organisations. He said relationships and learning that had taken place prior to 2012 were ruptured and had to be rebuilt.

Professor Fenton agreed with evidence from the Federation of Ethnic Minority Healthcare Organisations that addressing health inequality has suffered from a "hodgepodge" approach. He stressed the importance of having good data to enable an understanding of where inequalities occur. He said it was important to value the public health workforce and systems as part of the national infrastructure for resilience. He also explained the importance of having practitioners engaged in policy development at every level of government.

Professor Mark Woolhouse

Professor Mark Woolhouse is professor of infectious disease epidemiology at the University of Edinburgh.

Professor Woolhouse said that there had been a general acknowledgement in the scientific world about the threat posed by coronaviral diseases and said that a new strain of coronavirus would not be a complete surprise. There was a particular focus on influenza in research. He explained that although there was a list of viruses which were considered a threat, pandemic influenza was “the favourite”. He said other viruses should have been considered and with the unpredictability of outbreaks and viruses it would be folly to assume a given outcome.

He went on to explain that in the aftermath of severe acute respiratory syndrome (SARS), there was a lot of thinking about SARS type scenarios. When swine flu emerged in 2009, this reignited interest and a focus on flu. The pandemic influenza plan was a plan for flu and it would have been a lot of work for government departments to put in place pandemic plans for Middle East respiratory syndrome (MERS), SARS, vector borne viruses and food borne threats – however, he acknowledged it could have saved a lot of lives.

He touched upon the importance of focussing on epidemiology, diagnostic medicine and public health research when preparing for a pandemic. He acknowledged that the Covid-19 vaccine had been produced quickly but while waiting for that, these other measures were vital.

When asked about what the next pandemic could be like, he said that there are many different candidates and that it is important not to simply prepare for the pandemic we have just had and it is perfectly possible it could be more deadly and more transmissible.

The full transcript of the day's proceedings is available [here](#).

Thursday 06 July

Witnesses

Evidence was heard from Dr Denis McMahon, Reg Kilpatrick and Robin Swann, Member of the Legislative Assembly (MLA).

Summary of witnesses' evidence

Dr Denis McMahon

Dr Denis McMahon is permanent secretary of the Northern Ireland Executive Office (the Executive Office).

Dr McMahon outlined the role of the Executive Office in the Northern Irish government and the history of the Office since the [1998 Good Friday Agreement](#). The fourth executive ended in 2016 when

Martin McGuinness resigned from his role as deputy first minister. The executive was not re-formed until 11 January 2020. Northern Irish government department ministers cannot take office whilst the executive is suspended. Dr McMahon said that the absence of ministerial direction during periods where the Executive Office was suspended pre-pandemic had an impact on the direction of civil contingency planning.

The Northern Ireland Risk Register followed the guidance of the UK NRA and therefore suffered the same flaw in focusing on the worst-case scenario and catastrophic consequences. Dr McMahon felt that communication with Whitehall during [Operation Yellowhammer](#)² “did not flow both ways” and that very little information was passed on to the Executive Office.

On pandemic preparedness exercises, Dr McMahon agreed with previous [evidence](#) given by Bruce Mann and Professor David Alexander on the importance of sharing the reports that are produced from such exercises. He said that increased openness is in the public interest. It is important that every exercise and its outcome are communicated to the devolved administrations. Dr McMahon said that there was also a need for devolved administrations to have adequate representation on UK advisory groups, in particular SAGE.

Dr McMahon was shown a letter from 2015 in which the Health Secretary Jeremy Hunt tells the Prime Minister David Cameron that the Department for Health and Social Care (DHSC) was developing contingency legislation to mandate border screening and quarantining at borders for public health reasons. Dr McMahon said that he was not made aware of the formulation of that legislation but that the Executive Office ought to have been involved in it, given Northern Ireland’s unique position within the UK.

Reg Kilpatrick

Reg Kilpatrick is the director general, Covid recovery and local government, in the Welsh government and was director of the Local Government Department from 2011 to 2020.

The [2012 Civil Emergencies in Wales report](#) said that the [Civil Contingencies Act 2004 \(the Act\)](#) did not make clear the role of the Welsh government in preparation for civil contingencies. Kilpatrick said that Welsh local government had sought additional powers for a number of years from the UK government in order to aid contingency planning at a local level. In 2018 the UK government had devolved those powers in a transfer of functions order.

² Operation Yellowhammer was the name given for the cross-government civil contingency planning for the possibility of Brexit without a withdrawal agreement (a no-deal Brexit).

Kilpatrick said there was an issue with the number of UK-wide and devolved government civil contingency plans. More work needs to be done on how UK-wide plans and devolved plans relate to each other, and the thresholds at which different plans become activated. He said there also needs to be clear accountability around the activation of plans.

Robin Swann MLA

Robin Swann was minister of health in Northern Ireland from 2020 to 2022.

Swann said that when he took office as minister of health in 2020 it was evident that there was a delay in “much needed progress” in reform and transformation within the department. He said ministerial oversight is essential to decision making in government and this was impacted by the suspension of the Executive Office in the years leading up to the pandemic. Swann said that the budget for the Northern Ireland Department of Health was set on a one-year basis due to the absence of ministerial oversight. This led to vital services being underfunded, social care being neglected and the preference for short term decisions rather than long-term planning. In his view, “Stormont had let down the NHS in Northern Ireland”.

The Northern Irish lessons learned report from [Exercise Cygnus](#) said that “a number of participants had commented that communications with colleagues in England caused difficulties”. Swann said that he did not recognise the complaint and it had not been brought to his attention, but would assume any concerns would have been expressed to colleagues in Whitehall.

Swann said that there is a deficit in Northern Irish representation within the UK scientific advisory groups. On being informed by Counsel that the Northern Irish chief scientific advisor (CSA) had been denied membership to the UK CSA network, he said that all devolved administrations should have automatic representation in advisory groups, such as SAGE, and that this should be speaking and participation rights not just observer status.

The full transcript of the day's proceedings is available [here](#).