

Chief Executive Board Report

September 2022

1 UK COVID-19 Public Inquiry

Following the launch of the UK COVID-19 Inquiry and the opening statement issued by Baroness Hallett, the chair of the Inquiry, modules 1, 2 and 2A, 2B and 2C have now been launched.

The *Provisional Outline of Scope* for module 1 is as follows:

This module will examine the resilience and preparedness of the United Kingdom. Was the risk of a Coronavirus pandemic properly identified and planned for? Was the UK ready for such an eventuality?

The module will look at the UK's preparedness for whole-system civil emergencies, including resourcing, the system of risk management and pandemic readiness. It will scrutinise government decision-making and seek to identify whether lessons were learned from earlier incidents and simulations and from international practices and procedures.

The Outline of Scope goes on to outline in detail the areas that the module will examine. These can be seen in Appendix 1.

For modules 2 (Appendix 2), 2A, 2B (Appendix 3) and 2C, the Provisional Outline of Scope is as follows:

Module 2:

This module will look at, and make recommendations upon, the UK's core political and administrative decision-making in relation to the Covid-19 pandemic between early January 2020 until February 2022, when the remaining Covid restrictions were lifted. It will pay particular scrutiny to the decisions taken by the Prime Minister and the Cabinet, as advised by the Civil Service, senior political, scientific and medical advisers, and relevant Cabinet sub-committees, between early January and late March 2020, when the first national lockdown was imposed.

Module 2B:

This module will look at, and make recommendations about, the Welsh Government's core political and administrative decision-making in relation to the Covid-19 pandemic between early January 2020 and May 2022, when the then remaining Covid-19 restrictions were lifted in Wales. It will examine the decision-making of key groups and individuals within the government in

Wales including the First Minister and other Welsh Ministers, in particular between early January and late March 2020 when the first national lockdown was imposed. More detailed consideration of a number of key areas and the impact of the pandemic on those areas in Wales will be undertaken later in the Inquiry.

Modules 2A and 2C are, as above, as they relate to the Scottish Government and the Northern Ireland Government respectively.

1.1 Hearings and Core Participants

The Inquiry will hold its first preliminary hearing for Module 1, which will investigate the UK's pandemic preparedness and response, on Tuesday 4 October 2022. The Inquiry will take evidence for Module 1 next spring.

The Inquiry will hold preliminary hearings for Modules 2, 2A, 2B and 2C from late autumn 2022. Witnesses will give evidence for Module 2 in the summer of 2023 and, subsequently, evidentiary hearings for Modules 2A, 2B and 2C will be held in Scotland, Wales and Northern Ireland.

Each individual module requires individuals, organisations and institutions to consider applying to be a Core Participant if they believe that they have a specific interest in the work of the Inquiry. Core Participants can access evidence relevant to this investigation, make opening and closing statements at Inquiry hearings and suggest lines of questioning to Inquiry Counsel

We have applied as a Core Participant for Module 1 and, at the time of writing, are considering whether we will apply to be a Core Participant for Module 2B.

We look forward to engaging with the Inquiry Panel and our internal preparations continue to ensure that we are ready to respond to and provide any information the Inquiry requests of Public Health Wales in an open and transparent manner.

2 Transfer of Local Public Health Teams from Public Health Wales to Health Boards

On 30 September 2022, we are transferring the employment of our Public Health Wales staff who work in the seven Local Public Health Teams (LPHT) to their respective Health Board.

The Local Public Health Teams transfer project is part of a proposal, supported by the Minister for Health and Social Care, to respond to the system-wide challenges we face around the long-term impact on population health and to subsequently support the Health Boards and wider system to address this.

By way of background, in 2021 and following a series of discussions and unanimous agreement by Public Health Wales, Health Board Chief Executives and Directors of Public Health, the Public Health Wales Board sought permission for the transfer from the Welsh Government and this was received on the 19 October 2021. The affected staff were advised immediately thereafter. Initially, the target transfer date was the 31 March 2022. However, by mutual agreement, and as a result of the winter operational pressures associated with the Omicron variant of the COVID-19 pandemic, this date was changed to the 30 September 2022.

Involving the nine organisations, the project has been led initially by Sally Attwood and latterly by Andrew Jones, Deputy National Director for Health Protection and Screening Services as Senior Responsible Officer (SRO) supported by a project team with an overall project manager and six workstream leads. The Project Board was comprised of the project team and the Executive Directors of Public Health or equivalent Health Board representatives. Additionally, a Staff Stakeholder Forum was set up to include staff representatives as well as Trade Unions, to advise the Project Board and project team.

Key deliverables required to deliver this project included:

- A Memorandum of Understanding (MoU) Part 1 to govern the business continuity for the LPHTs as well as the initial set up of an MoU Part 2 to establish a plan for enhanced future system working
- A Staff Consultation period to ensure appropriate engagement with staff on the transfer including any proposed measures affecting staff
- Equitable financial principles for the transfer as a basis for an appropriate budget transfer for the LPHTs in each Health Board
- An informed informatics review, strategic approach and implementation plan to ensure business continuity and support for affected staff

The project is on track and reaching its conclusion for the agreed transfer on 30 September 2022.

Our staff in our Local Public Health Teams have been exceptional in their commitment and expertise to public health in Wales over many years – and particularly over the last few years when the COVID-19 pandemic required our Team members to be pivotal public health leaders at a local, regional and national level. The new arrangement will enable us to collectively develop a stronger, more integrated specialist public health system at every level in Wales.

I would like to thank each of our Local Public Health Team members for their professionalism, dedication and contribution to all of the work of Public Health Wales and for their drive in embedding public health with partners across the whole of Wales. Whilst our Local Public Health Team staff will be

transferring their employment to health boards, we will continue to all be part of the same public health family in Wales and will continue to work closely, and in partnership as we collectively help Wales to tackle the public health challenges that we face.

3 Trauma-Informed Wales: A Societal Approach to Understanding, Preventing and Supporting the Impacts of Trauma and Adversity

On the 14 July our Adverse Childhood Experience (ACE) Hub Wales and Traumatic Stress Wales were delighted to launch the Wales Trauma Framework at the Urdd Centre in Cardiff Bay. The event included opening speeches from Julie Morgan AM, Deputy Minister for Social Services and Lynne Neagle, Deputy Minister for Mental Health and Wellbeing. The launch event was attended by over 100 partners, practitioners and people with lived experience who have co-produced this work. The launch also saw the premiere of a new resource developed by Barnado's Cymru to support grass roots, community organisations to become more trauma-informed.

ACE Hub Wales and Traumatic Stress Wales provided the leadership for this work, which was underpinned by a number of important research products. A literature review of terminology and language around trauma-informed, an analysis of trauma-informed approaches in Wales and an animation, 'Navigating the Storm' which was developed by students at Wrexham Glyndwr University as part of their collaboration with the ACE Hub Wales to become the first trauma-informed university in Wales. An expert reference group was established, co-chaired by Jo Hopkins, Director of the ACE Hub Wales and Professor Jonathan Bisson of Traumatic Stress Wales. Over six months, and with the support of the Welsh Government, the expert group advised on the development of a comprehensive, all age framework for Wales. The framework sets out five practice principles to underpin this approach, a Wales definition of trauma-informed and a set of four practice levels that show how we can effectively respond to trauma from the universal 'trauma aware' through to the specialist therapies. This document sets out how people, organisations, systems and society need to be trauma-informed in practice, and resources to do so, including the ACE Hub Wales TrACE toolkit for organisations.

The Framework was also informed by a 12-week public consultation, which included four workshop events across Wales in Newport, Swansea, Aberystwyth and Llandudno, and an online event hosted by Traumatic Stress Wales. The workshops were attended by over 400 people and there were 76 responses to the public consultation. The framework sets out an all-society approach to support a coherent, consistent approach to developing and implementing trauma-informed practice across Wales, providing the best possible support to those who need it most. The next steps will be to work with the Welsh Government, partners and experts to develop the implementation plan for this work which is already informing

the new Welsh Government mental health strategy and the forthcoming ACEs plan. We are committed to a version for children and young people and also easy read version.

The framework and supporting resources, including the response to the public consultation, and which will continue to be developed, can be found at [Trauma-Informed Wales \(traumainformedwales.com\)](https://traumainformedwales.com). This is a repository for the framework, training and other information that aims to support the social movement towards the ambition of Wales a trauma-informed nation.

4 Refurbishment of Clwydian House, Wrexham

Our offices in Clwydian House, Wrexham have recently completed a refurbishment which forms the first part of the Our Space North Wales Project. We have numerous locations spread across the north and a review of each our sites forms part of our Estates Strategy.

Clwydian House is a relatively small office housing approximately 30 of our staff from a number of teams in the organisation including our WHO Collaborating Centre, Screening Services and Improvement Cymru. Prior to the refurbishment, the office was dark with small offices, no internal central heating system and a small kitchen area.

We were keen to ensure that our staff were central to the design of the space and they were consulted on what sort of space they wanted and were able to input on the layout and design process. Ideas included a sustainable light, bright place to work, a heating and cooling system with formal and informal meeting space and rooms to allow for individual and collaborative working. An important aspect was to ensure that furniture and carpets were sustainably procured, and bike racks and a shower installed to allow for green travel. Our estates team has been excellent in delivering this brief as well as achieving considerable savings in decarbonisation and sustainability which include:

- 30 items/2,250kg diverted from landfill
- £5,950 worth of kit donated to the community
- 1,890kg of CO₂e avoided
- 220m² of Grade A recycled carpet laid
- All desks are recycled with recycled lockers
- Shower and bike racks to allow for green travel
- Ceiling tiles have a recycled content ranging between 32 – 44%
- All work was completed by a local born and bred builder to Wrexham – keeping the spend/investment in Wales, with 80% of the workforce from Wales.

5 Disability Confident Leaders Renewal

On the 8 August 2022, we undertook a successful external assessment to renew our accreditation as Disability Confident Leaders under the Department of Work and Pension's Disability Confident Scheme.

The assessor was particularly impressed with the growth of our Disability Network, and how our staff networks have a place at the table when discussing strategic projects, shaping the future of the organisation and meeting with the Board to advise and inform Board members on a rotational basis. From the evidence portfolio submitted, we were able to demonstrate how we have been working in partnership with our staff networks so that we can design and develop inclusive practices in order for everyone in the organisation to feel supported, enabled and to be themselves when they are in work.

Being Disability Confident Leaders helps drive our passion and commitment for our people with disabilities across the organisation. It also enables us to provide assurance to our staff on how valued they are and also gives confidence to potential job candidates that we are an employer who will provide a safe and supportive environment to work in.

I just wanted to extend my thanks to the team who have worked extremely hard in driving this forward across the organisation including Neil Lewis, Director of People and Organisational Development, Sarah Brewer, Head of Employee Experience and our Staff Network supporting our people with disabilities.

6. Winter Planning

We are working closely with a range of stakeholders to prepare for the forthcoming autumn and winter period, as we do every year. This includes advice to Welsh Government on its forthcoming winter plan: 'Our Public Health Approach to Respiratory Viruses Autumn/Winter 22/23' and alignment to the objective 'to protect the most vulnerable in our society from serious disease'.

PHW will **lead** on:

- Supporting the delivery of effective and timely influenza and Covid-19 vaccination programmes
- Delivering a comprehensive surveillance programme to: provide timely intelligence on incidence of respiratory infections; rapidly detect incidents and outbreaks; support the Health and Social Care system to take appropriate action to reduce harm
- Delivering a diagnostic testing plan that: protects the more vulnerable, supports our surveillance plans, prioritises whole genome sequencing to detect new Covid-19 variants and the drift/shift of influenza viruses

- Ensuring vulnerable settings such as health and social care, prisons and other critical services, are supported by appropriate guidance on management of respiratory outbreaks.

PHW will **support**:

- Preparation of communities and the health and social care system to plan and respond to the potential for Covid waves and seasonal influenza the within the context of the cost of living crises.
- Delivery of clear and effective communication, supporting the public to reduce personal risk of respiratory viral illness alongside messages on the cost of living crises
- Collective action to minimise wider harms incurred through our response to respiratory outbreaks or epidemics

Recommendation

The Board is asked to receive this information.

Tracey Cooper
CHIEF EXECUTIVE



Module 1

July 2022

Provisional Outline of Scope

(subject to submissions from Core Participants and Counsel to the Inquiry)

This module will examine the resilience and preparedness of the United Kingdom. Was the risk of a Coronavirus pandemic properly identified and planned for? Was the UK ready for such an eventuality?

The module will look at the UK's preparedness for whole-system civil emergencies, including resourcing, the system of risk management and pandemic readiness. It will scrutinise government decision-making and seek to identify whether lessons were learned from earlier incidents and simulations and from international practices and procedures.

The module will examine:

1. The basic characteristics and epidemiology of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) and Coronavirus disease (COVID-19).
2. The Government structures and specialist bodies concerned with risk management and civil emergency planning, including devolved administrations and their structures, local authorities and private sector bodies, historical changes to such structures and bodies as well as the structures in place as at January 2020, inter-organisational processes and cooperation.
3. The planning for a pandemic, including forecasting, resources, and the learning from past simulation exercises (including coronavirus, new and emerging high-consequence infectious diseases and influenza pandemic/epidemic exercises), the emergency plans that were in place, biosecurity issues relevant to the risk of pandemics/epidemics, international comparisons and the history of, and learning from, past policy-related investigations.

4. Public health services, including the structure of public health bodies, their development over time and readiness and preparation in practice; public health capacity, resources and levels of funding, any impact arising from the UK's departure from the European Union, and the way in which relevant bodies monitored and communicated about emerging disease.
5. Economic planning by relevant Government bodies, including capacity and spending commitments and efficiency and anti-fraud controls, in the context of emergency planning.
6. Planning for future pandemics, including (in outline) the state of international preparedness; the risks of new variants of Covid 19, other viruses of concern, and diseases from human contact/viral transmission with animals.



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Module 2

August 2022

Provisional Outline of Scope

(subject to submissions from Core Participants and Counsel to the Inquiry)

This module will look at, and make recommendations upon, the UK's core political and administrative decision-making in relation to the Covid-19 pandemic between early January 2020 until February 2022, when the remaining Covid restrictions were lifted. It will pay particular scrutiny to the decisions taken by the Prime Minister and the Cabinet, as advised by the Civil Service, senior political, scientific and medical advisers, and relevant Cabinet sub-committees, between early January and late March 2020, when the first national lockdown was imposed.

Module 2 will examine:

1. The central government structures and bodies concerned with the UK response to the pandemic and their relationships and communications with the devolved administrations in Scotland, Wales and Northern Ireland and regional and local authorities.
2. The initial understanding of, and response to, the nature and spread of Covid-19 in light of information received from the World Health Organization and other relevant international and national bodies, advice from scientific, medical and other advisers and the response of other countries. This will include the government's initial strategies relating to community testing, surveillance, the movement from 'contain' to 'delay' and guidance and advice to health and social care providers.
3. The decision-making relating to the imposition of UK-wide and, later, England-wide non-pharmaceutical interventions (NPIs), including the national lockdowns in March-July 2020, November-December 2020 and January-April 2021, local and regional restrictions, circuit breakers, working from home, reduction of person to person contact, social-distancing, the use of face-coverings and border controls; the timeliness and reasonableness of such NPIs, including the likely effects

had decisions to intervene been taken earlier, or differently; the development of the approach to NPIs in light of the understanding of their impact on transmission, infection and death; the identification of at risk and other vulnerable groups and the assessment of the likely impact of the contemplated NPIs on such groups in light of existing inequalities.

4. Access to and use in decision-making of medical and scientific expertise, data collection and modelling relating to the spread of the virus, including the measuring and understanding of transmission, infection, mutation, re-infection and death rates; the certificate system and excess mortality; the relationship between and operation of systems for the collection, modelling and dissemination of data between government departments and between the government, the NHS and the care sector.
5. Public health communications in relation to steps being taken to control the spread of the virus; transparency of government messaging; the use of behavioural management and the maintenance of public confidence in the UK government, including the impact of alleged breaches of rules and standards by Ministers, officials and advisers.
6. The public health and coronavirus legislation and regulations that were proposed and enacted: their proportionality and enforcement.



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Module 2B

August 2022

Provisional Outline of Scope

(subject to submissions from Core Participants and Counsel to the Inquiry)

This module will look at, and make recommendations about, the Welsh Government's core political and administrative decision-making in relation to the Covid-19 pandemic between early January 2020 and May 2022, when the then remaining Covid-19 restrictions were lifted in Wales. It will examine the decision-making of key groups and individuals within the government in Wales including the First Minister and other Welsh Ministers, in particular between early January and late March 2020 when the first national lockdown was imposed. More detailed consideration of a number of key areas and the impact of the pandemic on those areas in Wales will be undertaken later in the Inquiry.

Module 2B will examine:

1. The structures of the Welsh Government and the key bodies within it involved in Wales' response to the pandemic and their relationships and communications with the UK Government, other devolved administrations and local authorities within Wales.
2. The Welsh Government's initial understanding of, and response to, the nature and spread of Covid-19 in Wales in the period between January and March 2020 in light of information and advice received from the UK Government and other relevant international and national bodies, advice from scientific, medical and other advisers and the response of other countries.
3. Decision-making by the Welsh Government relating to the imposition or non-imposition of non-pharmaceutical interventions (NPIs) including lockdowns, local restrictions, working from home, reduction of person to person contact, social distancing, the use of face coverings and border controls in Wales; the degree of and rationale behind differences in approach between the Welsh Government and other governments in the UK; the timeliness and reasonableness of such NPIs, including the likely

effects had decisions to intervene been taken earlier or differently; the development of the approach to NPIs in light of the Welsh Government's understanding of their impact on transmission, infection and death; the identification of at risk and other vulnerable groups in Wales and the assessment of the likely impact of the contemplated NPIs on such groups in light of existing inequalities; and the impact, if any, of the funding of the Welsh pandemic response on such decision-making, including funding received from the UK Government.

4. Access to and use in decision-making of medical and scientific expertise, data collection and modelling relating to the spread of the virus in Wales; the measuring and understanding of transmission, infection, mutation, re-infection and death rates in Wales; and the relationship between and operation of relevant systems for the collection, modelling and dissemination of data.
5. Public health communications in Wales in relation to the steps being taken to control the spread of the virus; transparency of messaging; the use of behavioural management and the maintenance of public confidence in the Welsh Government, including the impact of any alleged breaches of rules and standards by Ministers, officials and advisers.
6. The public health and coronavirus legislation and regulations that were proposed and enacted: their proportionality and enforcement across Wales.



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