



	<p><b>GIG CYMRU NHS WALES</b></p> <p>Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p><b>Name of Meeting</b> Board</p> <p><b>Date of Meeting</b> 29 January 2026</p> <p><b>Agenda item:</b> 3.6</p>
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<b>A summary of the UK Covid-19 Inquiry Modules 2, 2A, 2B, 2C: Core decision-making and political governance</b>	
<b>Executive lead:</b>	Professor Fu-Meng KHAW, National Director of Health Protection and Screening Services, Executive Medical Director
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<b>Approval/Scrutiny route:</b>	<p>Public Health Wales Business Executive Team</p> <p>Tom Fowler, Deputy National Director of Health Protection and Screening Services, Executive Medical Director (<i>Acting on behalf of Professor Fu-Meng KHAW</i>); and Paul Veysey, Board Secretary and Head of Board Business Unit.</p> <p>Cross-organisation internal Consultant and Colleague peer review.</p>
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<b>Purpose</b>
<p>This paper provides the Board with a summary the UK Covid-19 Inquiry Modules 2, 2A, 2B, 2C: Core decision-making and political governance with an:</p> <ul style="list-style-type: none"> <li>To identify relevance to Emergency Preparedness Resilience and Response at Public Health Wales.</li> <li>Review work that Emergency Preparedness Resilience and Response is already undertaking in respect of the recommendations.</li> <li>Evaluate current gaps and detail planned activity for delivery of identified recommendations.</li> </ul>

<b>Recommendation:</b>				
APPROVE <input type="checkbox"/>	CONSIDER <input checked="" type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
The Board is asked to:				

- **NOTE** this report and **CONSIDER** the summary the summary the UK Covid-19 Inquiry Modules 2, 2A, 2B, 2C: Core decision-making and political governance
- **RECEIVE ASSURANCE** in relation to Emergency Preparedness Resilience and Response activity in contributing to the delivery of the Module 2 recommendations as of December 2025.
- **Note** that the Business Executive Team approved the continued use of existing groups and governance structures to address identified EPRR-based recommendations to embed learning and facilitate a programme of change and improvement.

**Link to Public Health Wales [Strategic Plan](#)**

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to the following:

<b>Strategic Priority / Wellbeing Objective</b>	4 - Delivering excellent public health services
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<b>Summary impact analysis</b>	
<b>Equality and Health Impact Assessment</b>	An Equality or Health Impact Assessment has not been undertaken.
<b>Risk and Assurance</b>	High level of organisational risk if an adequate response to the inquiry is not implemented
<b>Health and Social Care (Quality and Engagement) (Wales) Act</b>	<p>This report supports and/or takes into account the <a href="#">Health and Care Standards for NHS Wales</a> Quality Themes, and in particular, Theme 02.</p> <p>Specifically, the EPRR work plan ensures compliance with the requirements of the Civil Contingencies Act 2004 and supporting guidance</p>
<b>Financial implications</b>	Dependent on the final agreed approach with Welsh government and cannot currently be assessed
<b>People implications</b>	May require training, upskilling and change in practice



## 1. Purpose / Situation

This paper provides the Board with a summary the UK Covid-19 Inquiry Modules 2, 2A, 2B, 2C: Core decision-making and political governance with an:

- To identify relevance to Emergency Preparedness Resilience and Response at Public Health Wales.
- Review work that Emergency Preparedness Resilience and Response is already undertaking in respect of the recommendations.
- Evaluate current gaps and detail planned activity for delivery of identified recommendations.

## 2. Background

The UK Covid-19 Inquiry has published its second report, examining how the UK Government and devolved administrations (Scotland, Wales, Northern Ireland) made decisions during the pandemic.

Modules 2, 2A, 2B and 2C focused on political and administrative responses, comparing approaches across the four nations to identify lessons for future emergencies.

### Key Findings

- **Initial Response:** All governments acted too slowly despite clear global warning signs. Limited testing and poor surveillance meant the scale of spread was underestimated. Over-reliance on UK Government leadership delayed devolved action.
- **First Lockdown (March 2020):** Advisory measures began on 16 March, but mandatory lockdown on 23 March came too late. Earlier action could have avoided lockdown or shortened its duration. Delay likely cost thousands of lives.
- **Exit Strategy:** No clear plan for lifting restrictions. England eased measures quickly (July 2020) against advice; devolved nations were more cautious, but none prepared for a second wave.
- **Second Wave and Variants:** Autumn 2020 restrictions were too weak or late in England, Wales, and Northern Ireland. Scotland's targeted measures slowed spread. All governments underestimated Alpha variant risk, leading to renewed lockdowns.
- **Vaccination and Later Variants:** UK led global rollout (Dec 2020). Delta and Omicron prompted a delay in relaxation of measures to allow vaccine coverage. Despite vaccines, Omicron's high transmissibility caused >30,000 deaths between Nov 2021–Jun 2022.
- **Governance and Communication:** UK Cabinet sidelined; Welsh Cabinet worked by consensus; NI response hampered by political disputes. Public messaging was inconsistent and complex; rule-breaking scandals eroded trust. Legal confusion undermined enforcement.



- **Impact on Vulnerable Groups:** Older, disabled, ethnic minorities and socioeconomically disadvantaged groups faced higher risks, yet their needs were insufficiently considered in planning and response.

### Key Themes

- **Preparedness:** Better planning could have saved lives and reduced economic harm.
- **Swift Action:** Governments must act decisively to contain viral spread.
- **Scientific Advice:** SAGE provided strong guidance, but effectiveness was limited by unclear government objectives.
- **Intergovernmental Trust:** Poor collaboration and political tensions weakened UK-wide coordination.

### Recommendations

- **Broaden SAGE membership** to include devolved representation and open recruitment.
- **Clarify emergency decision-making structures** within each nation.
- **Assess impact on vulnerable groups** in planning and response.
- **Improve public communication** with clear, accessible laws and guidance.
- **Enhance parliamentary scrutiny** of emergency powers.
- **Strengthen intergovernmental communication** to align policies or explain differences clearly.

These recommendations complement those from Module 1 (Preparedness) and aim to ensure better resilience for future pandemics.

For a details 'synopsis by chapter' of the Module 2, 2A, 2B, 2C report, please refer to Appendix 01.

## 3. Assessment

### 3.1 PHW assessment in relation to the findings

#### Initial Response

PHW mobilised rapidly following a Dynamic Risk Assessment, and this capability continues to be in place as outlined in the draft Pandemic Response Plan and tested during Exercise Pegasus. Early modelling of testing capacity and establishment of diagnostic capability occurred in February 2020, but Wales was constrained by the centralised distribution of reagents, limiting testing despite available infrastructure.

PHW's reliance on Public Health England for surveillance and intelligence was understandable given the lag in cases and lack of access to SAGE. Future preparedness should include an internal intelligence-gathering function and evidence review mechanism to inform decisions on public health measures, health impacts, and inequalities.



## **First Lockdown (March 2020)**

PHW consistently advocated for rapid interventions and stressed the importance of testing internal arrangements through regular exercises.

While the UK-wide lockdown was inevitable due to delayed action, PHW's role should continue to focus on providing timely advice to decision-makers on the merits of public health social measures (PHSMs) and escalation strategies.

## **Exit Strategy**

PHW contributed to WG's Alert Levels and Five Harms model during de-escalation planning. Future strategies should ensure PHW advises on safe exit approaches and contingency planning for subsequent waves. Continued vigilance through pathogen genomics and syndromic surveillance is essential to detect emerging variants early.

## **Second Wave and Variants**

PHW supported the circuit breaker lockdown in autumn 2020 and advised extending the Welsh firebreak beyond two weeks. The organisation must maintain readiness to advocate for timely interventions and continue to strengthen genomic surveillance to anticipate and respond to new variants effectively.

## **Vaccination and Later Variants**

PHW should continue leveraging lessons from the vaccine rollout and variant response, ensuring planning assumptions account for evolving risks. While vaccines mitigated severe outcomes, the emergence of Omicron highlighted the need for robust contingency planning should future variants prove more severe or vaccines less effective.

## **Governance**

PHW must embed access to scientific evidence for devolved administrations in planning assumptions and support consistent cross-nation approaches to legislation and guidance.

## **Communication**

Communications strategies should be developed jointly with WG to ensure clarity, accessibility, and public confidence, avoiding confusion between advice and legal requirements.

## **Impact on Vulnerable Groups**

PHW should prioritise strategies for rapid access to linked data on protected characteristics to understand differential impacts and work with system partners to strengthen community resilience. Pandemic planning must integrate considerations for vulnerable and disadvantaged groups to mitigate foreseeable harms from restrictions.



### 3.2 PHW position in relation to the recommendations

**None of the recommendations are specifically for Public Health Wales to address. They are written directly for UK Government and Devolved Administrations.**

For a detailed summary of the Module 2, 2A, 2B, 2C reports' nineteen recommendations, please refer to Appendix 02.

This section provides a summary noting applicability of each recommendation in Wales, its importance in relation to population health, and a narrative of Public Health Wales' (PHW) actions since March 2022 (from Module 1 and internal reviews) aligned to the Module 2 recommendations, and the planned next steps which the organisation is taking post-covid.

***NB.** This paper acknowledges that several Inquiry criticisms concern UK or Wales-level structural and constitutional matters rather than PHW action. PHW is not accountable for decisions made at this level, and is a body that supports, advises and embeds learning within its devolved remit.*

#### **Recommendation 1: Chief Medical Officer for Northern Ireland**

**This recommendation is out of scope for Wales. It relates specifically to Northern Ireland's governance and does not impact Welsh systems, though awareness of such measures helps contextualize differences in emergency preparedness across the UK.**

PHW has strengthened its internal governance through a comprehensive Emergency Response Plan, action cards aligned to National Occupational Standards, and a Pandemic Preparedness Task and Finish Group—collectively evidencing governance maturity and readiness to respond within Wales even if UK-level governance changes occur.

Going forward, PHW will continue refining and embedding Pandemic Response Arrangements, complete role-matching for critical positions, and enhance building security protocols to support resilient operations.

#### **Recommendation 2: Attendance of the devolved administrations at SAGE meetings**

**This recommendation is directly applicable in Wales and has high public health importance. Welsh representation at SAGE ensures scientific advice reflects local needs, enabling evidence-based decisions during emergencies and improving the relevance and effectiveness of interventions.**

While PHW as an organisation does not attend SAGE directly, it provides timely data and expert analysis and by strengthening partnership working across WG, NHS, local authorities, and the third sector, ensuring Welsh perspectives inform UK-level scientific advice; to improve the system interface.



PHW staff may also be asked to be members of SAGE or it's subgroup - however the manner in which SAGE is constituted means they would attend as individuals and not as PHW representatives

PHW will consider developing 'pre-approved' list of experts by subject and mechanism for when they are invited to contribute as members (i.e. representing themselves) to formally interface with the organisation. It will also continue to improve communications with partners; comprehensive comms strategy to support system coordination.

### **Recommendation 3: Register of experts**

**This recommendation is directly applicable in Wales and has high public health importance. A Welsh register of experts supports rapid mobilisation of specialist knowledge during emergencies, enhancing decision-making quality and safeguarding population health.**

PHW has a wealth of highly experienced staff with the requisite subject matter expertise to sit independently on scientific advisory groups, covering a broad range of potential civil emergencies.

As noted in recommendation two, PHW will consider developing 'pre-approved' list of experts by subject. PHW has also effectively built an internal capability register by training over 300 staff across strategic, tactical, and operational roles, aligning action cards to national standards, and capturing learning from more than 30 exercises via the Lessons Management System, strengthening rapid mobilisation of skilled personnel.

Next, PHW will look to undertake a system-wide skills audit and implement mandatory emergency planning training for new starters and key groups via ESR to sustain capability.

### **Recommendation 4: Publication of technical advice**

**This recommendation is directly applicable in Wales and has medium public health importance. Publishing technical advice promotes transparency and trust, fostering accountability and helping counter misinformation during crises.**

PHW's emphasis is on clear, timely advice for internal and system partners rather than public publication, and PHW has improved situational awareness and sharing of lessons through upgraded channels and recommended multi-agency SitReps to support decision-making and trust among partners.

PHW will consider developing a protocol to publish technical advice in a coordinated way with Welsh Government for the system. The approach must be cognisant of the need for transparency and the rationale behind decisions made.



### **Recommendation 5: Support to participants in advisory groups**

**This recommendation is directly applicable in Wales and has medium public health importance. Providing support to advisory group members ensures sustained engagement and high-quality input, which is essential for effective public health responses.**

PHW supports staff who contribute to advisory work through clear role/action cards, mobilisation training, and recognition of contributions—helping sustain expertise and morale during prolonged incidents.

To strengthen this further, PHW will explore formal recognition mechanisms including parity in pay for extended roles and introduce mandated, role-specific development.

Public Health Wales will work internally with colleagues across strategy, engagement, and research functions to review current activities relating to strategic partnerships and evaluate whether existing structures can be leveraged to identify appropriate external participants when required.

### **Recommendation 6: Implementing a socio-economic duty**

**Wales already has the Socio-economic Duty (SED).**

**The SED came into force in Wales on the 31 March 2021. Reinforcing its application ensures vulnerable populations are not disproportionately affected, supporting equity in health outcomes.**

It presents an opportunity for PHW to advocate for the use of the Socio-economic Duty (SED) in all strategic decision-making during a pandemic response, both within the organisation and across other public bodies.

The Duty places a legal responsibility on public bodies when they are taking strategic decisions to consider the inequalities of outcome experienced as a result of socio-economic disadvantage.

The Pandemic Preparedness group has an inequalities workstream that ties into the wider activity of PHW that the organisation to better take forward the spirit of this recommendation. It will maintain this equity focus into recovery by addressing flexibility gaps and ensuring support remains inclusive and accessible.

### **Recommendation 7: Placing child rights impact assessments on a statutory footing**

**Embedding child rights assessments strengthens protections for children during emergencies, aligning with public health principles of safeguarding and equity.**

PHW's multilingual guidance and improved awareness mechanisms promote family-friendly access and reduce harm through clearer information during crises.

PHW would support this recommendation for Wales and will ensure that children and young people are considered in the development of crisis



response materials but note that the communications element is only one aspect of the implications on children's rights.

**Recommendation 8: A framework for considering those at risk in an emergency**

**This recommendation is directly applicable in Wales and has high public health importance. Developing a framework to identify and support at-risk groups reduces health disparities and improves resilience during emergencies, and is already part of the EPRR planned activity.**

PHW's preparedness programme explicitly integrates risk-focused frameworks via Health Inequalities, Safe and Scalable Care, and Community Protection workstreams, embedding wider harm mitigation and targeted support for vulnerable groups.

PHW will continue to embed inclusivity and organisational flexibility and validate these arrangements through national and Wales-level exercises.

**Recommendation 9: Delegated powers in Northern Ireland in an emergency**

**This recommendation is out of scope for Wales. It concerns Northern Ireland's legislative framework and does not influence Welsh emergency planning.**

However, PHW has enhanced internal escalation/de-escalation criteria and leadership visibility, ensuring decisive action within its remit regardless of UK-level governance changes.

PHW will now finalise its Pandemic Response Arrangements and complete role matching to guarantee continuity of leadership.

**Recommendation 10: Civil emergency decision-making structures**

**This recommendation is directly applicable in Wales and has high public health importance. Clear governance structures enhance coordination and accountability, ensuring timely and effective public health interventions.**

PHW has matured its internal decision and command structures by strengthening the Emergency Response Plan, codifying action cards, establishing mobilisation procedures, and coordinating activity through the Pandemic Preparedness Task and Finish Group enabling rapid, coherent incident response.

The newly embedded EPPR arrangements have been in place for two years and have streamlined internal response processes, enabling greater exchange of situational awareness, increased efficiency in response and resilience.

PHW exercised these arrangements through Exercise PEGASUS and LRF build-up, improve internal/external communications, and reinforce emergency response spaces and building security.



### **Recommendation 11: Contingency arrangements for key individuals**

**This recommendation is directly applicable in Wales and has medium public health importance. Leadership continuity prevents governance gaps during emergencies, ensuring stability and timely action in managing crises.**

PHW ensures internal leadership continuity via defined emergency roles (e.g., Incident Directors and Tactical leads) and mobilisation procedures, thereby preventing operational gaps during crises while broader remit sits at UK/WG level.

PHW will progress role matching to skills and strengthen awareness of mobilisation procedures among line managers and team leads to ensure robust coverage.

### **Recommendation 12: Taskforces**

**This recommendation is directly applicable in Wales and has high public health importance. Taskforces improve coordination across sectors, enabling rapid and integrated responses that strengthen system resilience.**

PHW has established a Pandemic Preparedness Task and Finish Group led by the Deputy National Director for HPSS and supported by EPRR, providing structured cross-organisational coordination of plans, policies, and procedures.

PHW will continue embedding these arrangements and validate their effectiveness through national and Wales-level exercises.

### **Recommendation 13: Amendment of the Ministerial Code in Northern Ireland**

**This recommendation is out of scope for Wales. It relates to Northern Ireland's governance and does not affect Welsh emergency preparedness.**

Nonetheless, PHW has strengthened governance through decision logging and refined escalation criteria based on debriefed lessons, enhancing transparency and accountability.

PHW will keep building governance and communications transparency internally to reinforce good practice.

### **Recommendation 14: Plans for accessible communications**

**This recommendation is directly applicable in Wales and has high public health importance. Accessible communication ensures all communities receive clear guidance, building trust and compliance during emergencies.**

PHW plans and delivers accessible communications as part of its usual arrangements.

The PHW pandemic preparedness plan includes specific provision for timely, accurate, relevant and accessible communication, and will ensure materials are



provided in a range of languages, formats and channels to meet the needs of a range of communities.

PHW will include BSL translation of key materials as part of its crisis communications plans.

### **Recommendation 15: Scrutiny of emergency powers**

**Scrutiny mechanisms uphold transparency and accountability when emergency powers are exercised, maintaining public confidence, and important in terms of public health.**

PHW supports the oversight culture by maintaining transparent decisions, sharing SitReps with partners, and using the Lessons Management System; to deepen this support.

### **Recommendation 16: Review the applicability of the Civil Contingencies Act 2004**

**Whilst a UK-wide, this review influences Welsh emergency planning, and it will be essential to ensure the Act reflects devolved responsibilities and supports preparedness; the transfer of Civil Contingencies Act (CCA) 2004 functions in Wales occurred primarily through The Welsh Ministers (Transfer of Functions) Order 2018, which came into force on April 1, 2018.**

This order shifted key executive functions under Part 1 of the CCA from UK Ministers of the Crown to Welsh Ministers, aligning executive power with the legislative competence of the Senedd.

PHW aligns operationally with the requirements of the Act by refreshing emergency plans, refining escalation/de-escalation criteria, and updating protocol packs from governance reviews—ensuring readiness remains fit for purpose.

PHW will continue finalising plans and validating them through exercises to maintain compliance and effectiveness. PHW will also look to ensure that it is a key contributor to the review in 2026.

### **Recommendation 17: A central repository for restrictions and guidance**

**This recommendation is directly applicable in Wales and has medium public health importance. A single source for restrictions and guidance simplifies public understanding, reducing confusion and supporting compliance.**

While the portal itself is likely to be government-led, PHW has improved internal communications, introduced multi-agency SitReps, and strengthened digital capability (including soft-phone/remote working and surveillance), enabling rapid dissemination and coordinated response to support Welsh Government.

PHW also has an internal SharePoint site for EPRR where all relevant documents are held and appropriately accessible to staff.

Through the Four Nations collaboration structure overseen by Health Protection Oversight Group, a guidance subgroup has been set up. PHW will



advocate via this route as a formal structure for the four nations Public Health Agencies to work together to produce relevant guidance.

PHW will advance a new health protection digital system across the ecosystem to scale in emergencies and underpin consistent guidance.

### **Recommendation 18: Attendance at COBR meetings**

**This recommendation is directly applicable in Wales and has medium public health importance. Welsh participation in COBR meetings ensures devolved perspectives inform UK-level decisions, strengthening emergency response.**

PHW enables Welsh Government readiness by strengthening partnership working and supplying data and expertise so Welsh interests are represented in UK-level decision-making.

Participation for Wales must be recognised as a two-way process, both the input representing national interests and the output to inform Welsh action. PHW will raise and work with Welsh Government on both support and communication mechanisms as part of our wider EPRR activity. It will also look to improve the speed and efficiency of interactions with partners and expand participation in Local Resilience Forums and joint simulations.

### **Recommendation 19: Intergovernmental structure and relations**

**This recommendation is directly applicable in Wales and has medium public health importance. Strong intergovernmental collaboration underpins effective emergency management, reducing duplication and enabling unified action.**

PHW aligns operationally with intergovernmental structures, contributing to the Wales Health Protection Framework and coordinating cross-organisational work via the Task and Finish Group.

PHW will continue to share lessons, engage with LRF activities, and run exercises to keep strategies aligned across the system. It will also continue to lead and represent Wales' public health interests on 4 nation (4N) workstreams.

To view this information in a tabular format, please refer to Appendix 03.



### **3.3 PHW Prioritisation for Welsh Government Engagement**

**PHW has identified several priority Module 2 recommendations for PHW to promote with Welsh Government from a population health perspective in Wales:**

- **Recommendation 2 & 3: Attendance at SAGE and Register of Experts**  
**Why:** Wales needs strong representation in UK-level scientific advice to ensure decisions reflect Welsh context.
- **Recommendation 8: Framework for considering those at risk in an emergency**  
**Why:** Ensures vulnerable groups are identified and protected early, reducing health inequalities and harm during crises.
- **Recommendation 10: Civil emergency decision-making structures**  
**Why:** Clear governance and decision-making processes improve speed and coherence of response, reducing delays that cost lives.
- **Recommendation 12: Taskforces**  
**Why:** Dedicated taskforces enable integrated data, advice, and coordination—critical for timely interventions.
- **Recommendation 14: Plans for accessible communications**  
**Why:** Accessible, multilingual, and inclusive communication builds trust and compliance, reducing confusion and harm.
- **Recommendation 15: Scrutiny of emergency powers**  
**Why:** Transparency and accountability maintain public confidence and prevent misuse of powers.
- **Recommendation 17: Central repository for restrictions and guidance**  
**Why:** Simplifies public understanding of rules, reducing non-compliance and enforcement challenges.

The detail is also available as a more detailed summary in Appendix 04.

Public Health Wales is already engaging with Welsh Government on the implications of Module 2, ensuring early alignment on priority recommendations.

As with Module 1, Welsh Government intends to use its established emergency planning and health protection governance structures to coordinate a national response and determine how recommendations will be implemented.

PHW will position itself as an active system partner by providing expert public health intelligence, shaping national frameworks, and aligning its preparedness programme with government direction. This approach provides assurance that PHW is influencing and supporting a coherent, systemwide implementation of the Inquiry's learning.



Naturally, PHW will continue to support Welsh Government as required with regard to any of the recommendations to the extent of its remit.

## **Well-Being Of Future Generations (Wales) Act 2015**

Public Health Wales' response to the Module 2 report demonstrates strong alignment with the Well-Being of Future Generations (Wales) Act 2015 by embedding long-term resilience, prevention, and collaboration into emergency preparedness.

The approach prioritises early action, robust governance, and inclusive planning to mitigate future harms, reflecting the Act's principles of prevention and integration. By strengthening decision-making structures, improving communication accessibility, and addressing the needs of vulnerable groups, PHW promotes equality and community well-being.

Its commitment to continuous learning through exercises and lessons management supports a culture of improvement and sustainability, ensuring that emergency response arrangements contribute to a healthier, more resilient Wales for current and future generations.

## **4. Recommendations**

### **The Board is asked to:**

- **NOTE** this report and **CONSIDER** the summary the summary the UK Covid-19 Inquiry Modules 2, 2A, 2B, 2C: Core decision-making and political governance
- **RECEIVE ASSURANCE** in relation to Emergency Preparedness Resilience and Response activity in contributing to the delivery of the Module 2 recommendations as of December 2025.
- **Note** that the Business Executive Team approved the continued use of existing groups and governance structures to address identified EPRR-based recommendations to embed learning and facilitate a programme of change and improvement.



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## Appendices

### **Appendix 01: Modules 2, 2A, 2B, 2C Report Synopsis by Chapter**

#### **Volume I: Introduction and key events from January 2020 to May 2022**

##### **Chapter 1: The context for pandemic decision-making – key structures and concepts**

Explains the UK's devolved governance (reserved vs devolved powers), crisis structures (COBR, Covid-S/O, Taskforce), and scientific architecture (SAGE, SPI-M, NERVTAG). Introduces core epidemiology (R, incubation/infectious periods, routes of transmission, variants, immunity, Long Covid) and outlines strategic response options (mitigation, suppression, elimination).

##### **Chapter 2: The emergence of Covid-19 (January and February 2020)**

Chronicles early signals contested understanding of person-to-person and asymptomatic transmission, and the UK's slow pivot from "watchful" to urgent posture. Finds February 2020 was a "lost month": limited testing and surveillance masked spread; political attention lagged; devolved governments were overly reliant on the UK centre.

##### **Chapter 3: The first 12 days of March 2020**

Reconstructs the shift from "contain" to "delay," cessation of community testing, and initial self-isolation guidance. Notes the damaging influence of the (unfounded) notion of "behavioural fatigue" and the widening disconnect between scientific signals and policy pace.

##### **Chapter 4: Realisation and lockdown (13–23 March 2020)**

Documents the "watershed" of 13 Mar (rapid case growth, NHS capacity risk), the escalation of advisory measures (16–20 Mar), and the inevitability of mandatory lockdown on 23 Mar. Concludes lockdown should have been imposed at least a week earlier, potentially saving ~23,000 lives in England in the first wave.

##### **Chapter 5: Exit from lockdown (April–early July 2020)**

Finds no clear exit strategy at the start; details differing approaches: England's faster reopening (4 Jul) versus more cautious, phased easing in Scotland, Wales, NI. Warns England's pace heightened risk of resurgence and cross-border spillovers; notes inadequate planning for a second wave in all nations.

##### **Chapter 6: The second wave (mid-July–early December 2020)**

Assesses divergent local restriction strategies; criticises weak, late measures in England and Wales; describes chaotic decision-making in NI; credits Scotland's earlier, targeted actions with avoiding an autumn national lockdown. Highlights delayed recognition of Alpha's threat and the ill-judged Christmas relaxation plans.



## **Chapter 7: Further lockdowns (Dec 2020–Apr 2021)**

Covers winter surges, tier changes, and second England-wide lockdown (Nov and again winter). Emphasises opportunity cost of not using October circuit-breakers (England), the late Welsh firebreak, and NI's stop-start approach.

## **Chapter 8: Learning to live with Covid-19 (May 2021–May 2022)**

Details vaccine rollout milestones, Delta-driven delays to unlocking plans, and Omicron's high transmissibility (and sheer case volume) despite lower severity. Commends data-led, adjustable roadmaps; cautions that if Omicron had been more severe or vaccines less effective, consequences would have been disastrous.

## **Volume II: Key themes, lessons and recommendations (HC 1436-II)**

### **Chapter 9: Scientific and technical advice**

Evaluates how science fed into decisions. Praises SAGE's sustained, high-quality work under extreme pressure but flags weaknesses: ad-hoc recruitment (limited diversity), unclear early access for devolved administrations, inconsistent commissioning (over-granular or vague asks), and occasional siloing across sub-groups (SPI-M, SPI-B, EMG, NERVTAG).

Recommends: stable reporting lines; earlier DA representation; registers of experts; clearer triage of commissions; routine communication of confidence/uncertainty. Notes public health bodies' constrained capacity (e.g., PHE vs later UKHSA), and the need to strengthen devolved science advisory clarity (e.g., Wales' CSA vs CSA(Health), NI's CMO independence).

- **Economic advice** (*within Chapter 9*)

Finds economic modelling and social impact analysis were comparatively weak and opaque, limiting the balancing of harms and contributing to the misleading public impression that decisions simply "followed the science." Calls for transparency and parity with scientific advice processes.

- **Support for advisers** (*within Chapter 9*)

Notes heavy workloads, pastoral strain, and the need for resourcing, protection from abuse, and better secretariat support to sustain advisory function over prolonged crises.



## **Chapter 10: Vulnerabilities and inequalities**

Shows unequal impacts: higher mortality among older, disabled, several ethnic minority groups, and those in overcrowded or low-paid work; severe indirect harms for children (education, wellbeing).

Concludes planning did not sufficiently anticipate differential harms; impact assessments were often retrospective. Recommends embedding socio-economic duty (England/NI), child-rights impact assessments, and upfront identification/mitigation for at-risk groups.

## **Chapter 11: Government decision-making**

Critiques COBR's suitability for prolonged emergencies and the sidelining of the UK Cabinet early on; notes later improvements via Covid-S/O and the Taskforce, but exposes gaps (e.g., arrangements when PM hospitalised). Contrasts cultures and structures: Scotland's concentrated leadership (Gold Command); Wales' consensus-driven Cabinet; NI's power-sharing fragmentation and departmental silos.

Condemns toxic culture at the UK centre and rule-breaking episodes that undermined public trust. Calls for clarified emergency decision frameworks and better whole-of-government coordination—especially in NI.

## **Chapter 12: Public health communications**

Assesses national campaigns ("Stay Home," "Stay Alert," "Hands, Face, Space") and daily press conferences. Finds simplicity aided initial compliance but obscured nuance and, at times, discouraged care-seeking; complexity later outstripped public understanding (local rules, four-nation divergence).

Highlights early accessibility failures (e.g., BSL, alternative formats). Recommends clearer alignment between messaging and law, and proactive accessibility planning.

## **Chapter 13: Legislation and enforcement**

Analyses legal frameworks: reliance on public health laws and bespoke Coronavirus Act over Civil Contingencies Act led to fragmented outputs and reduced scrutiny.

Notes extensive use of secondary legislation and "made affirmative" procedures beyond the earliest phase; enforcement inconsistencies and confusion between guidance and law; disproportionate penalties and practical enforcement limits (e.g., NI events).

Recommends stronger safeguards (sunset clauses, reporting), clearer central repository of rules, and revisiting the role of the Civil Contingencies Act.



## Chapter 14: Intergovernmental working

Finds trust deficits and structural gaps: COBR involvement without genuine co-decision; later Gove-chaired meetings improved tone but lacked PM presence for decisive outcomes.

Urges institutionalised emergency structures across the four nations led collectively by the PM and First Ministers/deputy First Ministers—capable of handling necessary divergence while minimising public confusion.

## Chapter 15: Key lessons for future emergencies

Synthesises ten lessons across five themes:

- **Plan for multiple scenarios** (short and long term in parallel).
- **Adopt unambiguous strategy** (clear objectives and frameworks).
- **Act early and decisively** (accept imperfect evidence; delay is a decision).
- **Work constructively** (within/ across governments; depoliticise crisis decisions).
- **Prioritise data** (know what you'll need, how to collect, and limitations; combine quantitative with front-line insight).

Applies these to preparedness reforms from Module 1 and to practical decision-making in future pandemics.



## **Appendix 02: Modules 2, 2A, 2B, 2C Report Recommendations**

### **Recommendation 1: Chief Medical Officer for Northern Ireland**

The Department of Health (Northern Ireland) should reconstitute the role of the Chief Medical Officer for Northern Ireland as an independent advisory role.

The Chief Medical Officer for Northern Ireland should not have managerial responsibilities within the Department of Health (Northern Ireland).

### **Recommendation 2: Attendance of the devolved administrations at SAGE meetings**

The Government Office for Science (GO-Science) should invite the governments of Scotland, Wales and Northern Ireland to nominate a small number of representatives to attend meetings of the Scientific Advisory Group for Emergencies (SAGE) from the outset of any future emergency.

The status of those representatives as either 'participant' or 'observer' should depend upon their expertise and should be a matter for SAGE to determine.

### **Recommendation 3: Register of experts**

The Government Office for Science (GO-Science) should develop and maintain a register of experts across the four nations of the UK who would be willing to participate in scientific advisory groups, covering a broad range of potential civil emergencies.

The register should be regularly refreshed through open calls for applications.

### **Recommendation 4: Publication of technical advice**

During a whole-system civil emergency, the UK government and devolved administrations should each routinely publish technical advice on scientific, economic and social matters at the earliest opportunity, as well as the minutes of expert advisory groups – except where there are good reasons that prevent publication, such as commercial confidentiality, personal safety or national security, or because legal advice privilege applies.

### **Recommendation 5: Support to participants in advisory groups**

The Government Office for Science (GO-Science), the Scottish Government, the Welsh Government and the Department of Health (Northern Ireland) should each develop standard terms of appointment for all participants in scientific advisory groups. These terms should include:

- Clarity around the nature of an individual's role and the extent of their responsibility, as well as the likely time commitment;
- Payment where their time commitment means that they have to spend time away from their substantive role;
- Access to support services; and
- Access to advice on personal and online security, with procedures for escalating specific concerns.



### **Recommendation 6: Implementing a socio-economic duty**

The UK government should bring into force in England section 1 of the Equality Act 2010, implementing the socio-economic duty. The Northern Ireland Assembly and Northern Ireland Executive should consider an equivalent provision within section 75 of the Northern Ireland Act 1998.

### **Recommendation 7: Placing child rights impact assessments on a statutory footing**

The UK government should introduce legislation to place child rights impact assessments on a statutory footing in England. The Northern Ireland Executive should consider an equivalent provision.

### **Recommendation 8: A framework for considering those at risk in an emergency**

The UK government, Scottish Government, Welsh Government and Northern Ireland Executive should each agree a framework that identifies people who would be most at risk of becoming infected by and dying from a disease and those who are most likely to be negatively impacted by any steps taken to respond to a future pandemic.

The framework should set out the specific steps that could be taken to mitigate the risks to these people. Equality impact assessments should form part of this framework. Where they cannot be undertaken in a national crisis, they should be reinstated as soon as possible.

Each government should agree and publish in its response to this Report how it will ensure that this framework is embedded into emergency decision-making and who will be responsible for ensuring these issues remain under consideration throughout a national crisis.

### **Recommendation 9: Delegated powers in Northern Ireland in an emergency**

The Northern Ireland Executive and UK government (in consultation with the Irish government where necessary) should review the structures and delegated powers of government in Northern Ireland to consider:

- The empowerment of the First Minister and deputy First Minister jointly to direct the work of other ministers and departments during an emergency;
- The empowerment of the Head of the Northern Ireland Civil Service in relation to the allocation of civil servants to departments or to civil contingency structures during an emergency; and
- How decisions that would usually be subject to ministerial approval would be taken should an emergency occur during the suspension of power-sharing arrangements.



### **Recommendation 10: Civil emergency decision-making structures**

The UK government and devolved administrations should set out in future pandemic preparedness strategies (*See the Inquiry's Module 1 Report, Recommendation 4*) how decision-making will work in a future pandemic.

This should include provision for COBR to be used as the initial response structure and set out how the UK government and devolved administrations will transition from managing a pandemic through COBR to managing it through separate arrangements in each nation when it becomes clear that the emergency will be longer-term.

It should include provision for longer-term decision-making structures in the UK government which consist of:

- A strategy group to set the overall approach to each stage of the pandemic and take decisions on major interventions (e.g. entering and exiting lockdown); and
- An operational group to take decisions on the implementation of the agreed strategy throughout the pandemic.

The design of these structures should include an outline of decision-making procedures for each group. The strategy should make express provision for the involvement of the UK Cabinet in the decision-making of the strategy and operational groups.

It should also provide that longer-term decision-making should be conducted primarily by the UK, Scottish and Welsh Cabinets and the Northern Ireland Executive. Decision-making groups in each nation should include a minister with responsibility for representing the interests of vulnerable groups.

In the UK government, the Minister for Women and Equalities may be the most appropriate minister in this regard.

### **Recommendation 11: Contingency arrangements for key individuals**

The UK government and devolved administrations should each establish formal arrangements for covering the roles of Prime Minister and First Minister (and in Northern Ireland, deputy First Minister) as applicable during a whole-system civil emergency, should the incumbent be unable to undertake their duties for any reason.

### **Recommendation 12: Taskforces**

The response to a future whole-system civil emergency should be coordinated via central taskforces in each of the UK, Scotland, Wales and Northern Ireland, with responsibility for the commissioning and synthesis of advice, coordination of a single data picture and facilitation of decision-making processes.

In preparation, the UK government and devolved administrations should each design the operating procedures for these taskforces, including, but not limited to, identifying the key roles needed to run the taskforces and how those roles would be appointed.



The UK government should also identify the role of its taskforce in supporting decision-making procedures within the strategy and operational decision-making structures. These arrangements should be incorporated into future pandemic preparedness strategies

*(See the Inquiry's Module 1 Report, Recommendation 4).*

### **Recommendation 13: Amendment of the Ministerial Code in Northern Ireland**

The Executive Office should amend the Ministerial Code to impose a duty of confidentiality on ministers that prohibits the disclosure of the individual views of ministers expressed during meetings of the Northern Ireland Executive Committee.

### **Recommendation 14: Plans for accessible communications**

The UK government and devolved administrations should each develop action plans for how government communications will be made more accessible during a pandemic. As a minimum, these should include making provision for the translation of government press conferences into British Sign Language (and Irish Sign Language in Northern Ireland) and the translation of key announcements into the most frequently spoken languages in the UK.

### **Recommendation 15: Scrutiny of emergency powers**

The UK government and devolved administrations should ensure that the draft affirmative procedure is the standard process for enacting substantial and wide-ranging powers in a civil emergency, such as a pandemic, under primary public health legislation.

Any departure from this procedure should be the exception, with clear criteria and safeguards in place to prevent the bypassing of parliamentary scrutiny. These safeguards should include:

- 'Sunset clauses' for regulations made using the made affirmative procedure, specifying a clear expiration date, typically within two months; and
- A duty on ministers to report to their respective legislatures every two months on the exercise of emergency powers.

### **Recommendation 16: Review the applicability of the Civil Contingencies Act 2004 for future civil emergencies**

The UK government should undertake a review of the Civil Contingencies Act 2004 to assess its potential role in managing future civil emergencies, including pandemics, and whether it could be employed as an interim emergency framework until more specific legislation with appropriate parliamentary safeguards is passed.

The review should:

- Examine the conditions under which the Civil Contingencies Act 2004 may be invoked in a public health emergency.
- Consider any adjustments to the Act's safeguards, such as the triple lock test or time limits, that would make it more adaptable to pandemics; and



- Produce clear guidance on the Act's application for use in civil emergencies, including pandemics, to support its use as an emergency measure in advance of specific legislation – such as a dedicated pandemic bill – being passed.

### **Recommendation 17: A central repository for restrictions and guidance**

The UK government, Scottish Government, Welsh Government and Northern Ireland Executive should develop an online portal for use in future civil emergencies, where members of the public can access information on the legal restrictions that apply in their area and any associated guidance.

This portal should be easily accessible, and its content should be written in straightforward and unambiguous language.

### **Recommendation 18: Attendance at meetings of COBR by representatives of the devolved administrations**

The UK government should invite the devolved administrations, as a matter of standard practice, to nominate relevant ministers and officials to attend COBR meetings in the event of relevant whole-system civil emergencies that have the potential to have UK-wide effects.

### **Recommendation 19: Intergovernmental structure and relations**

While intergovernmental relations should be facilitated through COBR in the initial months of any future pandemic, the UK government and devolved administrations should ensure that a specific four-nations structure, concerning pandemic response, is stood up at the same time as the transition away from COBR to nation-specific decision-making structures.

This should meet regularly during a pandemic and be attended by all heads of government. Arrangements for these four-nations meetings should be incorporated into future pandemic preparedness strategies

*(See the Inquiry's Module 1 Report, Recommendation 4).*



## Module 1 Report: Recommendation 4

### Recommendation 4: A UK-wide whole-system civil emergency strategy

UK government and devolved administrations should together introduce a UK-wide whole-system civil emergency strategy (which includes pandemics) to prevent each emergency and also to reduce, control and mitigate its effects.

As a minimum, the strategy should:

- Be adaptable.
- Include sections dedicated to each potential whole-system civil emergency – for example, one on pandemics with a clear explanation of the roles and responsibilities of the UK government, devolved administrations and their departments/directorates as well as local responders.
- Consider a wide range of potential scenarios for each type of emergency.
- Identify the key issues and set out a range of potential responses.
- Identify how the strategy is to be applied to ensure that any potential responses are proportionate to the particular circumstances of the emergency.
- Include an assessment in the short, medium and long term, based on published modelling, of the potential health, social and economic impacts of the emergency and of potential responses to the emergency on the population and, in particular, on vulnerable people; and
- Include an assessment of the infrastructure, technology and skills the UK needs to respond effectively to the emergency and how those needs might change for different scenarios.

The strategy should be subject to a substantive reassessment at least every three years to ensure that it is up to date and effective, incorporating lessons learned between reassessments.

### Appendix 03: PHW position in relation to the Module 2, 2A, 2B, 2C Report Recommendations

#	Recommendation	Applicability in Wales	Public Health Importance	Rationale	PHW: (Done since Mar 2022)	PHW: (Still plan to do)
1	<b>Chief Medical Officer for Northern Ireland</b>	<b>Out of Scope</b>	None	NI-specific	PHW has strengthened internal governance (Emergency Response Plan; action cards aligned to National Occupational Standards; Pandemic Preparedness Task & Finish Group). While not related to NI CMO, it demonstrates governance maturity in PHW.	Continue refining and embedding Pandemic Response Arrangements; role-matching and building security protocols.
2	<b>Attendance of the devolved administrations at SAGE meetings</b>	<b>Direct</b>	<b>High</b>	Ensures Welsh representation in UK scientific advice	Partnership working strengthened across WG/NHS/LAs/third sector— PHW supports system leaders with data and expertise, enabling WG representation.	Consider developing ‘pre-approved’ list of experts by subject and mechanism for when they are invited to contribute as members (i.e. representing themselves) to formally interface with the organisation. It will also continue to improve communications with partners; comprehensive comms strategy to support system coordination.

#	Recommendation	Applicability in Wales	Public Health Importance	Rationale	PHW: (Done since Mar 2022)	PHW: (Still plan to do)
3	<b>Register of experts</b>	<b>Direct</b>	<b>High</b>	Supports expert mobilisation for Wales	PHW has a wealth of highly experienced staff with the requisite subject matter expertise to sit independently on scientific advisory groups, covering a broad range of potential civil emergencies. >300 staff trained across strategic/tactical/operational roles; action cards aligned to standards; participation in 30 exercises; feedback captured via Lessons Management System—an internal “capability register” in effect.	System-wide skills audit being developed; mandatory emergency planning training for new starters and key groups via ESR.
4	<b>Publication of technical advice</b>	<b>Direct</b>	<b>Medium</b>	Improves transparency and trust	Improved internal channels and situational awareness; multi-agency SitRep updates recommended; lessons captured and shared internally via Lessons Management System.	PHW will consider developing a protocol to publish technical advice in a coordinated way with Welsh Government for the system. The approach must be cognisant of the need for transparency and the rationale behind decisions made.

#	Recommendation	Applicability in Wales	Public Health Importance	Rationale	PHW: (Done since Mar 2022)	PHW: (Still plan to do)
5	<b>Support to participants in advisory groups</b>	<b>Direct</b>	Medium	Supports advisory group participants	Action cards define roles/responsibilities; training and awareness for mobilisation and line managers; recognition of staff contributions.	Explore formal recognition and parity in pay for staff stepping beyond usual roles; mandated training; role-specific development.
6	<b>Implementing a socio-economic duty</b>	<b>Indirect</b>	Low	Wales already has socio-economic duty	<p>Opportunity for PHW to advocate for the use of the Socio-economic Duty (SED) in all strategic decision-making during a pandemic response, both within the organisation and across other public bodies.</p> <p>The SED came into force in Wales on the 31 March 2021. PHW has an inequalities workstream then enables the organisation to better take forward the spirit of this recommendation.</p>	Maintain equity focus in recovery (address flexibility gaps; ensure support is inclusive).

#	Recommendation	Applicability in Wales	Public Health Importance	Rationale	PHW: (Done since Mar 2022)	PHW: (Still plan to do)
7	<b>Placing child rights impact assessments on a statutory footing</b>	<b>Indirect</b>	Low	Strengthens child rights considerations	PHW's multilingual guidance and improved awareness mechanisms promote family friendly access and reduce harm through clearer information during crises.	PHW would support this recommendation for Wales and will ensure that children and young people are considered in the development of crisis response materials but note that the communications element is only one aspect of the implications on children's rights.
8	<b>A framework for considering those at risk in an emergency</b>	<b>Direct</b>	High	Protects vulnerable groups and reduces inequalities	Workstreams on Health Inequalities, Safe & Scalable Care, Community Protection explicitly integrate wider harms and mitigation in preparedness.	Continue organisational culture/values work; embed inclusivity and flexibility; participate in national/Wales exercises to validate arrangements.
9	<b>Delegated powers in Northern Ireland in an emergency</b>	<b>Out of Scope</b>	None	NI-specific	N/A to PHW governance; PHW has strengthened internal escalation/de-escalation criteria and leadership visibility.	Finalise Pandemic Response Arrangements and role matching for continuity.

#	Recommendation	Applicability in Wales	Public Health Importance	Rationale	PHW: (Done since Mar 2022)	PHW: (Still plan to do)
10	<b>Civil emergency decision-making structures</b>	<b>Direct</b>	High	Clarifies governance and decision-making	Emergency Response Plan strengthened; action cards; mobilisation procedure; Pandemic Preparedness Task & Finish Group coordinating arrangements. The newly embedded EPPR arrangements have been in place for two years and have streamlined internal response processes, enabling greater exchange of situational awareness, increased efficiency in response and resilience.	Exercised arrangements via Exercise PEGASUS/LRF build-up; improve internal/external comms; reinforce physical infrastructure (CQ2 emergency response space, building security protocols).
11	<b>Contingency arrangements for key individuals</b>	<b>Direct</b>	Medium	Ensures leadership continuity	PHW has continuity via defined emergency roles (Incident Directors/Tactical roles) and mobilisation procedures.	Role matching to skills; awareness of mobilisation procedure among line managers/team leads to ensure coverage.
12	<b>Taskforces</b>	<b>Direct</b>	High	Improves coordination and decision-making	Pandemic Preparedness Task & Finish Group established, led by Deputy National Director HPSS, supported by EPPR—cross-organisational coordination for plans/policies/procedures.	Continue embedding arrangements and validating them via national/Wales exercises.

#	Recommendation	Applicability in Wales	Public Health Importance	Rationale	PHW: (Done since Mar 2022)	PHW: (Still plan to do)
13	<b>Amendment of the Ministerial Code in Northern Ireland</b>	<b>Out of Scope</b>	None	NI-specific	N/A; PHW improved governance practice (decision logging, escalation criteria) from debriefs.	Keep strengthening governance/communications transparency internally.
14	<b>Plans for accessible communications</b>	<b>Direct</b>	High	Accessible communication builds trust	PHW plans and delivers accessible communications as part of its usual arrangements. The PHW pandemic preparedness plan includes specific provision for timely, accurate, relevant and accessible communication, and will ensure materials are provided in a range of languages, formats and channels to meet the needs of a range of communities.	PHW will include BSL translation of key materials as part of its crisis communications plans.
15	<b>Scrutiny of emergency powers</b>	<b>Direct</b>	Medium	Supports transparency and accountability	Not within PHW. PHW contributes by maintaining transparent decisions and SitReps with partners; Lessons Management System supports oversight culture.	Strengthen comms transparency and turnaround with partners; embed learning through exercises.

#	Recommendation	Applicability in Wales	Public Health Importance	Rationale	PHW: (Done since Mar 2022)	PHW: (Still plan to do)
16	<b>Review the applicability of the Civil Contingencies Act 2004 for future civil emergencies</b>	<b>Indirect</b>	Low	UK-level review impacts Wales indirectly	N/A to PHW policy remit; PHW has refreshed emergency plans and escalation/de-escalation criteria; protocol packs updated from governance reviews.	Continue plan finalisation and validation via exercises. . Ensure PHW is key contributor to the review in 2026.
17	<b>A central repository for restrictions and guidance</b>	<b>Direct</b>	Medium	Simplifies public understanding of rules	Internal upgrades to comms; multi-agency SitReps; data/digital workstream; soft-phone/remote capabilities; surveillance improvements.	WG funding for a new health protection digital system across the ecosystem—capable of scaling for emergencies to enable coordinated response.
18	<b>Attendance at meetings of COBR by representatives of the devolved administrations</b>	<b>Direct</b>	Medium	Ensures Welsh voice in UK emergency meetings	Strengthened partnership working with WG/NHS/LAs/third sector; PHW provides data and expertise that feed into WG participation.	Improve speed/efficiency of interactions with partners; participation in Local Resilience Forums and joint simulations.
19	<b>Intergovernmental structure and relations</b>	<b>Direct</b>	Medium	Improves intergovernmental collaboration	PHW partnership work and contribution to Wales Health Protection Framework; cross-organisational coordination via Task & Finish Group.	Continue lessons sharing, LRF participation, exercises to align strategies. Continue to lead and represent Wales on 4N workstreams

## Appendix 04: Applicability and Public Health Relevancy Summary

### Applicability to Wales

- **Directly relevant to Wales:** 2, 3, 4, 5, 8, 10, 11, 12, 14, 15, 17, 18, 19
- **Indirectly relevant: 6, 7, 16** (Wales already has socio-economic duty; child rights impact assessments could be strengthened; Civil Contingencies Act review affects Wales indirectly)
- **Not relevant (NI-specific):** 1, 9, 13

### Recommendations PHW should advise Welsh Government are relevant and a priority

From a public health perspective, the following should be flagged as priority for Wales:

- **Recommendation 2 & 3: Attendance at SAGE and Register of Experts**  
**Why:** Wales needs strong representation in UK-level scientific advice to ensure decisions reflect Welsh context.
- **Recommendation 8: Framework for considering those at risk in an emergency**  
**Why:** Ensures vulnerable groups are identified and protected early, reducing health inequalities and harm during crises.
- **Recommendation 10: Civil emergency decision-making structures**  
**Why:** Clear governance and decision-making processes improve speed and coherence of response, reducing delays that cost lives.
- **Recommendation 12: Taskforces**  
**Why:** Dedicated taskforces enable integrated data, advice, and coordination—critical for timely interventions.
- **Recommendation 14: Plans for accessible communications**  
**Why:** Accessible, multilingual, and inclusive communication builds trust and compliance, reducing confusion and harm.
- **Recommendation 15: Scrutiny of emergency powers**  
**Why:** Transparency and accountability maintain public confidence and prevent misuse of powers.
- **Recommendation 17: Central repository for restrictions and guidance**  
**Why:** Simplifies public understanding of rules, reducing non-compliance and enforcement challenges.

### Brief Rationale

- These priorities align with PHW's statutory role in health protection, emergency preparedness, and reducing inequalities.
- They address critical gaps identified during COVID-19: governance clarity, timely interventions, communication failures, and disproportionate impacts on vulnerable groups.
- They support compliance with Well-being of Future Generations Act and Civil Contingencies Act obligations.