

Adroddiad Modiwl 1

Ymchwiliad Covid-19 y DU

Ymatebion i'r ymgynghoriad

Ionawr 2025

Welsh Parliament

Wales Covid-19 Inquiry Special Purpose Committee

UK Covid-19 Inquiry Module 1

Report

Consultation responses

January 2025



Cynnws | Contents

* Saesneg yn unig | English only

Rhif Number	Sefylliad	Organisation
CIM1R01*	Unigolyn	Individual
CIM1R02*	Unigolyn	Individual
CIM1R03	Bwrdd Iechyd Prifysgol Betsi Cadwaldr	Betsi Cadwaldr University Health Board
CIM1R04	Iechyd a Gofal Digidol Cymru	Digital Health and Care Wales
CIM1R05*	Cyngor Cymued De Maelor	Maelor South Community Council
CIM1R06*	Cyngor Dinas Casnewydd	Newport City Council
CIM1R07*	Iechyd Cyhoeddus Cymru	Public Health Wales
CIM1R08*	Conffederasiwn GIG Cymru	Welsh NHS Confederation
CIM1R09*	Covid Committee Observation Group	Grŵp Arsylwi'r Pwyllgor Covid
CIM1R10*	Cwm Taf Morgannwg University Health Board	Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg
CIM1R11*	Welsh Ambulance Service University NHS Trust	Ymddiriedolaeth GIG Prifysgol Gwasanaeth Ambiwlans Cymru

CIM1R01 Ceri Higgins

Senedd Cymru | Welsh Parliament

[Pwyllgor Diben Arbennig Ymchwiliad COVID-19 Cymru](#) | [Wales COVID-19 Inquiry Special Purpose Committee](#)

[Adroddiad Modiwl 1 Ymchwiliad Covid-19 y DU](#) | [UK-Covid Inquiry Module 1 Report](#)

Ymateb gan Ceri Higgins | Evidence from Ceri Higgins

1. Do the recommendations in the Module 1 report capture the priority actions needed to improve the resilience and preparedness of Wales as part of the UK.

No

2. Is there sufficient detail in the recommendations?

No

3. Are there any clear gaps requiring the Committee to take further evidence itself?

Yes

Please outline your reasons for your answer to this question.

(We would be grateful if you could keep your answer to around 500 words, however should it be required, an additional answer box of 500 words is available).

Hearing more evidence from welsh lived experience and experts in Wales.

4. Your views on the resources that will be needed in order to deliver the recommendations, within the timeframes set out in the report.

(We would be grateful if you could keep your answer to around 500 words, however should it be required, an additional answer box of 500 words is available).

We need an independent wales inquiry. The uk inquiry has not covered wales sufficiently.

5. Your views on how progress should be monitored and reported. The need for transparency and clear lines of accountability for delivery of the recommendations.

(We would be grateful if you could keep your answer to around 500 words, however should it be required, an additional answer box of 500 words is available).

A simple committee is not acceptable. We need a national group including lived experience and a real inquiry in wales.

6. Do you have any other points you wish to raise within the scope of this inquiry?

(We would be grateful if you could keep your answer to around 500 words, however should it be required, an additional answer box of 500 words is available).

I lost 3 family and 21 friends and the uk inquiry has not focused on wales sufficiently. We need a wales inquiry.

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[Adroddiad Modiwl 1 Ymchwiliad Covid-19 y DU](#) | [UK-Covid Inquiry Module 1 Report](#)

Ymateb gan Tom MacLean | Evidence from Tom MacLean

1. Do the recommendations in the Module 1 report capture the priority actions needed to improve the resilience and preparedness of Wales as part of the UK.

Partly

2. Is there sufficient detail in the recommendations?

Partly

3. Are there any clear gaps requiring the Committee to take further evidence itself?

Yes

Please outline your reasons for your answer to this question.

(We would be grateful if you could keep your answer to around 500 words, however should it be required, an additional answer box of 500 words is available).

I believe that the lived experiences so many of us have are the most vital and informative and human testimonies and MUST be heard and reflected.

I do not believe that this process will unpack the human consequences we are living with.

4. Your views on the resources that will be needed in order to deliver the recommendations, within the timeframes set out in the report.

(We would be grateful if you could keep your answer to around 500 words, however should it be required, an additional answer box of 500 words is available).

Listening.Above all LISTENNING to the testimonies of those impacted.

5. Your views on how progress should be monitored and reported. The need for transparency and clear lines of accountability for delivery of the recommendations.

(We would be grateful if you could keep your answer to around 500 words, however should it be required, an additional answer box of 500 words is available).

Open public transparency is essential in my view. No behind closed doors private sessions.This process MUST be in the public domain.

6. Do you have any other points you wish to raise within the scope of this inquiry?

(We would be grateful if you could keep your answer to around 500 words, however should it be required, an additional answer box of 500 words is available).

The total and utter failure of the NHS here in North Wales to take seriously my late mother's illness. The failure to diagnose her bladder cancer early.The appauling way she was treated. Due to delayed diagnosis she was given a terminal outcome and all in the midst of the pandemic.The suffering she endured including a THREE HOUR WAIT for an ambulance 2 days before she died. She was screaming in pain and the ambulance call handler heard her cries yet THREE HOUR WAIT ENSUED.

The complaints procedures are just not fit for purpose.It is appauling and I can never ever forget how my Mum was treated.

When she was finally rushed into hospital passing clots of blood pre diagnosis she was discharged the next day with a catheter. She could not get upstairs to

the toilet. She was sent home with no plan, no support and no code and she started hallucinating due to lack of sodium. The ambulance staff who took her back to hospital rates it a failed discharge. It was all in the midst of Covid. Haunts me every day since.

CIM1R03 Bwrdd Iechyd Prifysgol Betsi Cadwaladr

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Adroddiad Modiwl 1 Ymchwiliad Covid-19 y DU | UK Covid-19 Inquiry Module 1
Report

Ymateb gan: Bwrdd Iechyd Prifysgol Betsi Cadwaladr | Evidence from: Betsi
Cadwaladr University Health Board



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Bloc 5, Cwrt Carlton, Parc Busnes Llanellwy,
Llanellwy, LL17 0JG

Block 5, Carlton Court, St Asaph Business
Park, St Asaph, LL17 0JG

Cyd-gadeiryddion - Joyce Watson AS a
Tom Giddord AS,
Pwyllgor Diben Arbennig Ymchwiliad COVID-
19 Cymru,
Senedd Cymru,
Bae Caerdydd,
Caerdydd,
CF99 1SN

Ein cyf / Our ref: CS/JW/TG(CE24/1168)

Ffôn: [REDACTED]

Gofynnwch am / Ask for: [REDACTED]

E-bost / Email: [REDACTED]

Dyddiad / Date: 13 Rhagfyr 2024

Trwy e-bost – seneddCovid@Senedd.wales

Annwyl Gyd-gadeiryddion,

**Parthed: Ymgynghoriad Cyhoeddus: Ystyried Modiwl 1 Ymchwiliad Covid-19 y DU
- Gwytnwch a Pharodrzydd y Deyrnas Unedig**

Diolch am y cyfle i ymateb i'r llythyr ymgynghori gan Joyce Watson AS a Tom Gifford AS, Cyd-gadeiryddion Pwyllgor Diben Arbennig Ymchwiliad COVID-19 Cymru, i hysbysu craffu ar ei ystyriaeth o Adroddiad Modiwl 1 Ymchwiliad Covid-19 y DU.

Ers cryn amser nawr, mae'r Arweinydd ar Barodrzydd, Gwytnwch ac Ymateb Brys y Bwrdd Iechyd (EPRR) wedi bod mewn trafodaethau gydag Arweinwyr Byrddau Iechyd (EPRR) eraill mewn perthynas â'r argymhellion o Fodiwl 1 Ymchwiliad Covid-19 y DU. Mae consensws ar draws y Byrddau Iechyd yng Nghymru ynghylch y camau blaenoriaeth sydd eu hangen i wella gwytnwch a pharodrzydd Cymru fel rhan o'r DU, a'r adnoddau sydd eu hangen er mwyn cyflwyno'r argymhellion o fewn amserlenni'r adroddiad. Mae gan hynny yn debygol iawn y byddwch yn derbyn ymatebion tebyg gan Fyrdau Iechyd eraill ar draws Cymru.

Rydym yn darparu ymateb i'r tri chwestiwn a ofynnwyd gan y Pwyllgor Diben Arbennig isod:

C1 P'un a yw'r argymhellion yn adroddiad Modiwl 1 yn nodi'r camau blaenoriaeth sydd eu hangen i wella gwytnwch a pharodrzydd Cymru fel rhan o'r DU. A oes digon o fanylion ac a oes unrhyw fylchau clir sy'n ei gwneud yn ofynnol i'r Pwyllgor gymryd rhagor o dystiolaeth ei hun.

Yn gyffredinol, cefnogir argymhellion adroddiad Modiwl 1 C-19.

Bydd symleiddio radical o systemau EPRR (Argymhelliad 1) yn gwella ymatebolrwydd ac effeithlonrwydd, bydd gwneud penderfyniadau o bosibl yn fwy effeithlon gyda defnydd mwy cyflym o adnoddau a ddylai arwain at lai o ddryswch ac oedi gan arwain at system fwy ystywyth llai cymhleth.

Cyfeiriad Gohebiaeth ar gyfer y Cadeirydd a'r Prif Weithredwr / Correspondence address for Chairman and Chief Executive:
Swyddfa'r Gweithredwyr / Executives' Office
Ysbyty Gwynedd, Penrhosgarnedd
Bangor, Gwynedd LL57 2PW

Gwefan: www.pbc.cymru.nhs.uk / **Web:** www.bcu.wales.nhs.uk

Mae Swyddfa'r Prif Weithredwr yn croesawu gohebiaeth yn Gymraeg a bydd yn sicrhau y darperir ymateb yn Gymraeg heb oedi.
The Chief Executive's Office welcomes correspondence through the medium of Welsh and will ensure that a response is provided in Welsh without incurring a delay

Bydd yr ymagwedd newydd i Asesiad Risg (Argymhelliad 2) yn caniatáu am well dealltwriaeth a pharatoad ar gyfer sawl math o argyfyngau, y tu hwnt i bandemigau. Mae hyn yn cynorthwyo ystod eangach o fygythiadau ac yn caniatáu ar gyfer adnabod gwendidau yn y system ar gyfer risgiau hysbys a rhai nas rhagwelwyd.

Dylai dull mwy cydlynol ac integredig o ddatblygu strategaeth (Argymhelliad 3) sicrhau bod gwersi a ddysgwyd o ddigwyddiadau'r gorffennol yn cael eu hymgorffori wrth gynllunio yn y dyfodol, gan fynd i'r afael ag anghydraddoldebau a gwendidau – mae angen i ni ddeall sut mae argyfyngau yn effeithio ar wahanol gymunedau a chynllunio yn unol â hynny.

Heb os, mae angen gwella systemau ar gyfer casglu a rhannu data (Argymhelliad 4). Y nod ddylai fod casglu a lledaenu gwybodaeth hanfodol cyn pandemigau neu argyfyngau posibl. Bydd hyn yn caniatáu ar gyfer gwell rheolaeth argyfwng yn enwedig mewn digwyddiadau llanw cynyddol gyda'r gallu i addasu i ddigwyddiadau sy'n newid yn gyflym a chynorthwyo ymchwil. Fodd bynnag, dylai gwybodaeth fod yn amserol.

Bydd Ymarfer Pandemig ledled y DU bob tair blynedd (Argymhelliad 5) yn cynorthwyo, profi a mireinio ymateb a galluoedd cenedlaethol. Dylai unrhyw wendidau a bylchau a nodwyd fod yn dryloyw gyda'r dysgu yn cael ei gofnodi a chynlluniau wedi'u haddasu yn unol â hynny. Bydd angen ystyried cynllunio, amseroldeb ac adnoddau ymarferion ar raddfa fawr o'r fath a'u mapio yn unol â hynny.

Mae arbenigedd allanol i warchod yn erbyn meddwl grŵp (Argymhelliad 6) yn eirioli arbenigwyr y tu allan i'r llywodraeth i gynnig safbwyntiau annibynnol yn cefnogi gwneud penderfyniadau di-duedd a gwrthrychol a bydd yn galluogi herio rhagdybiaethau.

Mae creu corff statudol annibynnol ar gyfer EPRR (Argymhelliad 8) yn ychwanegu pwysau i'r corff proffesiynol EPRR ac yn darparu trosolwg, bydd hyn yn cefnogi mesurau adfer i'w defnyddio lle nad yw gofynion statudol yn ddigon cadarn.

Mae bylchau posibl o fewn yr argymhellion uchod wedi'u hamlinellu isod:

Parodrwydd lleol:

Rhaid i sefydliadau gofio y bydd materion lleol y mae angen mynd i'r afael â nhw - ni allant gael goruchwyliaeth genedlaethol yn unig.

Dyrannu Adnoddau a Chyllid - Nid yw'n nodi'n benodol sut y bydd dyraniad adnoddau a chyllid yn cael eu gwneud.

Gwytnwch Iechyd Seicogymdeithasol ac Iechyd y Cyhoedd:

Parodrwydd ehangach yn enwedig o ran iechyd meddwl a chydlyniant cymdeithasol i'w hystyried.

Integreiddio gydag Ymdrechion Byd-eang:

Cyflunio â fframweithiau rhyngwladol fel Sefydliad Iechyd y Byd (WHO).

C2. Yr adnoddau y bydd eu hangen er mwyn cyflawni'r argymhellion, o fewn yr amserlenni a nodir yn yr adroddiad.

Gofynion adnoddau:

Gweithlu:

Staffio digonol o EPRR sydd â sgiliau a gwybodaeth

Ariannol:

Cyllid pwrpasol i gyflawni dyletswyddau statudol

Technoleg:

Buddsoddi mewn seilwaith data diogel

Systemau ar gyfer cynnal ymarferion ac efelychiadau pandemig realistig

Gwybodaeth ac arbenigedd:

Dod ag arbenigwyr o'r byd academiaidd i mewn yn ogystal ag o grŵp aml-asiantaethol

C3. Sut y dylid monitro ac adrodd ar gynnydd. Yr angen am dryloywder a llinellau atebolrwydd clir ar gyfer cyflawni'r argymhellion.

Monitro Cynnydd

Gwerthusiad:

Cynnal gwerthusiadau annibynnol ar ôl pob ymarfer pandemig cenedlaethol/digwyddiadau critigol

Adroddiadau Cyhoeddus a Rhanddeiliaid:

Cyhoeddi adroddiadau rheolaidd ar gyflwr parodrwydd EPRR

Adborth i: Cydnerthedd a Chymuned:

Sefydlu cysylltiadau adborth i'r rhai sydd mewn gwytnwch a'r cymunedau

Goruchwylio Annibynnol:



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Yn hanfodol ar gyfer monitro parhaus, sicrhau bod argymhellion yn cael eu dilyn, a bod mecanwaith ar gyfer atebolrwydd

Mae cyhoeddi adroddiadau rheolaidd ar EPRR (Argymhelliad 7) yn elfen hanfodol mewn Argyfyngau Sifil wrth Gefn ac yn sicrhau tryloywder ac atebolrwydd ar lefel y Bwrdd.

Gan fod angen trosi'r argymhellion hyn ar gyfer parodrwydd ar gyfer unrhyw argyfwng sylweddol, gallai mynd i'r afael â'r uchod adeiladu system wydn iawn a baratowyd yn dda a all ymateb yn gyflym ac yn effeithiol i unrhyw argyfyngau yn y dyfodol.

Os oes angen unrhyw wybodaeth bellach arnoch, mae croeso i chi gysylltu.

Cofion cynnes,

A handwritten signature in dark ink, appearing to read 'Carol Shillabeer'.

Carol Shillabeer
Prif Weithredwr/Chief Executive

CIM1R03 Betsi Cadwaladr University Health Board

Senedd Cymru | Welsh Parliament

Pwyllgor Diben Arbennig Ymchwiliad COVID-19 Cymru | Wales COVID-19
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Cadwaladr University Health Board



Bwrdd Iechyd Prifysgol
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Block 5, Carlton Court, St Asaph Business
Park, St Asaph, LL17 0JG

Co-Chairs - Joyce Watson MS &
Tom Giddord MS,
Wales COVID-19 Inquiry Special Purpose
Committee,
Welsh Parliament,
Cardiff Bay,
Cardiff,
CF99 1SN

Ein cyf / Our ref: CS/JW/TG(CE24/1168)

Ffôn: [REDACTED]

Gofynnwch am / Ask for: [REDACTED]

E-bost / Email: [REDACTED]

Dyddiad / Date: 13th December 2024

By email – seneddCovid@Senedd.wales

Dear Co-Chairs,

RE: Public Consultation: Consideration of UK Covid-19 Inquiry Module 1 - Resilience and Preparedness of the United Kingdom

Thank you for the opportunity to respond to the consultation letter from Joyce Watson MS and Tom Gifford MS, Wales COVID-19 Inquiry Special Purpose Committee Co-Chairs, to inform scrutiny of its consideration of the UK Covid-19 Inquiry Module 1 Report.

For some time now, the Health Board's Emergency Preparedness, Resilience and Response (EPRR) Lead has been in discussions with other Health Board EPRR Leads in relation to the recommendations from Module 1 of the UK Covid-19 Inquiry. There is a consensus across the Health Boards in Wales around the priority actions needed to improve the resilience and preparedness of Wales as part of the UK, and the resources needed in order to deliver the recommendations within the timeframes of the report. It is therefore very likely that you will receive very similar responses from other Health Boards across Wales.

We provide a response to the three questions posed by the Special Purpose Committee below:

Q1 *Whether the recommendations in the Module 1 report capture the priority actions needed to improve the resilience and preparedness of Wales as part of the UK. Is there sufficient detail and are there any clear gaps requiring the Committee to take further evidence itself.*

Overall, the Module 1 C-19 report recommendations are supported.

A radical simplification of EPRR systems (Recommendation 1) will improve responsiveness and efficiency, decision making will potentially be more efficient with more rapid deployment of resources which should lead to less confusion and delay leading to a less complex more agile system.

Cyfeiriad Gohebiaeth ar gyfer y Cadeirydd a'r Prif Weithredwr / Correspondence address for Chairman and Chief Executive:
Swyddfa'r Gweithredwyr / Executives' Office
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Bangor, Gwynedd LL57 2PW

Gwefan: www.pbc.cymru.nhs.uk / **Web:** www.bcu.wales.nhs.uk

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The new approach to Risk Assessment (Recommendation 2) will allow for a better understanding and preparation for several types of crises, moving beyond pandemics. This supports a wider range of threats and allows for the identification of vulnerabilities in the system for both known and unforeseen risks.

A more coordinated and integrated approach to strategy development (Recommendation 3) should ensure lessons learnt from past events are incorporated into future planning, addressing inequalities and vulnerabilities – we need to understand how different communities are affected by crises and plan accordingly.

It is without doubt necessary to improve systems for data collection and sharing (Recommendation 4). The aim should be to gather and disseminate critical information ahead of potential pandemics or emergencies. This will allow for improved crisis management especially in rising tide events with the ability to adjust to rapidly changing events and aid research. Information however must be timely.

UK wide Pandemic Exercise every 3 years (Recommendation 5) will support, test and refinement of a national response and capabilities. Any identified weaknesses and gaps should be transparent with learning captured and plans adjusted accordingly. Planning, timeliness and resourcing of such large-scale exercises will need to be considered and mapped accordingly.

External expertise to guard against groupthink (Recommendation 6) advocates experts outside government to offer independent perspectives supports un-biased and objective decision making and will enable challenge of assumptions.

The creation of an independent statutory body for EPRR (Recommendation 8) adds weight to the EPRR professional body and provides oversight, this will support recovery measures to be applied where statutory requirements are not sufficiently robust

Potential gaps within the above recommendations are outlined below:

Localised preparedness:

Organisations must not lose sight that there will be local issues that need addressing - cannot have just national oversight.

Resource Allocation and Funding - It does not specifically identify how resource and funding allocation will be made.

Psychosocial and Public Health Resilience:

Wider preparedness particularly regarding mental health and social cohesion to be considered.

Integration with Global Efforts:

Alignment with international frameworks such as the World Health Organisation (WHO).

Q2. The resources that will be needed in order to deliver the recommendations, within the timeframes set out in the report.

Resource requirements:

Workforce:

Adequate staffing of EPRR equipped with skills and knowledge

Financial:

Dedicated funding to deliver on statutory duties

Technology:

Investment in secure data infrastructure

Systems for conducting realistic pandemic exercises and simulations

Knowledge and Expertise:

Bringing in experts from academia as well as from multi-agency fora

Q3. How progress should be monitored and reported. The need for transparency and clear lines of accountability for delivery of the recommendations.

Monitoring of Progress

Evaluation:

Conducting independent evaluations after each national pandemic exercise/critical incidents

Public and Stakeholder Reporting:

Regular publication of reports on the state of EPRR preparedness

Feedback to: Resilience and Community:

Establishing feedback links for those in resilience and the communities

Independent Oversight:

Crucial for ongoing monitoring, ensuring that recommendations are followed, and that there is a mechanism for accountability



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Regular publication of reports on EPRR (Recommendation 7) is an essential component in Civil Contingencies and ensures transparency and accountability at Board level.

As these recommendations need to be translated for preparedness for any significant emergency, addressing the above could build a highly resilient and well-prepared system that can respond swiftly and effectively to any future crises.

If you need any further information, please do not hesitate to get in touch.

Kind regards,

A handwritten signature in dark ink, appearing to read 'Carol Shillabeer'.

Carol Shillabeer
Prif Weithredwr/Chief Executive

CIM1R04 Iechyd a Gofal Digidol Cymru

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Ymateb gan Iechyd a Gofal Digidol Cymru | Evidence from Iechyd a Gofal Digidol Cymru

1. A yw'r argymhellion yn adroddiad Modiwl 1 yn nodi'r camau blaenoriaeth sydd eu hangen i wella gwydnwch a pharodrwydd Cymru fel rhan o'r DU?

Yes

2. A oes digon o fanylion yn y argymhellion?

Yes

3. A oes unrhyw fylchau amlwg sy'n ei gwneud yn ofynnol i'r Pwyllgor fynd ati i gasglu rhagor o dystiolaeth?

No

Nodwch eich rhesymau dros ateb y cwestiwn hwn.

(Byddwn yn ddiolchgar pe gallech gadw eich ateb i tua 500 o eiriau, os bydd angen, mae blwch ateb ychwanegol o 500 gair ar gael)

Mae'r argymhellion yn gynhwysfawr ac yn cynnwys:

☐ Trefniadau newydd ar lefel y llywodraeth ar gyfer parodrwydd am a gwytnwch argyfwng sifil, gyda chyfrifoldebau clir a gwell dull asesu risg.

❑ Strategaeth argyfwng sifil system gyfan newydd ar gyfer y DU gyfan a mecanweithiau newydd ar gyfer sicrhau bod data ar gael yn rhwydd i lywio penderfyniadau.

❑ Dylai llywodraeth y DU a'r gweinyddiaethau datganoledig gynnal ymarfer ymateb i bandemig ledled y DU o leiaf bob tair blynedd a dylai pob llywodraeth gyhoeddi adroddiad o fewn tri mis i'r ymarfer sy'n cynnwys canlyniadau dysgu.

❑ Dylai pob llywodraeth gynhyrchu a chyhoeddi adroddiad ar barodrwydd a gwytnwch system gyfan ar gyfer argyfwng sifil o leiaf bob tair blynedd.

❑ Mae'r adroddiad yn argymhell defnyddio 'timau coch' allanol yn rheolaidd yng Ngwasanaeth Sifil llywodraeth y DU a'r gweinyddiaethau datganoledig i graffu a herio trefniadau, parodrwydd a gwytnwch ar gyfer argyfyngau sifil system gyfan.

❑ Yn olaf, dylai llywodraeth y DU, mewn ymgynghoriad â'r gweinyddiaethau datganoledig, greu corff statudol annibynnol ar gyfer y DU gyfan ar gyfer parodrwydd, gwytnwch ac ymateb i argyfwng sifil system gyfan. Dylai'r corff ddarparu cyngor strategol annibynnol i lywodraeth y DU a'r gweinyddiaethau datganoledig, ymgynghori â'r sector gwirfoddol, cymunedol a menter gymdeithasol ar lefel genedlaethol a lleol, yn ogystal â chyfarwyddwyr iechyd y cyhoedd, a gwneud argymhellion.

Roedd Iechyd a Gofal Digidol Cymru o'r farn bod y trefniadau sydd ar waith yng Nghymru i ymateb i'r argyfwng yn gadarn a hefyd yn cytuno bod lefel o wahaniaeth rhwng y gwledydd yn briodol i sicrhau bod anghenion lleol yn cael eu diwallu. Fodd bynnag, roedd yr Ymchwiliad o'r farn bod y trefniadau'n gymhleth gyda llawer o strwythurau adrodd ac argymhellion yn ceisio sefydlu ymateb cenedlaethol mwy cydnerth ar gyfer unrhyw argyfwng sifil yn y dyfodol, sy'n beth cadarnhaol ac yn cael ei groesawu. Ni chafodd ein gwaith ei effeithio gan unrhyw wahaniaeth yn null Llywodraeth Cymru o reoli'r pandemig.

4. Eich barn ar yr adnoddau y bydd angen er mwyn cyflawni'r argymhellion, o fewn yr amserlenni a nodir yn yr adroddiad.

(Byddwn yn ddiolchgar pe gallech gadw eich ateb i tua 500 o eiriau, os bydd angen, mae blwch ateb ychwanegol o 500 gair ar gael).

Bydd angen nodi adnoddau uwch i arwain ar ymatebion i argyfyngau sifil yn y dyfodol, fel yn wir yng Nghymru yn ystod y pandemig, gyda'r Prif Weinidog yn cymryd y prif gyfrifoldeb. Pe bai strwythurau yng Nghymru yn cael eu symleiddio a'u gwneud yn llai cymhleth (un pwyllgor gweinidogol ac un grŵp trawsadrannol o uwch swyddogion yn adrodd yn rheolaidd i'r pwyllgor gweinidogol) dylai hyn fod yn hylaw gan y gallai'r angen am nifer o fforymau gael ei gynnwys yn y strwythurau newydd hyn. Credir bod yr amserlen o 24 mis ar gyfer cwblhau'r gweithgaredd hwn yn angenrheidiol ac yn briodol.

5. Eich barn ar sut y dylid monitro ac adrodd ar gynnydd. Yr angen am dryloywder a llinellau atebolrwydd clir ar gyfer cyflawni'r argymhellion.

(Byddwn yn ddiolchgar pe gallech gadw eich ateb i tua 500 o eiriau, os bydd angen, mae blwch ateb ychwanegol o 500 gair ar gael).

Awgrymir y byddai'n briodol i un o bwyllgorau'r Senedd dderbyn adroddiadau ar y cynnydd wrth roi'r argymhellion ar waith.

6. A oes gennych unrhyw bwyntiau eraill yr hoffech eu codi o fewn cwmpas yr ymchwiliad hwn?

(Byddwn yn ddiolchgar pe gallech gadw eich ateb i tua 500 o eiriau, os bydd angen, mae blwch ateb ychwanegol o 500 gair ar gael).

Na, dim byd pellach i'w ychwanegu.

CIM1R04 Digital Health and Care Wales

Senedd Cymru | Welsh Parliament

[Pwyllgor Diben Arbennig Ymchwiliad COVID-19 Cymru | Wales COVID-19 Inquiry Special Purpose Committee](#)

[Adroddiad Modiwl 1 Ymchwiliad Covid-19 y DU | UK-Covid Inquiry Module 1 Report](#)

Ymateb gan Digital Health and Care Wales | Evidence from Digital Health and Care Wales

1. Do the recommendations in the Module 1 report capture the priority actions needed to improve the resilience and preparedness of Wales as part of the UK.

Yes

2. Is there sufficient detail in the recommendations?

Yes

3. Are there any clear gaps requiring the Committee to take further evidence itself?

Don't have a view

Please outline your reasons for your answer to this question.

(We would be grateful if you could keep your answer to around 500 words, however should it be required, an additional answer box of 500 words is available).

The recommendations are comprehensive and include:

- New arrangements at government level for civil emergency preparedness and resilience with clear responsibilities and an improved risk assessment approach.
- A new UK-wide whole-system civil emergency strategy and new mechanisms for ensuring data is readily available to inform decision making.
- The UK government and devolved administrations should hold a UK-wide pandemic response exercise at least every three years and each government should publish a report within three months of the exercise containing learning outcomes.
- Each government should produce and publish a report on whole-system civil emergency preparedness and resilience at least every three years.
- The report recommends the regular use of external 'red teams' in the Civil Service of the UK government and devolved administrations to scrutinise and challenge arrangements preparedness for and resilience to whole-system civil emergencies.
- Finally, that the UK government, in consultation with the devolved administrations, should create a UK-wide independent statutory body for whole-system civil emergency preparedness, resilience and response. The body should provide independent, strategic advice to the UK government and devolved administrations, consult with the voluntary, community and social enterprise sector at a national and local level, as well as with directors of public health, and make recommendations

Digital Health and Care Wales considered that arrangements in place within Wales to respond to the emergency were robust and also agreed that a level of divergence between the nations was appropriate to ensure local needs were met. However the arrangements were seen by the Inquiry to be complex with many reporting structures and recommendations seek to establish a more resilient national response for any future civil emergency which is positive and welcomed. Our work was not impacted by any divergence in the Welsh Government approach to managing the pandemic.

4. Your views on the resources that will be needed in order to deliver the recommendations, within the timeframes set out in the report.

(We would be grateful if you could keep your answer to around 500 words, however should it be required, an additional answer box of 500 words is available).

There will need to be senior resources identified to lead on future responses to civil emergencies, as indeed there were in Wales during the pandemic, with the First Minister assuming lead responsibility. If structures within Wales were simplified and made less complex (a single ministerial committee and a single cross-departmental group of senior officials reporting regularly to the ministerial committee) this should be manageable as the need for a number of forums could be subsumed into these new structures. The timescale of 24 months for completion of this activity is thought to be necessary and appropriate.

5. Your views on how progress should be monitored and reported. The need for transparency and clear lines of accountability for delivery of the recommendations.

(We would be grateful if you could keep your answer to around 500 words, however should it be required, an additional answer box of 500 words is available).

It is suggested that it would be appropriate for a Senedd Committee to receive reports on progress of the implementation of the recommendations.

6. Do you have any other points you wish to raise within the scope of this inquiry?

(We would be grateful if you could keep your answer to around 500 words, however should it be required, an additional answer box of 500 words is available).

No, nothing further to add.

CIM1R05 Maelor South Community Council

Senedd Cymru | Welsh Parliament

[Pwyllgor Diben Arbennig Ymchwiliad COVID-19 Cymru](#) | [Wales COVID-19](#)

[Inquiry Special Purpose Committee](#)

[Adroddiad Modiwl 1 Ymchwiliad Covid-19 y DU](#) | [UK-Covid Inquiry Module 1 Report](#)

Ymateb gan Maelor South Community Council | Evidence from Maelor South Community Council

1. Do the recommendations in the Module 1 report capture the priority actions needed to improve the resilience and preparedness of Wales as part of the UK.

No

2. Is there sufficient detail in the recommendations?

No

3. Are there any clear gaps requiring the Committee to take further evidence itself?

Yes

Please outline your reasons for your answer to this question.

(We would be grateful if you could keep your answer to around 500 words, however should it be required, an additional answer box of 500 words is available).

There was total lack of acknowledgement of the role Community Councils could have in the delivery of local messages- CCs are at the heart of Communities with many Councillors having a broad reach of contacts but there had been no plans to utilise this resource.

The messaging from the Local Authority, Welsh Government, Welsh Government and national media often was not aligned and no one often could distinguish between England and Wales regulations.

The different regulations across the UK was totally confusing and trust was soon lost with the political structures.

There is a real need for Pandemic Planning to be tested to ensure that resilience planning actually works - CCs should be involved along with other community partners.

4. Your views on the resources that will be needed in order to deliver the recommendations, within the timeframes set out in the report.

(We would be grateful if you could keep your answer to around 500 words, however should it be required, an additional answer box of 500 words is available).

The resource level can only be determined once the role of Community Councils is established - adequate community resourcing is essential as no way can an LA or Health Board provide without community support.

5. Your views on how progress should be monitored and reported. The need for transparency and clear lines of accountability for delivery of the recommendations.

(We would be grateful if you could keep your answer to around 500 words, however should it be required, an additional answer box of 500 words is available).

Weekly briefings are essential from day one and not as an after thought

6. Do you have any other points you wish to raise within the scope of this inquiry?

(We would be grateful if you could keep your answer to around 500 words, however should it be required, an additional answer box of 500 words is available).

Essential that Trust is maintained across the whole of the public sector along with Third Sector support.

1. Do the recommendations in the Module 1 report capture the priority actions needed to improve the resilience and preparedness of Wales as part of the UK.

Partly

2. Is there sufficient detail in the recommendations?

Partly

3. Are there any clear gaps requiring the Committee to take further evidence itself?

Yes

Please outline your reasons for your answer to this question.

(We would be grateful if you could keep your answer to around 500 words, however should it be required, an additional answer box of 500 words is available).

The evidence provided to the Inquiry which is referred to in the report's findings, reflect a perceived view that there were several flaws in not only the UK's level or preparedness for the Pandemic, but also in the structures responsible for delivering the emergency planning response.

Therefore, based on the findings of the Inquiry, the recommendations broadly address the actions needed to ensure a whole system review of Civil Contingencies across the UK, which will include review and streamlining of systems with identifiable accountability. In addition, the recommendations, recognise the need to improve the foundations for resilience and preparedness i.e. risk assessment processes, sharing of data and systems to ensure sharing of lessons learned from exercises and incidents.

There is an observation that some recommendations (3, 5, 9 and 10 in particular) require more clarity on terminology used and expectations from the Inquiry Board on how these recommendations will be delivered. They include for significant changes to the current structures and processes and may require changes to existing legislation, which will impact their delivery. This also includes the setting up of an independent body to not only provide independent strategic advice to government, but assess how governments, and ultimately all categorised agencies deliver its resilience and preparedness functions.

With regards Wales, the report recognises the role of Welsh Government in planning and policy as referred on it via 'Welsh Ministers (Transfer of Functions) Order 2018' where those parts of the Civil Contingencies Act 2004 aligned to civil protection were devolved to Wales. It must be noted that work is already being undertaken within Wales and led by Welsh Government in reviewing Welsh resilience structures and the assessment of risk via the Wales Resilience Framework, which is not reflected in the report.

However, encouraged by this request for views and the stakeholder event that has taken place, there remains a role for the committee to ensure that all agencies that have a role to play in resilience in Wales, including categorised agencies as defined by the Civil Contingencies Act, 3rd Sector, and Welsh Government Policy Teams, are able to provide evidence and reflections on current gaps, good practice and concerns on the delivery of resilience across Wales, to inform the delivery of the recommendations.

4. Your views on the resources that will be needed in order to deliver the recommendations, within the timeframes set out in the report.

(We would be grateful if you could keep your answer to around 500 words, however should it be required, an additional answer box of 500 words is available).

As the recommendations are aligned to UK and Welsh Governments, in the first instance it will be for the respective Governments to determine that adequate resources will be required to respond to and adopt the recommendations resulting from the report within the timescales allotted.

However, it must be recognised that consideration and adoption of the recommendations cannot be done in isolation at Governmental level, and there will be need for engagement and support from the categorised resilience partners and structures across Wales, with whom the legislative sovereignty of delivering the Civil Contingencies Act 2004 remains.

Teams leading on Civil Contingencies across all categorised partner agencies in Wales remain small. Therefore, the expected additional workload on these teams in engaging with the consultation, development and implementation of the recommendations, must be considered and accounted for, especially as we continue to deliver our statutory duties and respond to significant incidents and unforeseen events.

5. Your views on how progress should be monitored and reported.

The need for transparency and clear lines of accountability for delivery of the recommendations.

(We would be grateful if you could keep your answer to around 500 words, however should it be required, an additional answer box of 500 words is available).

The UK Covid19 Inquiry Chair has previously issued a statement that the Inquiry Board will write at regular intervals to encourage recommendation owners to adhere to the time table set out in the final Module report for each recommendation, and that “If an institution does not publish a response within nine months of a recommendation being made the Inquiry will make its disappointment known publicly and urge the institution to respond swiftly. If after one year of the recommendation being published no response is published, the Inquiry will request the institution to set out the reasons why it has failed to do so. All correspondence at this stage will be published on the Inquiry website.”

The above indicates that the Inquiry Board will provide an independent body that will ensure that the recommendations are adhered to, which will provide transparency in communicating progress in meeting the recommendations.

The Module 1 report states that “any groups and committees retained or created to support this core structure should have a clear purpose and should report regularly about progress with, and completion of, tasks assigned to them.” As the Recommendations are primarily assigned to Government, it is suggested that Governments utilise existing processes to ensure that the recommendations are undertaken, and for reporting to the Inquiry Board.

6. Do you have any other points you wish to raise within the scope of this inquiry?

(We would be grateful if you could keep your answer to around 500 words, however should it be required, an additional answer box of 500 words is available).

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[Adroddiad Modiwl 1 Ymchwiliad Covid-19 y DU | UK-Covid Inquiry Module 1 Report](#)

Ymateb gan Public Health Wales | Evidence from Public Health Wales

1. Do the recommendations in the Module 1 report capture the priority actions needed to improve the resilience and preparedness of Wales as part of the UK.

Yes

2. Is there sufficient detail in the recommendations?

Yes

3. Are there any clear gaps requiring the Committee to take further evidence itself?

Partly

Please outline your reasons for your answer to this question.

(We would be grateful if you could keep your answer to around 500 words, however should it be required, an additional answer box of 500 words is available).

The recommendations made in Module 1 focus in particular at a government level.

PHW has fully supported the Inquiry and has submitted detailed witness evidence (which is available on the Inquiry website) for Module 1 and Module 2B

where learning and improvements have been detailed. Should the Committee consider the learning from events identified in this evidence represents a gap at any other level in the response system, it can of course draw upon this evidence and request assistance from PHW as required.

4. Your views on the resources that will be needed in order to deliver the recommendations, within the timeframes set out in the report.

(We would be grateful if you could keep your answer to around 500 words, however should it be required, an additional answer box of 500 words is available).

PHW is working with Welsh Government colleagues to support and implement the changes recommended.

5. Your views on how progress should be monitored and reported. The need for transparency and clear lines of accountability for delivery of the recommendations.

(We would be grateful if you could keep your answer to around 500 words, however should it be required, an additional answer box of 500 words is available).

The Core Participants are required to update the Inquiry on progress at the 6 month mark. Following this point in time, there is a system responsibility, led by Welsh Government, to ensure the necessary changes are incorporated into our response system.

6. Do you have any other points you wish to raise within the scope of this inquiry?

(We would be grateful if you could keep your answer to around 500 words, however should it be required, an additional answer box of 500 words is available).

PHW would ask the Committee to make good use of the evidence already submitted to the Inquiry and to be proportionate when seeking further input. The Inquiry is still ongoing with Module 4 of 10 about to commence. Staff remain engaged in response to the Inquiry, which is resource heavy.

CIM1R08 Welsh NHS Confederation

Senedd Cymru | Welsh Parliament

Pwyllgor Diben Arbennig Ymchwiliad COVID-19 Cymru | Wales COVID-19
Inquiry Special Purpose Committee

Adroddiad Modiwl 1 Ymchwiliad Covid-19 y DU | UK Covid-19 Inquiry Module 1
Report

Ymateb gan: Conffederasiwn GIG Cymru | Evidence from: Welsh NHS
Confederation

	The Welsh NHS Confederation response to the Wales COVID-19 Inquiry Special Purpose Committee - UK-Covid Inquiry Module 1 Report
Contact	Haleema Khan, Policy, and Public Affairs Officer, Welsh NHS Confederation
Date	3 rd January 2025

Introduction

1. The Welsh NHS Confederation welcomes the opportunity to respond to the Wales COVID-19 Inquiry Special Purpose Committee consultation on the UK Covid Inquiry Module 1 Report.
2. The Welsh NHS Confederation represents the seven Local Health Boards, three NHS Trusts (Velindre University NHS Trust, Welsh Ambulance Services University NHS Trust, and Public Health Wales NHS Trust), and two Special Health Authorities (Digital Health and Care Wales and Health Education and Improvement Wales). The twelve organisations make up our membership. We also host NHS Wales Employers.

The Welsh NHS Confederation's role during the pandemic

3. Due to all Welsh NHS bodies being members of the Welsh NHS Confederation, the Welsh NHS Confederation provided corporate and secretariat support to a number of NHS Wales Executive Director Peer Group meetings prior to the pandemic and during the pandemic. These meetings included Nurse Directors, Public Health Directors, Medical Directors, Assistant Medical Directors and Workforce and Organisational Development Directors. In addition, we provided secretariat support to the NHS Chairs and Vice Chairs meetings and the Chief Executive meetings with the Welsh Government officials, taking a high-level note and sharing it with the Welsh Government and the Chief Executives.
4. These meetings were arranged by the Welsh NHS Confederation on behalf of Peer Group chairs and high levels notes were taken to share with meeting participants. The Welsh NHS Confederation, while in attendance at meetings as an observer, were not involved in any operational matters or decisions made by Welsh Government or our members, the NHS bodies.
5. In addition to supporting members, we work closely with our partners in other parts of the health and care system to ensure we can provide a 'whole system' perspective. We work

with members of our Health and Wellbeing Alliance, which include Royal Colleges, third sector and social care organisations, to provide a system perspective to the Welsh Government and Members of the Senedd.

Views regarding the report's recommendations

Our response to the Committee has been informed by information received from Heads of Emergency Preparedness, Resilience and Response within NHS organisations in Wales. The response considers each recommendation and where there are potential gaps in the recommendations.

Recommendation 1

Members agree with a simplification of the civil emergency preparedness and resilience systems. This could improve overall responsiveness and efficiency of the civil emergency preparedness and resilience systems. The simplification of preparedness mean that decision-making could be potentially more efficient, and resources could be deployed quickly in times of crisis. This could possibly reduce any confusion and delays. Furthermore, members agree that the simplification of resilience could allow for a less complexed and more agile system.

Recommendation 2

Members agree with a new approach to risk assessment. This could help anticipate a wider range of potential threats and allow for identifying any vulnerabilities in the system. This could allow for a better understanding and preparation for several types of crises, beyond pandemics.

Recommendation 3

Members agree with a new UK-wide approach to the development of strategy. This could enable a more coordinated and integrated approach to strategy development, ensuring that lessons identified from past events are incorporated into future planning. To ensure there is better alignment in approach in recommendation three, members suggest that addressing inequalities and vulnerabilities is important to understand how different communities are affected by crises. Moreover, members emphasise that better alignment in approach to resilience and recovery and collaboration is key. Collaboration is one of the statutory duties included in the Civil Contingency Act, 2004.

Recommendation 4

Members agree with improving systems of data collection and sharing in advance of future pandemics, and the commissioning of a wider range of research projects. Members suggest that to facilitate better systems of data collection, the aim should be to gather and disseminate critical information ahead of potential pandemics or other emergencies, fostering better preparedness and response. Also, this could aid commissioning of research. Timely, accurate data is critical for effective crisis management and allows for the ability to quickly adapt to changing situations.

Recommendation 5

Members agree with holding a UK-wide pandemic response exercise at least every three years and that the outcomes of these exercises are published. This could help stimulate potential scenarios to test and refine the nation's response capabilities, with the results being published to maintain transparency and accountability. This is linked at UK, Wales, regional and local levels. It could also help identify gaps in response and enhances the system's overall resilience.

Recommendation 6

Members agree with bringing external expertise from outside government and the Civil Service. Members suggest Red Teams for more creative or critical thinking, also to potentially avoid biases or blind spots in policy.

Recommendation 7

Members agree with the publication of regular reports on the system of civil emergency preparedness and resilience. Our members believe that this recommendation intends for more transparency and accountability through regular reporting and monitoring.

Recommendation 8

Members agree with the creation of a single, independent statutory body for responsibility for whole system preparedness and response. This recommends the establishment of an independent body dedicated to overseeing the entire Emergency preparedness, resilience, and response (EPRR) system which members highlighted may add strength to EPRR as a body. Also, members emphasised that this allows for oversight and the need to understand the value of this in addition to the architecture that is already in place.

Other potential gaps for the committee to consider

Localised Preparedness

Members agree that there are gaps in localised preparedness. Our members suggest that it is important to not lose sight that there will be local issues that need addressing and that oversight is not limited to a national scale.

Resource Allocation and Funding

Our members have stated that there are gaps in resource allocation and funding for preparedness. Our members have highlighted this recommendation does not identify how resource and funding allocation will be made in the future.

Psychosocial and Public Health Resilience

Members agree that there are gaps in psychosocial and public health resilience. There has been an emphasis from our member on the wider preparedness, particularly regarding mental health and social cohesion to be considered.

Integration with Global Efforts

Members suggested that there are gaps in this recommendation. Our members have stated the need for alignment with international frameworks (such as the WHO) when it comes to integration with global efforts.

Resource requirements to close gaps

Our members have emphasis resources requirements to close gaps. Members have suggested adequate staffing of EPRR equipped with the right skills and knowledge, dedicated funding to deliver on statutory duties and investment in securing data infrastructure.

Knowledge and Expertise

Our members have identified gaps in the knowledge and expertise recommendation. Members have highlighted the importance of bringing in experts from academia as well as from multi-agency fora.

Evaluation

On evaluation, members have suggested that it is important to conduct independent evaluations after each national pandemic exercise or critical incidents.

Public and Stakeholder Reporting

Regarding public and stakeholder reporting, members have highlighted the need to have regular publication of reports on the state of EPRR preparedness.

Feedback to: Resilience and Community

On Feedback to: Resilience and Community, members have emphasised establishing feedback links for those in resilience and the communities.

Independent Oversight

Regarding independent oversight, members have highlighted that it is crucial for ongoing monitoring to ensure that recommendations are followed, and that there is a mechanism for accountability. For example, regular publication of reports on EPRR (Recommendation 7) is an essential component in Civil Contingencies and ensures transparency and accountability at Board level.

Moreover, our members have stated that addressing these recommendations could build further to be a highly resilient and well-prepared system that can respond swiftly and effectively to future crises.

CIM1R09 Covid Committee Observation Group

Senedd Cymru | Welsh Parliament

Pwyllgor Diben Arbennig Ymchwiliad COVID-19 Cymru | Wales COVID-19
Inquiry Special Purpose Committee

Adroddiad Modiwl 1 Ymchwiliad Covid-19 y DU | UK Covid-19 Inquiry Module 1
Report

Ymateb gan: Grŵp Arsylwi'r Pwyllgor Covid | Evidence from: Covid Committee
Observation Group

Wales COVID-19 Inquiry Special Purpose Committee

Dear Joyce Watson MS, Tom Giffard MS,

Following the publication of the UK Covid Inquiry's Module One report members of the Covid Committee Observation Group met to discuss what opportunities we felt there could be for the Wales COVID-19 Inquiry Special Purpose Committee to consider 'gaps' which require greater attention from a Welsh perspective.

We appreciate that what defines a 'gap' is a matter which the Committee as well as ourselves have been seeking to define. Having read the module one report we have found it necessary to interpret the term both with regards to what the report was assessing that has happened in the past as well as when looking at the recommendations proposed. I have set out some of the 'gaps' we believe require consideration below.

Action taken on emergency preparedness reports/exercises

The module one report references recommendations made in a 2012 report by the Wales Audit Office (now known as Audit Wales) which focused on civil contingencies in Wales. It made several observations surrounding accountability and efficiency of emergency planning frameworks. It was noted that the current structures and systems in place in Wales could lead to gaps or overlaps. These observations were found to be as true in 2020.

It is the view of the Covid Committee Observation Group that understanding why the Audit Wales report was not acted upon is a 'gap' which requires further investigation.

A related matter which we also feel constitutes a gap is with regard to what actions were undertaken following Exercise Shipshape. This 2003 preparedness exercise considered a SARs outbreak with warnings about Wales' readiness for

an infectious disease and documented a need for plans for PPE and care homes to be prepared. Were these recommendations acted upon and if so, how were the lessons from this exercise developed to support the response to the Covid-19 pandemic?

Gaps in relation to recommendations

While we welcome the recommendations brought forward by the Inquiry, it is felt that there is an inherent gap related to these until clarity is provided over who will be accountable for taking forward each recommendation.

The recommendation for better data collection and sharing is welcome but it is important to identify what 'better data' will actually look like and how accessible and comparable such information will be across four different UK health systems. The Observation Group also felt there had been a relative paucity of data from Wales during the inquiry to date and wondered if this constituted a gap due to data publication.

Beyond simply the issues around data, there is a need to have clarity on who from Wales will have ownership of responding to the recommendations and how responsibility for implementing the changes will be determined in a manner that allows for auditing of progress.

Healthcare preparedness

Finally, we note that healthcare preparedness was de-scoped from the first module. Clearly, it is an important consideration, and we anticipate that it will be covered in subsequent modules. Nonetheless, we think it important that this current 'gap' is not overlooked, should it not be fully addressed for Wales in due course.

Yours sincerely,

Nicolas Webb

On behalf of the Covid Committee Observation Group

Notes:

The Covid Committee Observation Group includes representation from predominantly health and care sector organisations along with colleagues from other sectors affected during the pandemic. The group is currently Chaired by Nicolas Webb, Policy & Public Affairs Manager, Royal College of GPs.

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Ymateb gan Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg | Evidence from Cwm Taf Morgannwg University Health Board

1. Do the recommendations in the Module 1 report capture the priority actions needed to improve the resilience and preparedness of Wales as part of the UK.

Partly

2. Is there sufficient detail in the recommendations?

No

3. Are there any clear gaps requiring the Committee to take further evidence itself?

Partly

Please outline your reasons for your answer to this question.

(We would be grateful if you could keep your answer to around 500 words, however should it be required, an additional answer box of 500 words is available).

We welcome the overall desire to improve the status quo in relation to civil emergencies and anything that improves clarity around roles, responsibilities and streamlines processes is an important lesson to take out of the Covid 19 experience.

Overall the recommendations are almost inevitably high level so lack sufficient detail as to how they can actually be implemented at this point.

As a NHS body and as more specifically a Welsh NHS body we also need to understand what this may mean for us as an organisation and what the responses and actions to these recommendations at both a UK and Welsh level would mean for us.

From a Health perspective the NHS is mentioned 91 times in the document with public health 209 times. Lots of the references are to do with how things are currently structured but the below takeaways stood out:

- a. it is repeatedly acknowledge that the NHS and Social Care constantly 'run hot' which means there is no surge capacity;
- b. similarly, the NHS infrastructure is not considered fit for purpose (e.g. infection control);
- c. the document acts as a good repository of previous lessons learned that Welsh Government and NHS Wales bodies may benefit from revisiting and reviewing. For example, the review of the South Korean response to MERS and also the establishment of the High Consequence of Infectious Diseases (HCID), and there has also been some modelling of 'reverse triage' – placing patients into social care;
- d. the link between the Directors of Public Health (DPH)and local resilience forums are highlighted as a weakness in some areas (I assume this isn't Wales where the geography alignment is simpler) but the Committee may wish to seek clarity on this from a Welsh perspective.
- e. within the cycle of exercises and policy review set out in the recommendations, the DPH should have a core role – I think the Committee, Welsh Government and the NHS Wales needs to understand how will this play out with/through PHW in Wales?

N/A

4. Your views on the resources that will be needed in order to deliver the recommendations, within the timeframes set out in the report.

(We would be grateful if you could keep your answer to around 500 words, however should it be required, an additional answer box of 500 words is available).

Apart from Recommendations 1 and 10 it is not clear to us what the exact timeframes are for implementing these recommendations. Clearly, updating any whole systems approach will require significant resources to deliver effectively and in leading the work we think it is imperative the Cabinet Office at the UK level and the devolved governments work as collaboratively as possible in this regard to avoid any unnecessary duplication or confusion in taking these recommendations forward. There should also be a clear focus on 'future proofing' any changes to the new strategies which are developed including fully considering how technological advances including development of AI may be deployed to support governmental work in this area.

N/A

5. Your views on how progress should be monitored and reported. The need for transparency and clear lines of accountability for delivery of the recommendations.

(We would be grateful if you could keep your answer to around 500 words, however should it be required, an additional answer box of 500 words is available).

This is clearly a matter for UK and devolved governments but clarity about whom is responsible for what and when will be absolutely crucial to ensure that there is appropriate accountability. Transparency around progress will be important given the public interest in this area. We would also expect for the UK Parliament and the devolved legislatures (including the Senedd) to play their full part in holding those responsible for delivering on these recommendations to account.

N/A

6. Do you have any other points you wish to raise within the scope of this inquiry?

(We would be grateful if you could keep your answer to around 500 words, however should it be required, an additional answer box of 500 words is available).

NO

N/A

Senedd Cymru | Welsh Parliament

[Pwyllgor Diben Arbennig Ymchwiliad COVID-19 Cymru](#) | [Wales COVID-19 Inquiry Special Purpose Committee](#)

[Adroddiad Modiwl 1 Ymchwiliad Covid-19 y DU](#) | [UK-Covid Inquiry Module 1 Report](#)

Ymateb gan Ymddiriedolaeth Brifyd gol GIG Gwasanaethau Ambiwylans Cymru | Evidence from Welsh Ambulance Services University NHS Trust

1. Do the recommendations in the Module 1 report capture the priority actions needed to improve the resilience and preparedness of Wales as part of the UK.

Partly

2. Is there sufficient detail in the recommendations?

Partly

3. Are there any clear gaps requiring the Committee to take further evidence itself?

Partly

Please outline your reasons for your answer to this question.

(We would be grateful if you could keep your answer to around 500 words, however should it be required, an additional answer box of 500 words is available).

1) National Command Versus Regional Coordination

There does not appear to be specific mention about how national organisations, providing services on a national scale, are split between the local resilience geography. This is incredibly difficult to effectively service, and so national command and control versus regional coordination is a point to test, as is the

ability for a national organisation to service multiple regional structures when all are stood up at once.

2) Does the Module 1 Report Address the Actions Needed to Improve Wales's Preparedness?

An area that has not been mentioned within the report but was discussed during the Pandemic Learning Workshop, is the need for the reviewed Pan Wales Plan to be shared and the need for this plan to reflect the realistic pressures that a Pan Wales response puts onto organisations whilst balancing the need for Wales to be part of the UK information sharing process and ensuring that there is a UK-wide joined up approach to an emergency that affects the whole of the UK.

3) Are Recommendations Realistic and Achievable Within The Timeframe?

The Module 1 report is not clear where the Red Teams will be based or how many there will be. From an Emergency Preparedness Resilience and Response (EPRR) point of view, knowing what this team will be responsible for and how it will influence emergency planning within Wales is critical to organisational and Local Resilience Forum (LRF) emergency planning.

N/A

4. Your views on the resources that will be needed in order to deliver the recommendations, within the timeframes set out in the report.

(We would be grateful if you could keep your answer to around 500 words, however should it be required, an additional answer box of 500 words is available).

None.

N/A

**5. Your views on how progress should be monitored and reported.
The need for transparency and clear lines of accountability for
delivery of the recommendations.**

(We would be grateful if you could keep your answer to around 500 words, however should it be required, an additional answer box of 500 words is available).

None.

N/A

**6. Do you have any other points you wish to raise within the scope
of this inquiry?**

(We would be grateful if you could keep your answer to around 500 words, however should it be required, an additional answer box of 500 words is available).

None.

N/A