

### **Covid-19 Public Inquiry Module 1 Gap Analysis**

Commissioned by the Senedd's Wales Covid-19 Inquiry Special Purpose Committee

**Nottingham Trent University** 

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### **Executive Summary**

Nottingham Trent University were commissioned by the Senedd's Wales Covid-19 Inquiry Special Purpose Committee to complete a gap analysis of the UK Covid-19 Public Inquiry Module 1 report (known as the Module 1 Report hereafter) against a review that was completed in Wales during the Covid-19 pandemic as part of a body of work to support the committee to understand civil contingency systems and structures in Wales and across the United Kingdom. Details of this work are available via the Senedd's website.

A report was requested to summarise the findings of that analysis to present to the Committee to understand any gaps for further investigation by the committee.

This report provides an evidence base for the committee to consider, alongside the public call for evidence and other sources, when they define their workstreams and areas of focus as a scrutiny body. We understand this will sit alongside representations from stakeholders and other interested parties; to inform their strategy of work going forward as they respond to the UK Covid-19 Public Inquiry and its findings and recommendations.

After completing this analysis, we include the recommended areas for the committee to consider in their workstreams moving forwards. To ensure these are grounded in the analysis we have appended the section numbers within this report to support the reader to cross-map these.

### **Gap Analysis Recommendations**

1. The Module 1 Report challenged the Welsh narrative that the resilience structures were fully fit for purpose. A review of the most effective model for Wales should be considered by the committee, including how to approach the implementation of the related Module 1 Report recommendations.

This recommendation is aggregated from the areas of focus summarised in 1.1,1.2, 1.8. 1.9, 1.10, 2.1, 2.2, 2.8, 2.16.

2. The public inquiry has highlighted the challenges of decision making within the civil contingencies and civic entities, within a pandemic including the processes for recording and sharing decisions. The committee could further explore how to effectively learn from those resilience professionals and those in roles with decision-making power in civil contingencies in Wales. They should also consider how they will adapt to new legislation. The Module 1 Report did not share examples of learning and adaptation made in Wales by decision makers, this should be identified, captured, understood and showcased to enhance these processes across Wales.

This recommendation is aggregated from the areas of focus summarised in 1.7, 1.8, 2.1, 2.3, 2.4, 2.6.



3. The committee should consider how to review the ways data access and sharing occurred in Wales both vertically and horizontally during emergencies.

This recommendation is aggregated from the areas of focus summarised in 1.5, 2.11.

4. Whilst the Module 1 Report explored, in detail, the structures in Wales and those across the UK, there appeared to be a lack of attention paid to the interplay of civil contingencies across borders and where responsibilities were shared, unclear or complex. This could be a strong area of focus for the committee to support Wales to manage any future large-scale emergency that operated cross-border or with partners with complex or conflicting reporting lines.

This recommendation is aggregated from the areas of focus summarised in 1.4, 1.8, 2.2, 2.6, 2.12, 2.13, 2.14.

5. We recommend the committee provide a focus on how thought leadership and learning can be shared across relevant roles and groups across Wales. This was not fully reflected in the Module 1 Report and would benefit from a deeper focus by the committee to understand the way leading practice can be shared, and teams and processes can be trained across Wales. This would be complemented by an aligned review to establish the optimum levels of staffing and learning requirements needed for a future Wales resilience system to be deemed fit for future demands.

This recommendation is aggregated from the areas of focus summarised in 1.2, 1.7, 2.5, 2.7, 2.8, 2.9.

6. The Module 1 Report does makes clear recommendations around risk registers and challenges Wales' approach to the National Security Risk Assessment and wider risks. We believe this is of crucial importance and should be a topic the committee focuses on both at a Local Resilience Forum level (equivalent to Police Force geographies) but also as a pan-Wales response to risk, to ensure the risks in Wales are fully understood and prepared for.

This recommendation is aggregated from the areas of focus summarised in 1.3, 2.10.

7. The Module 1 Report highlights the need to reconsider the pace, programme and learning from exercising for civil contingencies. The committee has the opportunity to use this as a supporting base to review how this could be delivered most effectively for, and with, communities, agencies and partners, within and bordering Wales.

This recommendation is aggregated from the areas of focus summarised in 1.6,1.7, 2.3,2.4, 2.17,2.19.



8. Whilst the Module 1 Report did explore the need to better understand how communities are impacted by emergencies and how they can be active participants in the 'whole of society' approach to disasters and emergencies. We believe the committee could advocate for a Welsh 'whole of society' response that implements learning from the work with communities that was beneficial through the pandemic.

This recommendation is aggregated from the areas of focus summarised in 2.13, 2.18.

9. The impact of the pandemic and a tightening on public sector resource has impacted directly on those with responsibility for the planning of, managing and recovering from incidents. The committee could consider how to build enhanced resilience into the systems whilst also learning directly from Category 1 and Category 2 responders. Module 1 focussed on systems and structures, but often did not reflect how those systems and structures are populated and worked by people.

This recommendation is aggregated from the areas of focus summarised in 1.8, 1.9, 1.10, 2.15, 2.20.

10. The committee could consider how to support policymakers with responsibilities for civil contingences to showcase their approach to their colleagues, agencies, and the electorate.

This recommendation is aggregated from the areas of focus summarised in 1.1, 2.10, 2.12, 2.16.

11. The committee's workstreams should monitor and consider how systems and processes to plan, respond and manage recovery in disasters and emergencies are related to Wales within the future public inquiry Module reports and wider policy development.



### **Report Structure and Method**

This report firstly presents a suggested area for inclusion for the Senedd's Wales Covid-19 Inquiry Special Purpose Committee in relation to the recommendations of the Module 1 Report. After that, the summary of the gap analysis presents the areas of difference between the two sources, which is proposed to be considered for inclusion into the terms of reference of the committee, and the areas of overlap, which is suggested to be out of scope of the terms of reference of the committee. This is split into three sections which outline where and how the Module 1 report connects to Wales, where the gaps are between that report and the review we compare it to and where future Modules of the Inquiry may need to revisit issues related to civil contingencies. The findings of this gap analysis are synthesised and recommendations suggested for the committee to consider.

### **Defining the Gap Analysis**

Gap analysis is a cluster of methods, that are used to compare two or more entities to evaluate their differences. This comparison can identify areas of improvement or potential risks that may affect operations, as well as pinpoint discrepancies and opportunities for mitigating these issues.

Having reviewed the different approaches in this cluster of methods, we have defined what type of gap analysis we have used in this report. This is not a performance gap analysis (to assess current against a future ideal), but a knowledge, resource, and culture gap analysis. This will assess the gap between the content of a report produced in June 2020 based on the views of 150 individuals in Wales who were in roles relating to civil contingencies and responsible for managing the pandemic at the time, against the content of the UK Covid-19 Public Inquiry Module 1 (Hallett, 2024).

It will assess the difference between these two sources, it will not predict outcomes, it will aim to compare existing knowledge of preparedness and resilience within these two sources and highlight any areas that are present or absent in each. The highlighted areas are then shared for consideration by the committee.

The gap analysis does not therefore identify a gap between an ideal because an ideal resilience structure has not been agreed in the global academic or policy literature. Resilience as a concept has many different definitions and ultimately is politically located within culture. Consequently, there is no agreed ideal to complete a systematic comparison against.

Instead, a gap analysis was completed using the authors' expertise of civil contingencies and a review of colleagues managing the pandemic in Wales during the pandemic. This has been done to:



- identify where there is a recognised need for more knowledge about the • resilience structures and frameworks in the context of Wales,
- to make them more effective in the future,
- to provide more information about how the resources were used and how effective they were in the context of the Welsh resilience structures,
- support enhanced understanding of the culture within the resilience structures, • and the custom and practices of how the resilience frameworks and structures are used and engaged.
- highlight instances where the Module 1 Report did not cover something that • was present in the data collected in 2020 in the pandemic, or institutionally defined good or leading practices.

For the purposes of this analysis, *gaps* were defined as those instances in which national resources, structures, processes or practices demonstrated a variance against the content in the Module 1 Report.

After defining the scope and setting the boundaries for assessment, the relevant data was used to complete the analysis. After this process, the results were then grouped into gaps and areas that overlapped and written here in this report for the committee to review.



### **Findings**

The authors of this report have undergone a systematic approach to completing the gap analysis of the Welsh response to the Covid-19 pandemic. This report seeks to use material gathered throughout the pandemic about the resilience and preparedness of Wales and compare those to identify areas where the Special Purpose Committee could focus their workstreams to learn and prevent recurrence.

Before we considered the UK Covid-19 Public Inquiry, we consulted experts in the nature and form of Public Inquiries and understood that the main primary purpose of public inquiries is to consider "preventing recurrence" (according to the Inquiries Act 2005). Given this scope, we have aligned our analysis to this parameter.

### Section 1: Application and Implementation in Wales of the **UK Covid-19 Public Inquiry Recommendations from** Module 1

Ensuring that the Special Purpose Committee have clarified boundaries within which to establish their terms of reference aligned to 'Module 1 Report - The resilience and preparedness of the United Kingdom' report by the UK Covid-19 Inquiry (Hallett, July 2024). Within that inquiry the remit of Module 1 was restricted to the following parameters of resilience and preparedness.

(Abridged from the UK Covid-19 Public Inquiries Terms of Reference document to outline relevant aspects of Module 1)

"Module 1 opened on 21 July 2022 and is designated to investigate the preparedness for the pandemic. It assesses if the pandemic was properly planned for and whether the UK was adequately ready for that eventuality. This Module will touch on the whole system of civil emergencies including resourcing, risk management and pandemic readiness. It will scrutinise government decision-making relating to planning and seek to identify lessons that can be learnt. Included in this Module is:

The scope of the inquiry asks:

- Was the risk of a Coronavirus pandemic properly identified and planned for?
- Was the UK ready for such an eventuality?
- Decision-making relating to planning. •

The aims of the Inquiry are to examine the Covid-19 response and the impact of the pandemic in England, Wales, Scotland, and Northern Ireland, and produce a factual narrative account, including the public health response across the whole of the UK, including;

preparedness and resilience



- how decisions were made, communicated, recorded, and implemented
- decision-making between the governments of the UK
- the roles of, and collaboration between, central government, devolved • administrations, regional and local authorities, and the voluntary and community sector
- the availability and use of data, research, and expert evidence •
- legislative and regulatory control and enforcement •

To highlight where lessons identified from preparedness and the response to the pandemic may be applicable to other civil emergencies and to identify the lessons to be learned from the above, to inform preparations for future pandemics across the UK."

The findings of that report focus on 10 recommendations (reproduced directly for ease from the report):

- 1. Each government should create a single Cabinet-level or equivalent ministerial committee (including the senior minister responsible for health and social care) responsible for whole-system civil emergency preparedness and resilience, to be chaired by the leader or deputy leader of the relevant government. There should also be a single cross-departmental group of senior officials in each government to oversee and implement policy on civil emergency preparedness and resilience.
- 2. The lead government department model for whole-system civil emergency preparedness and resilience is not appropriate and should be abolished.
- 3. The UK government and devolved administrations should develop a new approach to risk assessment that moves away from reliance on reasonable worst-case scenarios towards an approach that assesses a wider range of scenarios representative of the different risks and the range of each kind of risk. It should also better reflect the circumstances and characteristics particular to England, Scotland, Wales, Northern Ireland, and the UK as a whole.
- 4. A new UK-wide whole-system civil emergency strategy should be put in place and it should be subject to a substantive reassessment at least every three years to ensure that it is up to date and effective, and incorporates lessons learned from civil emergency exercises.
- 5. The UK government and devolved administrations should establish new mechanisms for the timely collection, analysis, secure sharing, and use of reliable data for informing emergency responses, such as data systems to be tested in pandemic exercises. In addition, a wider range of 'hibernated' and other studies should be commissioned that are designed to be rapidly adapted to a new outbreak.



- 6. The UK government and devolved administrations should hold a UK-wide pandemic response exercise at least every three years.
- 7. Each government should publish a report within three months of the completion of each civil emergency exercise summarising the findings, lessons, and recommendations, and should publish within six months of the exercise an action plan setting out the specific steps to be taken in response to the report's findings. All exercise reports, action plans, emergency plans and guidance from across the UK should be kept in a single UK-wide online archive, accessible to all involved in emergency preparedness, resilience, and response.
- 8. Each government should produce and publish a report to their respective legislatures on whole-system civil emergency preparedness and resilience at least every three years.
- 9. External 'red teams' should be regularly used in the Civil Service of the UK government and devolved administrations to scrutinise and challenge the principles, evidence, policies and advice relating to preparedness for and resilience to whole-system civil howe at least every three years.
- 10. 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.

### Articulating the UK Wide Recommendations to Wales

To support the work of the committee, we examined opportunities that are already scrutinised and informed by evidence. These include how the Special Purpose Committee can use the report from Module 1 to examine the implementation of these within Wales. Below we have taken the recommendations from the Module 1 Report and contextualised them to Wales and design their implementation to be agnostic of risk to ensure that they are future proofed and relatable to a range of risks, rather than simply for another health emergency. This would seek to save the most amount of lives and reduce harm into the future. Although we acknowledge that another health emergency is top of the risk register in the UK, so is highly likely to occur. This could form part of the committee's work. A suggested draft of these is contained below (strike through suggests this would not be a Welsh Government independent action and so should not be considered in isolation from other governments):



- 1.1 The Welsh Government should review the effectiveness of the ministerial committee responsible for whole-system civil emergency preparedness and resilience (Welsh Civil Contingencies Committee), chaired by the leader or deputy leader of the Welsh government and its ability to oversee and implement policy on civil emergency preparedness and resilience. Review the set up and effectiveness of the Welsh Emergency Coordination Centre.
- 1.2 The lead government department model for whole system civil emergency preparedness and resilience is not appropriate and should be abolished. Although the sentiment of the above recommendation might not seem directly applicable to the Welsh context, we invite the committee to consider how this might affect the way Wales responds, due to some of the Welsh system holding devolved responsibilities and some do not, so how will this be different?
- 1.3 The Welsh Government should develop a new approach to risk assessment that moves away from reliance on reasonable worst-case scenarios towards an approach that assesses a wider range of scenarios representative of the different risks and the range of each kind of risk. It should also better reflect the circumstances and characteristics particular to Wales.
- 1.4 A new UK wide whole system civil emergency strategy should be put in place and it should be subject to a substantive reassessment at least every three years to ensure that it is up to date and effective, and incorporates lessons learned from civil emergency exercises. We invite the committee to consider how this strategy needs to be inclusive and engaged with the variations afforded to Wales (and Scotland and Northern Ireland), and ensure it spends significant time to reflect these differences.
- 1.5 The Welsh Government should establish new mechanisms for the timely collection, analysis, secure sharing and use of reliable data for informing emergency responses, such as data systems to be tested in emergency exercises in response to a range of risks. In addition, a wider range of 'hibernated' and other studies should be commissioned that are designed to be rapidly adapted to inform the development of these risks as they progress.
- 1.6 The Welsh Government should participate in a UK-wide pandemic response exercise at least every three years.
- 1.7 The Welsh Government should publish a report within three months of the completion of each civil emergency exercise summarising the findings, lessons and recommendations, and should publish within six months of the exercise an action plan setting out the specific steps to be taken in response to the report's findings. All exercise reports, action plans, emergency plans and Notingham Trent

guidance from across Wales should be uploaded to the single UK-wide online archive, accessible to all involved in emergency preparedness, resilience and response. The role of the Wales Learning and Developmental Group and the Prepare Delivery Group should be included as part of this recommendation and recommendation 6.

- 1.8 The Welsh Government should produce and publish a report to the Senedd on whole-system civil emergency preparedness and resilience at least every three years. This should include a review of the devolved structures and mechanisms such as the Pan-Wales Response Plan, the Emergency Coordination Centre, the Welsh Government Liaison Officers, the Welsh Civil Contingencies Committee, the Wales Recovery Group and its ability to draw from government departments for further support, the Ministerial Recovery Group, the Wales Learning and Developmental Group and the Prepare Delivery Group.
- 1.9 External 'red teams' should be regularly used in the Civil Service of the Welsh Government to scrutinise and challenge the principles, evidence, policies and advice relating to preparedness for and resilience to whole-system civil emergencies on whole-system civil emergency preparedness and resilience at least every three years.
- 1.10 The Welsh Government, in consultation with the other devolved administrations and UK government, 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. The Welsh Government should ensure that its structures and reporting structures which are deemed effective from recommendations 1, 5 and 8 should be recognised by this statutory body, and the Welsh Government should provide education and briefing packages to this body to ensure that the Wales/UK juncture points between governments and systems are recognised and understood.

The implementation and follow through of these recommendations are pivotal in ensuring that learning is embedded through revisions to the systems, processes, practices or reporting lines, rather than the individual memory of those involved. This application needs to be agnostic of risk to ensure the maximum value to the public and reduce the future threat to life and harm across Wales.

Alongside the UK recommendations articulated to the bespoke context of Wales, we have also carried out further analysis of the Module 1 Report against data and reports collated in 2020, whilst the pandemic was being actively managed. This data came



from those in public or voluntary positions who were managing the response to the pandemic across Wales. The next section outlines that analysis in detail.

### The Welsh Government Response to Module 1 Report

While this report was being drafted, the response to the Module 1 Report was released by the Welsh Government. Whilst this response provides an action plan and progress to date of initiatives against the outcomes of the report, this largely gives an overview of the changes already in place following the review of civil contingencies and the development of the Wales Resilience Framework in 2023.

We acknowledge the overlap and shared nature of these two outputs and recognise there is significant overlap between the Module 1 Report, the Review of the Civil Contingencies and the resulting design of the Welsh Resilience Framework. We believe that some of the activity contained within the action plan does not deliver the spirit of the Module 1 Report. The priority areas for consideration within our view should include:

- **Response to Module 1 Report, Recommendation 1.** This response in our view is encouraging. There are a few areas we would invite the committee to scrutinise further. These include:
  - 1) the effectiveness of the new arrangements outlined in 2.10 using the incident details outlined in 2.5, and the effectiveness of the newly defined structures contained within 2.6, 2.7 and 2.8 (this links with another action below) and 2.9.
  - The committee should also consider whether they wish to appraise themselves of the review of external arrangements which is ongoing and summarised in 2.11 – 2.13. Particularly looking to what extent reviewing the structures pan-Wales would keep the quality assurance and decisionmaking span needed in a major emergency but would also address the essence of Module 1 Report Recommendation 1 to "simplify and reduce the number of structures with responsibility for preparing for and building resilience to whole-system civil emergencies".
- Response to Module 1 Report, Recommendation 2. Whilst the response in sections 2.14 2.15 provide a good underpinning to the general approach and connectivity of subsidiarity and lead government departments, the spirit and driving point of Recommendation 2 is that this system does not work effectively with a whole system approach. At least a handful of risks on the NSRA are whole-system risks by the nature of the capability, capacity or their catastrophic rating on the register. This means that our system has a built-in gap, which we know about. Therefore, the response contained in 2.16 is not sufficient and we would point the committee to scrutinising activity and thoughts for this



approach, recognising the complexities of the structural links to the UK government. This would be a high priority area in our view.

- **Response to Module 1 Report, Recommendation 3.** We feel this is a high • priority area for the committee. The essence of the recommendation was to ensure that a diversity of thought and variety of conceptualisation of each risk was considered, as well as the different possible mitigations and consequence pathways from the risks. We commend the responses set out in 3.1 – 3.8. Especially the contextualisation of risk to Wales in 3.5. We agree that this work, although a significant piece of work to complete, is an approach which both contextualises the risks, response, and (as outlined in 3.7) the community level information. Whilst this work enhances the specificity of the knowledge of the defined risks, we question if the spirit of the recommendation has been adhered to. It is not clear that the risk assessment process has received enough diversity of thought. Increasing the quality assurance around the contextualisation is a significant step, but the process needs to involve *independent* thought and challenge. Currently the contextualisation has been completed by the LRFs, who are directed by the Welsh Government, Cabinet Office and MHCLG, and then reviewed by an entity (the Emergency Planning College) which is run by a private provider under contract from Cabinet Office. We question where the independent thought is within this process. Whilst expertise to define the contextualised risk register is to be commended, the *independent* scrutiny of the risk register, the use of scenarios, the range of different types of risks, consideration and involvement of both work on Chronic Risks and the Climate Change Risk Assessment, and other source knowledge does not appear to have been used to inform this risk register and meet the essence of the recommendation (this links to area of focus 2.6, 2.10, 2.17).
- Response to Module 1 Report, Recommendation 4. This is an area the committee should consider and take a view on given that the essence of the module 1 recommendation is "The UK government and devolved administrations should together introduce a UK wide whole-system civil emergency strategy" and after some rich contextualisation, the response set out in 3.16 is "all governments agree that a single UK-wide strategy which covers all of the sub-recommendations would be unwieldy and would not be appropriate given devolution arrangements, responsibilities and accountabilities." This leaves this recommendation, and the associated complexities which have been demonstrated across the UK in the pandemic through the Module 1 Report without a strategy or associated actions.
- Response to Module 1 Report, Recommendation 5. The actions detailed in 3.17

   3.22 are specific to a pandemic or health crisis, and the committee may wish to ask for evidence that these have been built, trialled and tested in a health-related pandemic. This is because the essence of the recommendation was the NOTU Nottingham Trent University

development and testing of these mechanisms "The UK government, working with the devolved administrations, should establish mechanisms for the timely collection, analysis, secure sharing and use of reliable data for informing emergency responses, in advance of future pandemics. Data systems should be tested in pandemic exercises." The responses 3.23 to 3.26 are welcomed and point to the National Situation Centre as well as the work completed within Wales. However, all of this new data sharing and analytical capacity only appears to serve to inform at the ministerial level, there is no mechanism or mention for how this data and analytical capacity will be shared to the lower level of subsidiarity especially to the LRFs. This limits value of this build to fixing a data paucity issue. It enhances at ministerial level, but not at regional or local strategic and decision maker level. This should be considered by the committee as an area to see if sufficient value is being made from public spend. The committee should also review whether this build, in current national and subnational limited reach, would be the best use of resource given the range and profile of risks in the NSRA and the Wales Risk Register. The responses to 3.17 and 3.31 are endorsed, but the challenge is how this level of investment is protected and sustained moving forward, rather than eroded overtime.

- Response to Module 1 Report, Recommendation 6. The responses are welcome. • However the committee should consider if they should request the learning, action plans and evidence of change following future exercises. Given that governance structures were in place previously to oversee exercising, it is suggested that questions such as 'what bodies were involved in the exercise', 'which roles were involved in exercise', 'how many people were present who have attended an exercise within the past two years' should be asked. Questions such as these would provide some assurance that the exercising was achieving breadth and depth of shared learning and testing that was occurring, as well as informing and changing customs, practices and policies as necessary.
- Response to Module 1 Report, Recommendation 7. We welcome the response • set out across 4.1 – 4.6. We appreciate that this focusses on the changes made following the sharing of learning, as well as the identification and tracking of learning from exercising. The learning management system will go some way to addressing the essence of Recommendation 7, but this will not address "keep exercise reports, action plans, and emergency plans and guidance from across (Wales) in a single, pan-Wales online archive, accessible to all involved in emergency preparedness, resilience and response." There is also a significant split in the emergency community about the usefulness of Resilience Direct. A review was produced during the Covid-19 pandemic on the functionality and use of the platform (https://www.lboro.ac.uk/media/media/subjects/politicsinternational-studies/downloads/80001-Covid-19-Project-Report-FINAL.pdf) which should be considered.



- Response to Module 1 Report, Recommendation 8. The content of responses of • 4.14 to 4.18 go some way to illustrating how the accountability will be provided for continuous work on the whole of system mechanisms and machinery. We see this as a priority area of the committee to ensure oversight of this aspect of the Welsh Resilience Framework develops sufficiently to effectively respond to whole of system risks, given the response to Recommendation 4 that no changes are to be made to the lead government department model in these instances. Given the highlighted challenges of this approach outlined in the Module 1 Report this deserves further scrutiny.
- Response to Module 1Report, Recommendation 9. We welcome and recognise • the responses 4.19 - 4.22, but the essence of the recommendation is to go beyond a 'critical friend'. We believe the essence of the recommendation is to ensure groups of diverse, independent thinkers outside of a policy or payment line to government, are gathered to purposely challenge assumptions that underpin plans, policies and s well as processes to robustly test the strength of evidence, and presumptions of preparedness and resilience.
- **Response to Module 1 Report, Recommendation 10.** We note the responses in 4.23 – 4.25, especially the response in 4.25 regarding the constitutional basis of advice if this recommendation is implemented or actioned. As this is a UK wide recommendation, this might be out of scope for the committee, however this will have a material impact on devolved civil contingencies.

The response to Module 1 Reports recommendations includes 30 pages of response, taking each in turn to address their current position. A summary table of associated actions is presented on the last two pages

(https://www.gov.wales/sites/default/files/publications/2025-01/uk-covid-19-inguirymodule-1-welsh-government-response.pdf).

### Section 2: Recommendations Developed from those Managing the Pandemic in 2020.

In this section we outline our analysis of the data gathered in real time in June 2020 from those managing the pandemic across Wales (n = 150). These were people in roles related to the civil contingency structures and preparedness as well as response and recovery roles. Alongside an academic team, practitioners and experts from the Welsh civil contingency structures formed the analysis unit who co-produced the report and recommendations. Specifically, this data collected from individuals in roles who had a responsibility within the resilience and public structures across North Wales, South Wales, Gwent, and Dyfed-Powys. This section clusters our analysis into focus areas. They are presented initially at quite a detailed level to assure the committee of the



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issues. The committee may want to take the spirit of them and operationalise them at a more strategic level by clustering them into higher order aspects of resilience and preparedness within future scrutiny processes.

### Focus Area: Effectiveness of Wales Civil Contingencies Structures and 'Whole System'

The UK Covid-19 Public Inquiry did explore the civil contingencies arrangements relating to preparedness and resilience in Wales, however this was mostly contained to whether they held up against the pre-2020 designs, or whether they deviated away from those. This can be found in chapter 2, page 33-39, in particular figures 5 and 6. From our work previously, with those managing the resilience structures across Wales at the time, we do not feel this is a comprehensive overview of what the Welsh resilience structures encompass. There are some structures missing from this (such as the Ministerial Recovery Group). This might be because these figures and associated narrative had a focus on the pandemic and health associated resilience structures, rather than the resilience structures. Given this, we identify several gaps. The UK Covid-19 Public Inquiry did not review the following areas, which provide potential gaps that the committee may wish to consider.

### 2.1 Review the effectiveness of the integrated response across the four Local **Resilience Forums, of the Pan-Wales Response Plan.**

This would allow the committee to see, specifically, where the systems and structures are well connected, or have fracture points ahead of the next societal wide/system wide risk. This looked across the Welsh system to see how the structures and processes support the activation and coordination of all four Local Resilience Forums (LRFs) and the Welsh resilience systems at once would ensure the committee could stress test the Welsh resilience apparatus. This would contrast the UK's Module 1 Report as this reviewed the national level structures in the context of the pandemic.

### 2.2 Review the effectiveness of the systems within figure 6 of the UK Covid-19 Public Inquiry (page 34). Particularly the integration and reporting lines between health structures and the wider Wales resilience structures and how social care could be included more fully into this system.

This focus would ensure that the committee assure themselves of the effectiveness of how the structures and systems are connected to one another and how effective that connectedness and coordination is. There are some groups missing from this figure that we are aware of (for example the Wales Learning and Developmental Group, and the Prepare Delivery Group), and in addition, our data from the time would suggest that the connectedness between the health structures and wider Wales resilience structures would be reviewed, to ensure that the bi-directional reporting lines were effective. Looking to the future, learning from how these operated and then applying that learning to stress test how this system may operate during other disasters and



emergencies relating to other risks (Counter Terrorism, extensive floods, extensive wildfire, major cyber-attack, critical national infrastructure failure, another pandemic) in Wales, of equal or lesser spatial affect, would be a useful learning to enhance preparedness for the future.

These two recommendations relate to the Module 1 Report recommendations 1, 8 and 10. Whilst the UK Module 1 Inquiry looked at how these structures across the UK wired and docked together and how they were set out in Wales, we believe that the level of detail shared within the Module 1 Report does not support, with enough detail, how the structures docked across Wales and between the structures within Wales.

Taking a more detailed, contextualised look at the Welsh context would ensure that the learning from the first whole system activation in living memory (and within the life of the current legislation, for example, the Swine Flu response occurred before some of the current structures were developed) can be taken and inform future whole system risks. In scope should be effectiveness of the Pan-Wales Response Plan, the Emergency Coordination Centre, the Welsh Government Liaison Officers, the Welsh Civil Contingencies Committee, the Wales Learning and Developmental Group, the Prepare Delivery Group, the Ministerial Recovery Group, and the Wales Recovery Group. In specific relation to the last group – their additional feature is that they can draw from Welsh Government departments to aid recovery (as outlined in the Pan-Wales Response Plan), the committee might review whether this group activated and if so, did that ability to draw across departments work effectively and operate as outlined in the PWRP.

The committee could review how these structures all worked together 'system wide,' but specifically how these resilience structures all engaged with the health structures, most of which are outlined in Figure 6 on page 34 in the Module 1 Report. Our data from the time suggested that there might be learning on how health structures, such as Public Health Wales, Public Health England (as was), and the other health structures, suffered from the original definition of the pandemic being a 'health response.' This meant that their reporting lines were internal and not docking externally, consequently impacting on messaging and situational awareness of the rest of the resilience structures. The focus on health, and not social care, in these systems and structures was highlighted as a learning point by those managing the pandemic at the time. How this could be integrated more fully in a future emergency or risk might significantly reduce deaths and harm. This might be picked up in Modules 3 and 6 of the UK Public Inquiry, but the committee should either delineate a line based on specificity of the context of Wales (informed by how Module 1 has been delineated in the UK report) and plan work against this, or they should keep this area under review and take a view once Modules 3 and 6 have completed and the reports are released. Currently there is a convincing argument that how the health and social care structures dock with resilience structures and preparedness, should be identified as part of Module 1 paced work, as this appears to be how the UK public inquiry have defined this. Beyond the



resilience and preparedness, the rest of health and social care related evidence should be considered aligned to Modules 3 and 6.

By drawing a comparison between the UK and the Welsh structures, the inquiry did not appear to fully explore the contextual nature of the response. This interconnection and joined up responsibility and response should be better structured moving forward. The inquiry did go some way to challenge if the structures and systems were the most optimum versions they could be to tackle all disasters and emergencies that may occur in, or across, Wales, but further work by the committee could ensure that future structures and systems are well designed and fully scrutinised to ensure they challenge strategic decision makers and responders to build and deliver the best proactive and pre-emptive civil contingencies for all Wales.

### 2.3 Review the timing of stand up, staffing, expertise, information management systems and effectiveness of the Emergency Coordination Centre Wales.

Our data suggests this would be an area where those managing the response to the pandemic highlighted that there could be future learning opportunities. These learning opportunities could be forward facing as well as retrospective in the design of the committee's work. The Emergency Coordination Centre Wales' role in a whole system emergency could be reviewed to assure its role in the system.

With any prospective changes to the system, should these areas be included in the workstream of the committee, there needs to be embedded checks and balance to ensure the voice of professionals who operate within this area of work are consulted.

## 2.4 A focused review of category 1 and category 2 responders could be completed to capture lessons learnt and, to provide a mirror to any new and developing strategy for Welsh Civil Contingencies work as it is developed.

N.B. Subsequent to the first draft of this report being published, this might have been completed in the review of pan-Wales structures, but the committee would need to assure themselves of this.

### Focus Area: Coordinated Approach to Decision Making

Although the Module 1 Report focussed on resilience structures and preparedness between the governments, this did not expand to the full depth of connectedness and reporting lines across Wales (or any other nation). Whilst it collected evidence on this broader scope, it focussed on the central government and devolved administration interactions. This did not account for the effectiveness of the structures beyond/below that UK government level. The community groups and volunteering structures were more embedded in Wales and so how this aspect of the response performed is not included in the Module 1 Report.



2.5 What was the level of integration, strategic approach, coordination, and reporting lines into and from the Local Authorities, Community groups, Local Resilience Forums, up to a Welsh and then UK level.

### 2.6 Given the complexity of decision making in a whole system activation, the quantity and recording of decision making, particularly given the incoming Duty of Candour legislation, should be reviewed to understand how learning and accountability can be traced through the management of future whole system risks.

The lack of strategic direction of the decision making across the UK has been evidenced in the UK Covid-19 Inquiry Module 1 Report. However, this had specific impacts in the Welsh context with the Welsh specific resilience structures and their connectivity and reporting lines of decision making as well as communication. The Duty of Candour legislation (also known as the Hillsborough Law) moves beyond simply being transparent. In a whole system activation, there is a large volume of recording of decisions across different systems and decision logs. Stress testing this complexity against the requisites of the new law would place the Welsh resilience structures in an advantageous place ahead of the known future risks where this will have to take place across the system. The pandemic can serve as a learning opportunity to ensure future legal contexts, coroners processes, committees, and future bereaved or survivors of major risks can understand what was done to manage the incident.

#### 2.7 Review learning opportunities from the introduction of the BAME Advisory Group during the pandemic response.

### 2.8 Review the learning opportunities from the positive additional funding for Local **Resilience Forums during the pandemic response.**

From the voices of those managing the pandemic across Wales during the first year, they identified these as positive aspects which supported or influenced their decision making to be more informed, or more flexible. Understanding how these worked and what kind of principles could be used to learn from, and extrapolate to, future risks would be beneficial for the communities and resilience structures of Wales. They noted the introduction of a committee looking at the impacts and risks to minoritised communities. This committee produced a risk assessment tool for the social care sector which was reported as being effective in helping to understand differential consequences and impacts, how this learning could be taken forward in other contexts and within the management of future risks should be considered.

### Focus Area: Welsh Government

The Module 1 Report does not consider the specifics of the structures within the Welsh Government which support resilience structures. Module 2 will consider political decision making and so that aspect is out of scope of this analysis. However, the systems and structures to support resilience are within scope of this analysis. NTU Nottingham Trent University



2.9 Review the internal resilience coordination mechanisms of the Welsh Government. Specifically, the ways of working such as not moving to a shift system over weekends during an emergency, reviewing the communication and reporting structures across the resilience system (including the briefing lines between the resilience structures and elected members), and the knowledge, experience vs seniority of Government Liaison Officers.

The data collected during 2020 suggests there are learning opportunities within this area of focus which future incidents could benefit from. The data suggested that whilst the Welsh Government had a willingness to be open and they were perceived to be engaged with Welsh citizens, there were some customs and practices within how the Welsh Government was interacting with the resilience structures. The speed with which the resilience structures were set up at national level should be reviewed, as well as the customs and practices of how the ways in which the Welsh Government operated were successful in docking with the resilience structures. Including how these were wired to the Local Resilience Forum structures and the more local level structures, including the reporting lines into and out of Strategic Coordinating Groups (SCGs). The SCGs were supported by Government Liaison Officers (GLO) who initially were the people who had built relationships and knowledge with the LRFs before the pandemic. However, the stability of the GLOs attending the SCGs and the expertise that the GLO cadre had, should be reviewed. Another focus of membership of SCGs and other resilience structures were elected members. The comparative reporting and briefing lines of the linear official structures, versus the briefing lines that elected members were privy to within their party structure, should be reviewed and future recommendations should be made on how to integrate elected and political memberships within the resilience structures, or how to clear barriers in the official reporting lines to equate the speed and accuracy of decisions, policy changes and information dissemination.

### 2.10 Reviewing the transparency and communication of the use of scientific knowledge.

It is widely accepted that communities' needs are different between the geographical areas of the UK. Whilst holding this as an assumption, the committee could review how effectively the Welsh government communicated, how or why different policies were developed on the same scientific evidence, data, and knowledge as other governments. Whilst it is understood this is likely to be in response to the different needs, the demonstration of how different positions had been reached and the effect on perceived transparency and trust is likely to be experienced in future whole system risks, so capturing the learning would be beneficial. How the political decisions were made will be included in Module 2, but the use and inclusion of evidence and science and the communication of that to responders, managers and the public, is part of Module 1.



## 2.11 Review the practices and learning from data access and sharing (both vertical up to government level and back to communities, agencies, and organisations, and horizontal, between the local or national structures and sectors).

Our data collected at the time, the Module 1 Report and other sources have identified the inconsistency, technical challenges, legal positioning, and cost to saving lives and reducing harm, of ineffective data sharing. The GDPR frameworks have the ability for data sharing for the preservation of life built in. The committee should include the learning of how successful this was across the Welsh resilience and preparedness system in their workstream, to inform future emergencies.

### Focus Area: Policy and Strategy Cohesion

2.12 Reviewing the clarity and communication of guidance (specifically around version control to reduce confusion) between four government policies (UK, Wales, Scotland, NI), and with sector differences for those organisations who have a national body at UK level (National Fire Chiefs Council or National Police Chiefs Council), or Public Heath England and Public Health Wales should be reviewed.

These different geographical and governance levels had different policies at the same time (for example staff testing). Creating principles of organisation which can advise on how to integrate policies and doctrines or to amend, revise, or discard was reported as being uncommunicated or not considered.

Data suggests that unnecessary demands on time, energy and complexity was caused by the multiple dimensions of policy adherence. As the guidance was developed, there were and could have been three levels of policy at any one time: a UK, national and local level policy, or guidance. There were also national sectors, agencies or structures which had their own guidance. So, for periods of the pandemic, those operating within the Welsh national policy, could have been breaking their sector national guidance as this was set at a UK level. If they were in a local area that was experiencing different local restrictions, then this was a further level of policy or guidance. The policies at the different structural footprints within Wales were consequently more challenging to adhere to, as the regulations and policies did not match up within sectors (specifically the public and emergency sectors with national bodies).

This was felt more acutely at the border with England and led to operational difficulties where the frustration and confusion of differing policies and guidance meant additional demand. The result was that in these areas, operations felt more reactive than they needed to. Partly, this was due to the timing of communications of policy changes and the lack of time for agencies such as the police and local authorities to produce clear communications with their own teams and the communities they served. This meant that frequently the communication to the public was confused.

This focus area should not only include a review of how the current structures, policies and mechanisms manage the challenges of cross border differences in a whole of Nottingham Trent University system risk, but the effectiveness of the accompanying necessary aligned communications between the UK, Welsh, regional and local decisions. We feel this should be a high priority alongside the whole of system considerations throughout this report. This is complimented and articulated in one aspect in 2.13 below.

### 2.13 Reviewing the effectiveness of the clarity, timeliness, coordination, and integration of communication of policy and guidance relating to the public messaging about the pandemic.

To ensure differential decisions that are applied to different spatial areas and geographies can be safeguarded and transparently represented and communicated by the whole system and relevant stakeholders. The articulation here of the challenge is succinct, the committee should not take this as an indication of a lower priority. The data collected at the time was clear on the many challenges this presented to those managing the pandemic at each of the levels of decision making from local, regional national and UK. This challenge was not covered in the Module 1 Report, nor has it been included in the subsequent reviews when considering the whole of system risk.

#### 2.14 Review the consequences and possible solutions during emergencies that arise from sectors and stakeholders not understanding the devolved status.

Relating to the challenges highlighted about the existence and communication of differing guidance and policies, data collected at the time highlights that learning for future pandemics should consider the level of knowledge that UK wide organisations and sectors have regarding the devolved status. The committee may want to review this to see what support could be put in place to support those operating at different geographical areas to understand the devolved status. This includes a review of how the higher media lines, higher sector devolution briefings/information operated during the pandemic. This would also seek to learn lessons on how to reduce or control the elected structures creating request overload during an emergency, which was reported in data collected during the first year of the Covid-19 pandemic.

This challenge is specific to the devolved nations and so was not covered in the Module 1 Report.

### Focus Area: Multi-Agency Working

Our data collected at the time suggests that a possible area for the committee to explore is the connectedness between the resilience structures within Wales. This is reflected in focus area: Effectiveness of Wales Civil Contingencies Structures and 'Whole System' and in 2.1 and 2.2, however that area of focus is specifically focussed on the activation of the 'whole system.' This area of focus relates to a review of multiagency working whether parts or geographically smaller areas of resilience structures are activated. This would support broader understanding of the strengths and areas for learning in all future emergencies regardless of risk or geography.



### 2.15 Review the customs and practices for staffing, role definition, collaboration, and clarity of responsibility across the resilience structures.

The focus on this review might focus on how the resilience structures, when stood up, are staffed and the approach different sectors and organisations, and LRFs have. The data collected during the pandemic suggests that there were not enough people with the skills and expertise to populate those roles within the resilience structures. There might also be learning to share across the resilience structures of Wales regarding role clarity of partner responsibilities and which roles or structures does what in a whole system, or part system stand up. This would reduce any duplication of effort across the structures and galvanise the pan-Wales coordination. This could also seek to inform how in future emergencies there could be better alignment between health structures in Wales, and between those health structures and the LRFs. This includes how between organisation working can be supported and how organisations collaborate effectively through a cross Wales approach to shared IT infrastructure and digital platforms.

The committee asked us to revisit the data collected at the time to review the nature of the different professions in this challenge of multi-agency working. Within the data, the patterns and trends identified a challenge with buy in from the Local Authorities, which although broadly negative was focussed mostly on the response process, but the attendance of senior leadership at decision making bodies such as the SCGs was reported as good across the board. Our data highlighted that the most challenging multi-agency working came from connecting into the health sector.

### Focus Area: Learning, Sharing and Preparing

This area of focus aims to enable learning throughout the Welsh resilience structures and preparedness to support future learning and preparation. The learning opportunities within the Covid-19 to improve and enhance as the pandemic unfolded was crucial to ensuring as many lives were saved and harm was reduced as possible. This area of focus would explore how this could be created in the future. The Module 1 Report, and future Modules will highlight opportunities for specific fields of learning, such as knowledge exchange of health facets of the pandemic such as transmission, development of vaccines, the sharing of scientific evidence and how that was fed into political decision making, and how communities could most effectively work together to reduce the primary and secondary impact of the pandemic. However, there needs to be an infrastructure to ensure this has opportunity to occur. This area of focus would do that.

The Module 1 Report does not focus on the requisite parts of the Welsh resilience structures which should take the lead in establishing opportunities and thought leadership to enable learning, sharing and preparing, the longer term need for knowledge exchange and the understanding of what needs to happen alongside and after the active response to the pandemic to manage the consequences of the Nottingham Trent University

pandemic and the impact of actions we chose to use to manage the transmission (what doctrine calls 'recovery', but which many have chosen not to use that phrase, as do we).

### 2.16 Review which structures in the resilience system in Wales should be responsible for sharing learning during an emergency, or just after its response phase.

Also consider how learning about supporting communities during and after the acute phase of the emergency to manage the consequences of the emergency and the secondary impacts. Establish how learning about the longer-term impacts could be included in training and exercising, and decision making in the earlier stages of an unfolding emergency.

The Module 1 Report considers the UK and devolved responsibilities for providing, action logging and implementing learning from exercising and training. This was also reported from data collected in the first year of the pandemic. However, the specificity of the data collected at the time indicates that a required focus of the Covid-19 Special Purpose Committee is to consider the balance of multi-agency training against time or commitment to organisational or sector-based training. With learning outcomes focussed on supporting future preparedness.

2.17 Review how training and exercising in Wales could be improved to support more effective multi agency exercising and training. And how this exercising and training could benefit from horizon scanning bespoke to Wales and the Welsh context. \*This also aligns to 2.4 above.

### Focus Area: Communities

This area of focus invites the committee to review how communities are connected with the resilience and preparedness structures across Wales. This will enable learning to be paid forward from the pandemic, both for the next whole system activation and for future emergencies agnostic of risk or geographical scale.

With future risks needing response, alongside the management of the primary and secondary consequences and societal impacts, balanced with the awareness of ensuring inequalities and disadvantage is not exacerbated, there is an increased need for resilience structures to understand how to do this well. Whilst ensuring that any concurrent events are managed.

2.18 Review how societal inequities and disadvantage are incorporated into the preparedness processes and actions of resilience structures in Wales. And how the resilience structures within Wales connect, collaborate, and integrate with the community and voluntary sector.

The data recorded at the time suggests that this needs robust stress testing to ensure that plans are both good in theory, and that the capacity is there for them to be



actionable – a plan could be good on paper but not realistic to action due to a mismatch of resources or due to practicalities.

### **2.19 Review the processes by which the plans of the Welsh resilience structures are tested.**

The impacts on the responders across Wales should be a consideration of the committee's focus. Data collected at the time was clear that there where impacts on category one sectors and strategic decision makers. This includes the impacts from the length of crisis in terms of time and the impact of managing the pandemic both at home and at work. This had consequences on those staff.

## 2.20 Review the longer-term impacts on the public services across Wales of the pandemic and the cohort who were involved in the public actions to manage the pandemic.

The UK Covid-19 Public Inquiry Module 10 might examine the impact of the Welsh resilience on tourism, but this was highlighted by the data collected at the time. So, this should be kept under review by the committee.

## Section 3: Overlaps between the data collected and the Module 1 Report

There were commonalities between the two sources identified through the gap analysis. These areas of overlap we recommend that the committee either do or do not include within their scope or put under review for later Modules and subsequent reports by the UK Covid-19 Public Inquiry. These include the areas below. For ease of reading this report, the future Modules will focus on:

- 2. Core UK decision-making and political governance
  - a) <u>Scotland</u>
  - b) <u>Wales</u>
  - c) Northern Ireland
- 3. Impact of Covid-19 pandemic on healthcare systems in the 4 nations of the UK
- 4. Vaccines and therapeutics
- 5. Procurement
- 6. <u>Care sector</u>
- 7. Test, Trace and Isolate
- 8. Children and Young People
- 9. <u>Economic response</u>



#### 10. Impact on society

The areas of potential overlap are detailed below. We recommend that the committee track this report alongside the content and focus of the future Modules to understand when these overlaps are not satisfied. We are assuming the content of these Modules currently, but we wish to make it clear that our projections might be wrong. Consequently, the committee should keep this section under review.

- A. PPE there was comment from those who managed the pandemic about the nature and opportunity to learn from the arrangements to organise, procure, process, distribute and stockpile personal protective equipment. This is mapped to the UK Covid-19 Public Inquiry Modules 3 and 5.
- B. Political decision making although this report and its content does briefly touch on political decision making, both within the Welsh Government, and between the Welsh Government and others, we have not focussed on those specifically. They are secondary considerations or consequences of other focus areas. The content of the data collected at the time which we have not covered in this report as they will be covered by Module 2 and 2b of the UK inquiry.
  - The impact of political decision making on the four nations approach to managing the pandemic, and the Welsh Governments role in this. Whilst we focus on the impacts of managing national differences in guidance to the public across the UK and to communities, we do not focus on the politics within this, just the impacts on the resilience structures. We do not consider such aspects as perceived misalignment, and whilst we focus on the Welsh Government's role in multi-agency working, we do not focus on political impacts of the structures and strategies.
- C. **Community impacts**-Whilst we consider some of how the resilience and preparedness structures should/did consider the communities across Wales, we have discussed the perceived impacts and the consequences as we predict these will be covered by Modules 10, 9, 8 and 2.
- D. **Renewal or rewriting of the CCA** Although we consider aspects of the legislative framework, we have not covered in this report the suitability of whether the Civil Contingencies Act is fit for purpose in the context of the Welsh Government. Data collected at the time revealed that those managing the pandemic critiqued the CCA, considering the strengths and weaknesses of the framework, the policies, processes, and wider frameworks within the constitutional position of the Welsh Government. There was, on balance, a consensus that the civil contingencies legislative framework might benefit from considering how it is applied when protracted incidents occur, such as pandemics. Discussions of how the legislative framework was applied in practice and the resulting attention, investment and



structuring of emergency management roles needing to be prioritised more than they were in the pandemic. Delegates agreed that more resources are required to support the emergency management structures and their activities, whilst retaining the ability to work flexibility, and in an agile manner.

E. Health system performance- We also acknowledge the unsurprising focus on how the healthcare systems performed, we focussed on how they docked with the wider resilience structures and did not consider this as it will be firmly reviewed in Modules 3, 4, 6 and 7.

As outlined above, we suggest that the committee keep these areas under review to map if they are or are not included and covered in the future inquiry Modules.



### Recommendations

Through this gap analysis we have explored the areas of difference between the sources and synthesised our findings for the committee. Below are a series of recommendations for the committee to consider that should complement their own thinking and the call for evidence submissions on Module 1 that have been made across Wales in December and January. They should support the committee to explore where future work on civil contingencies preparedness needs to develop. We also hope this document can act as a first offer for how the committee can explore the potential gaps of the public inquiry to ensure systems and processes across Wales learn the lessons going forward for all future Modules of the inquiry, and to ensure articulation to the Welsh context.

These recommendations are set out in response to our findings. They are not ordered to reflect any prioritisation. They reflect a combination of the recommendations set out in the public inquiries report and our review. The associated numbering highlights how these connect to the material above. They are intended to support the committee to plan further scrutiny for Module 1, future Modules alongside wider civil contingencies scrutiny across Wales.

 The Module 1 Report challenged the Welsh narrative that the resilience structures were fully fit for purpose. A review of the most effective model for Wales should be considered by the committee, including how to approach the implementation of the related Module 1 Report recommendations.

This recommendation is aggregated from the areas of focus summarised in 1.1,1.2, 1.8. 1.9, 1.10, 2.1, 2.2, 2.8, 2.16.

2. The public inquiry has highlighted the challenges of decision making within the civil contingencies and civic entities, within a pandemic including the processes for recording and sharing decisions. The committee could further explore how to effectively learn from those resilience professionals and those in roles with decision-making power in civil contingencies in Wales. They should also consider how they will adapt to new legislation. The Module 1 Report did not share examples of learning and adaptation made in Wales by decision makers, this should be identified, captured, understood and showcased to enhance these processes across Wales.

This recommendation is aggregated from the areas of focus summarised in 1.7, 1.8, 2.1, 2.3, 2.4, 2.6.

3. The committee should consider how to review the ways data access and sharing occurred in Wales both vertically and horizontally during emergencies.

This recommendation is aggregated from the areas of focus summarised in 1.5, 2.11.



4. Whilst the Module 1 Report explored, in detail, the structures in Wales and those across the UK, there appeared to be a lack of attention paid to the interplay of civil contingencies across borders and where responsibilities were shared, unclear or complex. This could be a strong area of focus for the committee to support Wales to manage any future large-scale emergency that operated cross-border or with partners with complex or conflicting reporting lines.

This recommendation is aggregated from the areas of focus summarised in 1.4, 1.8, 2.2, 2.6, 2.12, 2.13, 2.14.

5. We recommend the committee provide a focus on how thought leadership and learning can be shared across relevant roles and groups across Wales. This was not fully reflected in the Module 1 Report and would benefit from a deeper focus by the committee to understand the way leading practice can be shared, and teams and processes can be trained across Wales. This would be complemented by an aligned review to establish the optimum levels of staffing and learning requirements needed for a future Wales resilience system to be deemed fit for future demands.

This recommendation is aggregated from the areas of focus summarised in 1.2, 1.7, 2.5, 2.7, 2.8, 2.9.

6. The Module 1 Report does makes clear recommendations around risk registers and challenges Wales' approach to the National Security Risk Assessment and wider risks. We believe this is of crucial importance and should be a topic the committee focuses on both at a Local Resilience Forum level (equivalent to Police Force geographies) but also as a pan-Wales response to risk, to ensure the risks in Wales are fully understood and prepared for.

This recommendation is aggregated from the areas of focus summarised in 1.3, 2.10.

7. The Module 1 Report highlights the need to reconsider the pace, programme and learning from exercising for civil contingencies. The committee has the opportunity to use this as a supporting base to review how this could be delivered most effectively for, and with, communities, agencies and partners, within and bordering Wales.

This recommendation is aggregated from the areas of focus summarised in 1.6,1.7, 2.3,2.4, 2.17,2.19.

8. Whilst the Module 1 Report did explore the need to better understand how communities are impacted by emergencies and how they can be active participants in the 'whole of society' approach to disasters and emergencies. We believe the committee could advocate for a Welsh 'whole of society' response that implements learning from the work with communities that was beneficial through the pandemic.



This recommendation is aggregated from the areas of focus summarised in 2.13, 2.18.

9. The impact of the pandemic and a tightening on public sector resource has impacted directly on those with responsibility for the planning of, managing and recovering from incidents. The committee could consider how to build enhanced resilience into the systems whilst also learning directly from Category 1 and Category 2 responders. Module 1 focussed on systems and structures, but often did not reflect how those systems and structures are populated and worked by people.

This recommendation is aggregated from the areas of focus summarised in 1.8, 1.9, 1.10, 2.15, 2.20.

10. The committee could consider how to support policymakers with responsibilities for civil contingences to showcase their approach to their colleagues, agencies, and the electorate.

This recommendation is aggregated from the areas of focus summarised in 1.1, 2.10, 2.12, 2.16.

11. The committee's workstreams should monitor and consider how systems and processes to plan, respond and manage recovery in disasters and emergencies are related to Wales within the future public inquiry Module reports and wider policy development.

These 11 areas would aggregate the areas of focus highlighted in section one of this report (the ten recommendations from the Module 1 Report which we have articulated to Wales in 1.1-1.10) and section two (from those managing the pandemic in 2020, 2.1-2.20).

We have also identified 5 areas of future potential overlap within the report which we feel the committee should monitor within subsequent Modules and attached reports. These reflect key areas of focus for any scrutiny of the pandemic response and how lessons can be learnt across Wales.

The evidence from the Modules that have run, and those that are due to run in the future and using that, alongside other evidence, should be used to inform the work of the committee and wider civil contingences teams and system across Wales. The evidence gathered by the UK Public Inquiry can be used to answer other areas of considerations and focus, alongside those that the UK Inquiry has used them to focus on. We hope the lessons from the pandemic can be used to ensure planning, response and recovery are given the critical attention they need across Wales and with other UK neighbours to ensure we help to save lives, reduce harm, and protect communities when emergencies strike.



### Appendix

### Appendix 1: Key aspects of civil contingencies in the UK

This first appendix is a summary of the key aspects of the civil contingencies system across the UK taken directly from our briefing report to the Special Purpose Committee in 2024. Additional material can be found within this briefing including a specific focus on the variations as developed across Wales as a devolved nation. This briefing is available in full online:

https://business.senedd.wales/documents/s144177/Academic%20Briefing%20Paper.pdf

### **Civil Contingencies**

Civil Contingencies is an overarching term to describe all the mechanisms, processes and frameworks which support the UK to:

- prepare,
- plan, •
- mitigate,
- respond and
- recover from emergencies. •

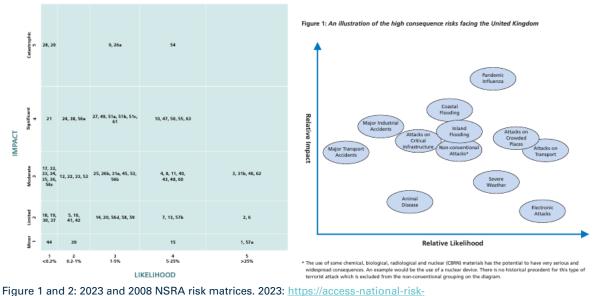
This includes outlining the responsibilities of responder agencies and other bodies, as well as how the local government, devolved government and UK government works nationally, locally and co-operatively to ensure civil protection in the UK.

### Context

Following the 'decade of disasters' in the 80s and early 90s within the UK, in 2004 the <u>Civil Contingencies Act</u> was passed into law aimed to formalise and make accountable the responsibilities for managing impactful events of disasters. It has been argued that these events are caused by risks. These can either be 'hazards', which are generally non-human protagonists, or 'threats' which are generally caused by human protagonists. These risks are documented in the National Security and Risks Assessment (NSRA).







register.service.cabinetoffice.gov.uk/, pg. 15 and 2008: https://assets.publishing.service.gov.uk/media/604f3d60e90e077fe16cfa0a/20210310\_2008-NRR-Title-Page\_UPDATEDmerged-1-2.pdf pg. 5.

Although the methodology has changed in how this is worked out, a comparison between the 2008 register and the 2023 register reveals that pandemic has been in the high consequence and high likelihood for over 15 years (number 54 in the 2023 visualisation). The new methodology from used to assess these risks can be viewed here: https://raeng.org.uk/policy-and-resources/engineering-policy/security-andresilience/nsra.

It has been argued that most risks can be identified, the unknowns are rare. The challenge can be viewed in two ways:

- to recognise the scale and consequence in the planning, preparedness, exercising, or,
- to gaining appropriate attention, energy, time and resources to sufficiently prioritise the actions to prepare for something that might not happen in the near future.

### The Civil Contingencies Act

In 2004 the UK government developed the Civil Contingencies Act (CCA) which established statutory obligations, key lines of accountability, and principles for managing emergencies across the United Kingdom. This was divided into two parts. Part one established the principles and structures or levels of emergencies, and the local arrangements for dealing with an emergency, including what structures and mechanisms would seek to identify, plan, prepare, manage and recover from emergencies in each geographical area. Part two dealt primarily with emergency powers (which this document will summarise later on).



The CCA and accompanying regulations, policies and measures was designed to ensure a joined-up system approach to managing emergencies. Emergencies were defined in the Act as:

- an event or situation which threatens serious damage to human welfare;
- an event or situation which threatens serious damage to the environment; or
- war, or terrorism, which threatens serious damage to security. •

The Act does not encompass all of the civil protection and resilience machinery. There are additional resources such as the government Concept of Operations, multi-agency working doctrines and principles, department and national specific frameworks, and other associated frameworks (see here for examples:

- https://www.gov.uk/government/publications/emergency-preparedness which contains 19 chapters which focus on key topics relating to the act
- https://assets.publishing.service.gov.uk/media/5a7c1f3040f0b61a825d6974/Emer gency Response and Recovery 5th edition October 2013.pdf - the nonstatutory guidance for Emergency Response and Recovery
- <u>https://www.jesip.org.uk/</u>, which sets out the sets out a standard approach to multi-agency working during disasters and emergencies
- https://www.college.police.uk/app/civil-emergencies/civil-• contingencies/legislation#civil-contingencies-act-2004 - which outlines who is engaged)

Most of them refer and position themselves in relation to the CCA. This briefing report will cover some but not all of the main core concepts of the CCA such as the principle of subsidiarity. A summary of the CCA can be found here for those seeking additional insights: https://www.merseysideprepared.org.uk/media/1053/15mayshortguide.pdf

The main principle within the CCA is the principle of subsidiarity on which the accountability and decision-making premise was built. The principle of subsidiarity is that when a major incident happens, the decision making about the incident and how to manage it should be done at the lowest level (usually in line with policing boundaries at force or constabulary footprint), and the coordination of resources to manage the incident should be completed at the highest level (national government level). This is to ensure that decisions are made by those closest to the incident, usually by Chief Constables, Chief Fire Officers, Director of Public Health, Director of Adult Social Care etc, who know the local needs, demands, vulnerabilities, resources and assets. The coordination of resources, such as massing assets such as specific equipment or technology needed, would be completed at the national level where the reach across is more rehearsed and recognised.

### The Local Structures

Sitting below the CCA is the resilience structures which together, deliver the CCA responsibilities. These generate from Cabinet Office who have the responsibility for writing policy, then the Department for Levelling Up, Housing and Communities has within it the Resilience and Recovery Directorate who support the structures to deliver



#### the policy. (a more detailed read of this can be found here:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachme nt data/file/61039/Chapter-16-final-post-consultCCS amends 16042012.pdf).

These structures are nested within a Local Resilience Forum (LRF), which is a partnership typically defined within the boundary areas of policing which has the statutory obligation to respond and lead the recovery from multi-agency major incidents that happen within their geographical footprint. If there is a clear organisational lead on an emergency (such as a large fire), then the SCG is likely not to be stood up, but the fire and rescue service will manage that incident supported by the other agencies and services. The LRF typically meets every month to risk assess, plan, exercise, train, prepare and mitigate risks within their area.

Their membership includes Category 1 and Category 2 responders. The agencies in each category are detailed in the CCA examples have been shared here.

Category One Responders	Category Two Responders
<ul> <li>Home Office police forces in England and Wales</li> <li>Police Service of Northern Ireland</li> <li>British Transport Police</li> <li>Fire and Rescue Service</li> <li>Ambulance National Health Service (NHS) Trusts</li> <li>local authorities</li> <li>Maritime and Coastguard Agency</li> <li>Environment Agency and the Scottish Environment Protection Agency</li> <li>NHS England and NHS Improvement</li> <li>Public Health England, Wales and Northern Ireland</li> <li>port health authorities</li> <li>the Secretary of State, in relation to maritime and coastal emergencies only</li> </ul>	<ul> <li>utility companies</li> <li>transport companies: <ul> <li>railways</li> <li>Transport for London</li> <li>London Underground</li> <li>airport operators</li> <li>harbour authorities</li> <li>the Secretary of State, in relation to their function regarding section 1 of the Highways Act 1980</li> </ul> </li> <li>the Health and Safety Executive</li> </ul>

If a major incident occurs, then the LRF will stand up temporary response and recovery groups. These two groups have ultimate accountability and responsibility for the response and recovery of the incident.



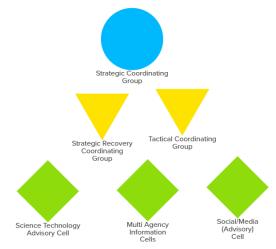


Figure 3: LRF structure

The response is managed by a **Strategic Coordinating Group** (SCG), typically chaired by the Chief Constable which will take strategic decision making regarding the management of the response. The Strategic Recovery Coordinating Group (SRCGalthough the title of this meeting has some differentiation across the UK) will typically be chaired by a Director within the Local Authority and will take strategic decisionmaking responsibility for leading recovery from the incident. The SCG will establish a meeting 'battle rhythm' which takes account of two influences; the pace of the incident (so they could meet every hour, or every four hours), and any scheduled COBR/First Minister meetings. All the meeting battle rhythms will then be taking a lead from that. If a ministerial meeting is taking place every four hours, the SCG will meet 15 minutes before that, with the other structures (see below) that feed into the SCG meeting with enough time to feed into the SCG. The SCG membership is usually, exclusively, chief officer, chief executive, director level. It is required to be one of the most senior people in the agency/public service. These are called 'golds'. They will often have 'silvers' in the room with them, so that the silvers can be taking actions out of the SCG straight away to feed back for actioning within the agency/service. Each agency/service response will be organised and flow from the decisions made at the SCG and the SRCG.

Supporting the SCG, is the **Tactical Coordinating Group** (TCG) which take the strategic 'what we're going to do' decisions of the SCG and as a multiagency group decide how to make them operational – the 'how are we going to do that'.

Beyond the **SCG**, **SRCG** and **TCG** there are a number of other 'cells' that can be created depending on what is needed for the management of the incident. The SCG will decide this with consultation from the SRCG.

The **ScienceTechnology Advisory Cell** (STAC) is usually stood up to advise on weather patterns, specific technical issues and coordinates things such as emergency advice from professions such as engineers, scientists etc.

Multi Agency Information Cells (MAICs) are a data analysis and intelligence function.



**Social/Media (Advisory) Cells** (MACs) coordinate the multiagency approach to communicating with the media and managing the communications to the public and responses to social media reactions.

Other cells with other workstreams can be established by the SCG and SRCG to ensure work is completed at pace.

These strategic leaders and the LRF membership have bespoke training coordinated at national level which travels the geography of the UK. This is called the Multi Agency Gold Incident Command course (MAGIC course). Each course is facilitated by the College of Policing, Fire Service College and National Ambulance Resilience Unit along with subject matter experts.

### The National Structures

The national government machinery to respond and manage emergencies is referred to as Concept of Operations (ConOps). After the Cabinet Office Civil Contingencies Secretariat (CCS) was established in 2001 the ConOps was published and the documentation sets out the arrangements of how the central government and national level would respond and recover from emergencies that require government engagement, to outline how central government action (including direction, coordination, expertise, or specialised equipment and financial support) in both nonotice and rising tide emergencies. This then supports the lowest level of strategic decision making to manage the incident. The paper "...describes how the central government response will be organised, building on the role of the Lead Government Department (LGD), along with the local arrangements which are the foundation of the response and recovery to any emergency in Great Britain and underpinned by the statutory framework for emergency preparedness set out by the Civil Contingencies Act 2004. It sets out the relationship between the central, regional and local tiers within England, as well as covering the relationship between UK central government and the devolved administrations in Scotland, Wales and Northern Ireland." (Page 4). For reference the arrangements between the UK central Government and Wales are laid out in more detail in section 7, page 57 of this same document.

### Lead Government Department (LGD)

The LGD mechanism ensures "one department takes overall responsibility for assessing the situation, ensuring that its Ministers and other relevant Ministers are briefed, handling media and parliamentary interest, and providing co-ordinated policy and other support as necessary to local responders. Other government departments will provide support to the LGD to ensure a coordinated response, however, individual departments will remain responsible, including to Parliament, for their particular policy areas." (taken from the ConOps document). There are LGD for most risks (both hazards and threats) and there were associated workstreams set up to ensure the infrastructure was developed to support a governmental response to these challenges. These workstreams are grouped in to three areas (adapted from the document The Lead Government Department and its role- Guidance and Best Practice (2004): Notingham Trent University

#### https://covid19.public-inquiry.uk/wp-

content/uploads/2023/07/22155757/INQ000022687.pdf):

- Three workstreams which are essentially structural, dealing respectively with the central (national), regional and local response capabilities
- Five which are concerned with the maintenance of essential services (food, water, fuel, transport, health, financial services, etc)
- Nine functional workstreams:
  - 1. dealing respectively with the assessment of risks and consequences:
  - 2. chemical, biological, radiological and nuclear (CBRN) resilience;
  - 3. infectious diseases human;
  - 4. infectious diseases animal and plant;
  - 5. mass casualties;
  - 6. mass fatalities;
  - 7. mass evacuation:
  - 8. site clearance; and
  - 9. warning and informing the public.

The Department of Health (as it was then) was designated to drive the workstreams relating to human infectious diseases and mass fatalities. Only some departments were workstream leads. All LGDs were tasked with undertaking work to ensure readiness for the risks they were responsible for. This includes preparing, planning, exercising, managing the emergency, and recovering from an emergency (although in most cases the LGD for preparation and response is not the same LGD for the recovery of that same risk).

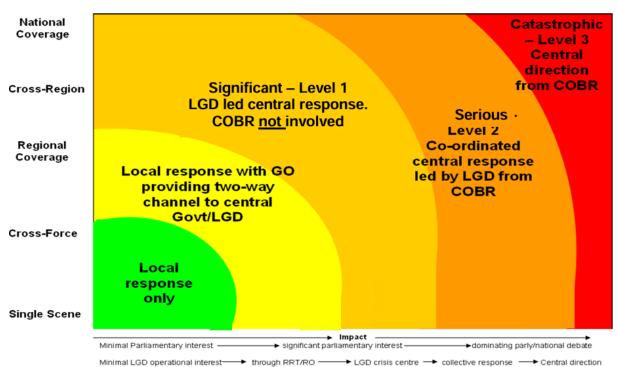
Within the vision of the original legislation, where it is not clear where the responsibility of the LGD should lie, then Cabinet Office should make a judgement of which department is most appropriate to be the LGD and advise the Prime Minister's Office.

The degree to which the national and UK government becomes involved with a major incident fits into three broad categories (the following definitions are abbreviated from the ConOps document cited previously):

- 1. Significant emergency (Level 1) has a wider focus and requires central government involvement or support, primarily from a lead government department (LGD) or a devolved administration, alongside the work of the emergency services, local authorities and other organisations.
- 2. Serious emergency (Level 2) is one which has, or threatens, a wide and/or prolonged impact requiring sustained central government co-ordination and support from a number of departments and agencies, usually including the regional tier in England and where appropriate, the devolved administrations. The central government response to such an emergency would be co-ordinated from the Cabinet Office Briefing Rooms (COBR), under the leadership of the lead government department.
- 3. Catastrophic emergency (Level 3) is one which has an exceptionally high and potentially widespread impact and requires immediate central government



direction and support, such as a major natural disaster, or a Chernobyl-scale industrial accident. Characteristics might include a top-down response in circumstances where the local response had been overwhelmed, or the use of emergency powers were required to direct the response or requisition assets and resources. The Prime Minister would lead the national response. Fortunately, the UK has had no recent experience of a Level 3 emergency, but it is important to be prepared for such an event should the need arise.



Minimal LGD policy interest →Overwhelming

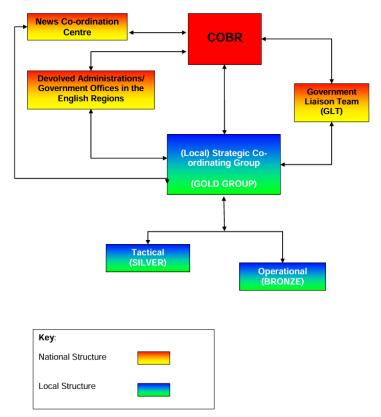
Figure 4: Likely form of central government engagement based on the impact and geographic spread of an emergency in England. Reproduced from ConOps document.

The Covid-19 Pandemic has been argued to fit within the category of catastrophic emergency, which required the use of emergency powers. The ConOps document recognised this and had written into the mechanisms of how exceptional or novel challenges may need to draw on to develop new legislation or suspend existing legal requirements. The ConOps document visualised this being completed by each government department, including the lead government department to identify where in their portfolios of responsibility these novel or exceptional challenges could be met through the way in which existing legislation could be used, or whether new legislation needed to be drawn up. This would then also be cross-mapped to Part 2 of the Civil Contingencies Act where there is a 'triple lock' mechanism to test and ensure the emergency powers are only used in the rarest and most needed of times.

Where using these mechanisms are believed to be justified against the tests, the Prime Minister, senior ministers, Ministers of the devolved administrations will make the decision to establish emergency powers. In the Covid-19 pandemic, this was carried out and the Coronavirus Act was developed and implemented alongside this.



When it is a significant (level 2) or catastrophic (level 3) emergency, there is the possibility that COBR could be activated. This is convened by the Cabinet Office and a Government Liaison Officer provides two-way communication/information flow between COBR and the SCG/s. The business of COBR is to (extracted from the ConOps document): "Once activated, relevant departments and agencies will immediately send representatives to COBR. COBR will remain engaged until the emergency has passed. The COBR Secretariat in consultation with the LGD and No.10 will decide on the scheduling of meetings (the 'battle rhythm') and whether and which departments need to be represented in COBR 24/7". To understand further how the ConOps document visualised the devolved administrations within these processes, we first need to establish their role in the CCA.



### How the Local and National Connect

Figure 5: Wiring diagram of national to local linkage as displayed in Annex C of Concept of Operations Document

The national ways of working will now be described using the document referenced above called the Concept of Operations. A lot of the UK government response is coordinated by the Cabinet Office, due to the broad nature and cross-government (nations and department) requirement to manage the broad range of interconnected risks.



# Appendix 2: Comparison between the Module 1 report's descriptions of Wales' civil contingencies structures and our review

This appendix compares what was and is understood of the structures that were in place to prepare, respond and recover for emergencies in and across Wales before the pandemic. It compares the rapid review of Category 1 and Category 2 strategic responders that was conducted with that of the Module 1 inquiry to ascertain any gaps that require further investigation following the publication of the Module 1 Report by the UK's Covid-19 Public Inquiry.

Within our data collection we were fortunate to be briefed on the structures and systems by a former Head of Resilience within the Welsh government. This briefing was intended to provide a high-level overview of the differences rather than a forensic comparison. It was codified into a technical appendix to support readers of the report to be aware of the variation between the UK and Welsh civil contingencies systems as they were understood and outlined within policy and operational processes. It outlined processes and set-ups systems defined across planning, response and then recovery to help the reader understand these distinct aspects of civil contingencies work.

This appendix focused on the structures and teams operating within the civil contingencies system in Wales. It outlined the fundamental differences in the provision of civil contingencies planning, response, and recovery in comparison to the UK. In summary these differences described in our report were based on the ways regulations and guidance related to the Civil Contingencies Act of 2004 had been adapted to be more suited to Wales. A major focus of this was created within the Transfer of Functions Order in 2018 which moved a range of Executive Functions to the First Minister in Wales. Included within this was the Civil Contingencies Act 2004. This allowed for a more national level responsibility for parts of the act in Wales. This had the effect of allowing Ministers of Wales to develop guidance and regulations within Part 1 of the Act where the devolved government holds responsibility. Powers under Part 2 (focused on Emergency Powers) of the Act have always been retained by the UK Government. A cooperation agreement between the UK and Welsh Governments, set out as a concordant, was in place to establish a framework to aid cooperation on both Part 1 and 2 of the Act. This provides the basic provision for emergency planning, response, and recovery. Responsibilities and roles are often considered across these three phases of civil contingencies and we will share how they were set up to compare with the analysis of the UK Covid-19 Inquiry.

#### Planning

The appendix outlined the model of planning as outlined by the four LRFs in Wales (set out on the same geographic footprint as its Police Force Areas). These operated as non-legal entities made up of Category 1 and Category 2 bodies to plan for



emergences in their areas and followed a similar pattern to the rest of the UK. To support this function Wales had a LRF Chairs Group which included Welsh Government participation. To aid resilience planning Wales had a multi-agency Wales Resilience Partnership Team (WRPT) which coordinated a series of sub-groups and was chaired by the Welsh Government. Alongside this team the Joint Emergency Services Group (JESG) brought together all the emergency services in Wales (including Maritime and Coastguard Agency and British Transport Police) to consider strategic civil contingencies and Counter Terrorism needs.

To connect up LRF Chairs and JESG the First Minister chaired the Wales Resilience Forum (WRF) to support communication and improve planning between services and agencies in Wales.

Across Wales, as with England, LRFs were responsible for training and exercising and the Wales Learning and Development Group (WLDG) also co-ordinates a programme of national training and exercising to enhance the compliment the programmes delivered at the local level. It should be noted that within the briefing we did not explore the detail of the teams within the WRPT or explore in detail the connection with health colleagues to plan for health-related emergencies. This was in recognition that planning occurs across a plethora of emergencies.

#### Response

As in England LRFs were responsible for responding to emergencies that occur in their areas. Where response is required across more than one LRF footprint the Emergency Co-ordination Centre (Wales) (ECC(W) was designed to activate through the Pan-Wales Response Plan (PWRP) which outlines the framework for undertaking this work. This body is responsible for linking into COBR and supporting communications between official and ministerial counterparts. Within the ECC(W) a multi-agency Wales Civil Contingencies Committee was also activated as an advisory body for Welsh Ministers.

#### Recovery

Recovery activity was planned to take on a greater role as the response diminished and the local authority normally took on this role as with in the rest of the UK. If needed there was provision for Welsh Government Ministry recovery support and for a Ministerial Recovery Group covered by the PWRP systems.

#### **Comparison to the inquiry**

The Covid-19 Public Inquiry's wire diagrams for Wales reflect the structures that were discussed in our technical appendix but went into more detail of the pandemic response whilst also reflecting more recent changes since our review during the pandemic. Figure 6 of the inquiry reflecting the Pandemic preparedness and response structures in Wales - c. 2019 (Hallett 2024) showcases the complexity of a national activation relating to health in Wales as it did in England and the other devolved administrations. The inquiry clearly articulated the scale of partner activity and responsibility. It questioned the utility of this spread of teams and groups to respond to a national activation. There is limited discussion of the role of subsidiarity both within Wales and between Wales and the UK Government and how this should be understood and acted upon during smaller and larger scale activations and did not detail.





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