

Agenda – Public Accounts and Public Administration Committee

Meeting Venue:	For further information contact:
Hybrid – Committee Room 2 Senedd and video conference via Zoom	Owain Roberts Committee Clerk
Meeting date: 15 January 2026	0300 200 6565
Meeting time: 09.15	SeneddPAPA@senedd.wales

Private pre-meeting (09.00 – 09.15)

- 1 Introductions, apologies, substitutions and declarations of interest
(09.15)
- 2 Paper(s) to note
(09.15 – 09.30)
 - 2.1 Public Appointments: Supplementary response from Welsh Government to the Committee's reports
(Pages 1 – 13)
 - 2.2 Response from Welsh Government to the Chair regarding the Ministerial Code
(Pages 14 – 15)
 - 2.3 Letter from Public Health Wales regarding the Committee's Sixth Senedd legacy report
(Pages 16 – 23)
 - 2.4 Letter from Manon Antoniazzi, Chief Executive and Clerk of the Senedd to the Chair regarding decisions taken relating to the Commission's budgeting and financial management
(Pages 24 – 25)

Break (09.30 – 09.35)

**3 COVID-19: evidence session with the Rt Hon Eluned Morgan MS,
First Minister of Wales**

(09.35 – 11.05)

(Pages 26 – 65)

Rt Hon Eluned Morgan, MS, First Minister of Wales

Dr Andy Fraser, Chief Officer, National Security & Resilience

Sioned Rees, Director, Public Health Protection

Alyson Francis, Director, Covid-19 Inquiry

Research brief

Written evidence from Welsh Government

Written evidence from Anna-Louise Marsh-Rees

Written evidence from Long Covid Support

**4 Motion under Standing Order 17.42 (ix) to resolve to exclude the
public from the remainder of this meeting**

(11.05)

5 COVID-19: consideration of evidence

(11.05 – 11.30)



Public Appointments - supplementary response

By the Welsh Government to the
Public Accounts and Public
Administration Committee

18/12/2025

Introduction

The Committee published a [report](#) and [supplementary report](#) on Thursday 27 March 2025 following its inquiry into public appointments in Wales. It considered the Welsh Government's approach to the public appointments process, including where this could be improved to increase the diversity of candidates for public appointments made by Welsh Ministers. The Welsh Government [laid](#) its response to these reports on 9 June 2025 and it was considered at the Committee's meeting on Wednesday 18 June 2025.

The following is a supplementary response from the Welsh Government, updating the Committee on progress and building on the information provided in the June response. As this is a narrative response, it does not follow the usual format of Recommendation and Response but provides an update on issues of interest to the Committee. Where there is a direct connection to one of the Committee's Recommendations, that is noted in the text. In keeping with established protocol, only officials who are members of the Senior Civil Service are named.

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Organisational Structure and Responsibilities

1. Following the structural changes made to the public bodies teams in 2024, a light-touch review of the arrangements was carried out by the Deputy Director, HR Planning and Delivery (**Recommendation 1**). This concluded that there had been benefits from aligning teams more closely with HR centres of excellence, though the previous combined unit had provided greater internal and external stakeholder visibility.
2. As a result, Public Bodies Unit (PBU) was reinstated from 1 September 2025 bringing the Leadership and Governance, Pay and Remuneration, and Public Appointment teams back into the Unit. Line management of the Public Appointment and Pay & Remuneration teams remains with the HR teams covering Resourcing and Pay & Reward, respectively, to build on the current strong professional links but day-to-day management is by the Head of Public Bodies Unit. This will develop the identity of the Unit and ensure strong connections not only between the different functions but also with partnership and policy teams working with ALBs.
3. The return of PBU allows for greater visibility of the availability of public appointments and the support available to those interested, with a clear identity that covers all issues relating to public bodies. This includes:
 - New web pages to demystify the process, provide real life diverse case studies, and offer guidance to potential applicants;
 - Additional, dedicated resources focused on Diversity, Inclusion and Outreach;
 - A co-creation event on 5 November 2025 brought together community members, board members and chairs, stakeholders and experts to help shape the future of public appointments;
 - A new suite of communication tools which can be applied across different contexts to raise the visibility of PBU and public appointments, has been developed (**Recommendation 6**). This will provide a consistent, recognisable identity that works across print, digital, and in-person settings, meeting Welsh Government branding and accessibility standards (**Recommendation 5**);
 - A short video for the new website will complement existing content and help explain the Public Bodies Unit's role and remit.

4. Work has continued to build links between the wider Welsh Government and Public Bodies Unit (**Recommendation 2**). As part of our relaunch, we have issued briefings for senior Welsh Government leaders, shared signposting online and on the intranet, and used informal mechanisms such as our ALB Chairs and Chief Executive Forums to discuss the role of PBU. A review is being carried out by Welsh Government Internal Audit of the role of the Public Bodies Unit in supporting Partnership Teams and of the consistency of approach to governance by Partnership Teams (including skills and resources). The Public Bodies Unit has funded an anti-racism symposium for ALB leaders which took place on 26 November. This was a result of partnership working with Academi Wales and the Anti-racist Wales Action Plan Implementation Team. Work is underway to have more information about the Public Bodies Unit on the internet and to bring existing information in one place (**Recommendation 5**).

Responsibilities

5. The First Minister retains overall responsibility for management of, and appointments to, devolved public bodies in Wales. Individual Welsh Ministers are responsible for the remits and strategies of their respective bodies, and the Cabinet Secretary for Social Justice, Trefnydd and Chief Whip has specific responsibility for public appointments policy and implementation. Responsibility for appointments to the boards of regulated bodies (covered by the Order in Council) lies with the Public Appointments Team and the relevant partnership teams. Appointments to non-regulated boards are solely the responsibility of the partnership teams – with Public Appointments Team support as required. Levels of remuneration for board members are recommended by Public Bodies Unit but the final decision for each body lies with the appropriate Minister.
6. The Committee requested (**Recommendation 3**) that a diagram or chart be provided to visualise where the various responsibilities for public appointments (pay, recruitment, governance/engagement, pipeline development/mentoring, diversity and inclusion) sit within the machinery of Government.
7. **Annex 1** lists the Welsh Ministers and the bodies for which they have responsibility. In a small number of cases, this is shared between two ministers. The Senior Official responsible for public appointments and other public bodies matters is Dom Houlihan, Director of People and Places. **Annex 2** provides a diagram of the responsibilities of Ministers and officials.

Board Recruitment and Diversity

8. Progress has continued to be made against all five areas of development identified in the Thematic Review of Board Recruitment (**Recommendation 4**). Briefly:
- Templates and candidate communications have been refreshed to improve clarity and tone;
 - As part of our commitment to accessibility, we are also piloting the option of offering interview questions in advance, where appropriate. This forms part of our wider approach to reasonable adjustments, aligned with the Social Model of Disability and learning from Welsh Government changes to internal and external staff recruitment practices (**Recommendation 14**);
 - Although CAIS (the Welsh Government recruitment system) continues to capture diversity and appointment data, this is at the point of appointment only. Officials are exploring alternative options both within and outside of CAIS to capture diversity data from all members of regulated boards;
 - Officials have reviewed progress against all goals and actions contained in the Diversity and Inclusion Strategy for Public Appointments. An evaluation of the Strategy, which should have taken place in 2024, was delayed but has now been undertaken by an independent reviewer and is with the Public Bodies Unit for their consideration - likely to be concluded by April 2026 (**Recommendations 7 and 8**). As a result, the Strategy has been reinstated and extended until May 2026;
 - All future strategies will include clear governance, reporting, and accountability mechanisms;
 - A bilingual Board Diversity and Welsh Language Skills Survey has been developed (**Recommendation 11**) and will be launched in 2026. This will include a comprehensive data set of diversity characteristics for current members of regulated boards, not just those who are newly appointed. Officials will ensure that the Public Accounts and Public Administration committee are updated with the outcomes. The CAIS system also continues to capture data on newly regulated appointments;
 - Internal guidance on lawful positive action and reasonable adjustments has been developed and a public-facing version will be published in due course. This is based on the principle that candidates are responsible for informing us of their needs but we are committed to

proactively offering clear information and examples of reasonable adjustments;

- 'Inclusive Boards in Practice', a practical guide for Chairs to support inclusive leadership, has been issued;
- Officials are considering the possibility of procuring bespoke online panel member training to ensure a robust and consistent approach to recruitment, which will include a module on feedback (**Recommendation 16**). In the meantime, work is being carried out to address this through interim guidance and regular communication with Partnership Teams;
- The Committee requested that the Welsh Government provide a list of all the active strategies and action plans that it has, together with their reporting requirements (**Recommendation 10**). We have reviewed our internal Equality, Diversity and Inclusion governance arrangements, moving to a new Diversity & Inclusion Sub-Committee of the Welsh Government Board, chaired by the Permanent Secretary. This forum, due to first meet in early 2026, will have responsibility for monitoring, assessing, and providing assurance against our equality commitments. In addition, the Anti-Racist Wales Action Plan Leadership Sub-group (of the External Accountability Group) comprises a mix of Welsh Government colleagues and external representatives and holds Welsh Government to account for our goals within the Leadership chapter of the Action Plan, which includes specific actions relation to our Public Bodies.

Pipeline and Stakeholder mapping

9. A stakeholder mapping exercise has been undertaken to establish current activity being undertaken in Wales to support people into boards (**Recommendation 13**). A post focused on outreach activities, shadowing, and inclusive board training has been recruited by external competition and the postholder will be starting soon.

Re-appointment and Remuneration

10. Officials have clarified existing processes to ensure that the relevant Senedd Committee is informed when an incumbent is being reappointed to a significant appointment (**Recommendation 18**).
11. A review of remuneration has been completed. This has resulted in the daily rates paid to Ministerial public appointments being increased from 1 January by 3.25%. This aligns with the 2025-26 Senior Salaries Review Body recommended increase for senior civil service roles (**Recommendation 17**). A wider review of the remuneration scheme is now considering how remuneration can help support increased board level diversity and inclusion. This will be based on a pay demographic baseline to help identify key gaps, and to help consider where future action should be best focused, and to help evaluate the impact of those actions. We will inform PAPAC when this wider review has been completed.

ANNEX 1: Ministerial Responsibilities for specific Public Bodies, December 2025

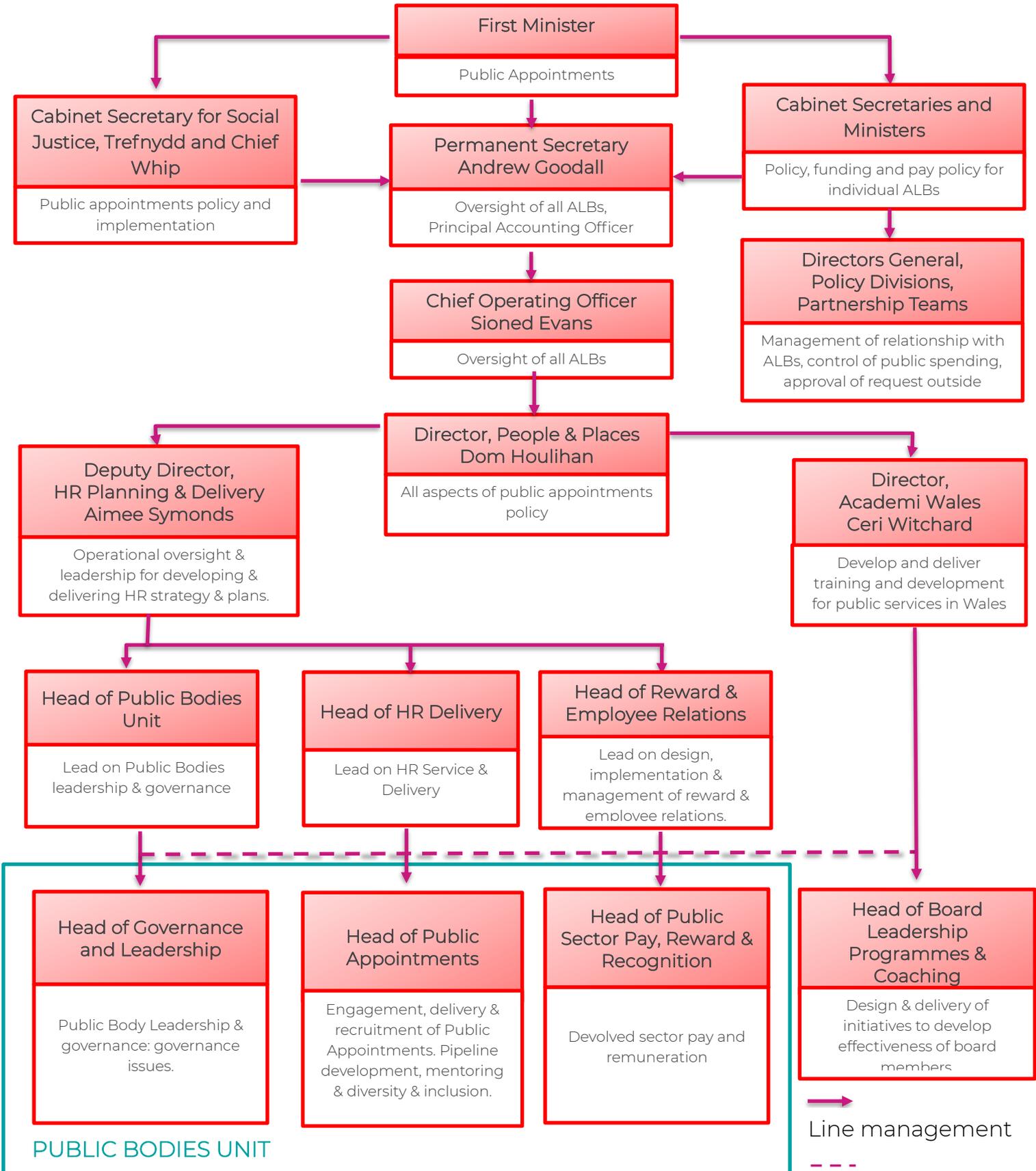
Cabinet Secretary/ Minister	Public Body
Deputy First Minister and Cabinet Secretary for Climate Change and Rural Affairs	Agricultural Advisory Panel for Wales
	Awdurdod Parc Cenedlaethol Bannau Brycheiniog National Park Authority
	Awdurdod Parc Cenedlaethol Eryri
	Hybu Cig Cymru - Meat Promotion Wales
	Natural Resources Wales
	Awdurdod Parc Cenedlaethol Arfordir Penfro / Pembrokeshire Coast National Park Authority
	Wales Animal Health and Welfare Framework Group
Cabinet Secretary for Economy, Energy and Planning	Design Commission for Wales
	Life Sciences Hub Wales Ltd*
	Welsh Industrial Development Advisory Board
Cabinet Secretary for Education	Dysgu – Professional Learning and Leadership Education Wales
	Education Workforce Council
	Qualifications Wales
Cabinet Secretary for Finance and Welsh Language	Advisory Panel to the Welsh Language Commissioner*
	Welsh Language Commissioner
	Welsh Revenue Authority

Cabinet Secretary/ Minister	Public Body
Cabinet Secretary for Health and Social Care	Aneurin Bevan University Health Board
	Betsi Cadwaladr University Health Board
	Cardiff & Vale University Health Board
	Cwm Taf Morgannwg University Health Board
	Digital Health and Care Wales
	Health Education and Improvement Wales
	Powys Teaching Health Board
	Public Health Wales NHS Trust
	Swansea Bay University Health Board
	Velindre University NHS Trust
	Welsh Ambulance Services University NHS Trust
	Life Sciences Hub Wales Ltd*
	Cabinet Secretary for Housing and Local Government
Cabinet Secretary for Social Justice, Trefnydd and Chief Whip	Advisory Panel to the Welsh Language Commissioner*
	Children's Commissioner for Wales
	Citizen Voice Body for Health and Social Care
	Future Generations Commissioner for Wales
	National Adviser for Violence against Women and other forms of Gender-based Violence, Domestic Abuse and Sexual Violence
	Older People's Commissioner for Wales

Cabinet Secretary/ Minister	Public Body
Minister for Children and Social Care	Social Care Wales
Minister for Culture, Skills and Social Partnership	Amgueddfa Cymru - Museum Wales
	Arts Council of Wales
	Careers Choices Dewis Gyrfa Ltd (Careers Wales)
	National Library of Wales
	Royal Commission on the Ancient and Historical Monuments of Wales
	Sports Council for Wales (Sport Wales)
Minister for Further and Higher Education	Medr: Commission for Tertiary Education and Research

* Bodies with more than one responsible Minister

ANNEX 2: Ministerial and Official Responsibilities, December 2025





Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: PO/FM/0001/26

Mark Isherwood MS
Chair
Public Accounts and Public Administration Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

5 January 2026

Dear Mark,

Thank you for your letter of 3 December drawing my attention to the correspondence you received from the FDA in relation to my revision of the Ministerial Code. The FDA felt that there was a question for the Welsh Government to answer as to why the new role for an Independent Advisor did not include the ability to conduct investigations on their own initiative, as is the case with the arrangements in place with the UK Government and the Scottish Government.

I touched on this matter in the letter which I sent to you on 12 September at the time that my revised Code was first published, where I said that throughout my review I had in mind the position in other administrations, and that many of the changes which I have made do parallel those in other administrations. But I also said that I had decided not to take on board some aspects of the other codes, or at least not go as far as they have done.

When I reached the conclusion that it was time for us to have in Wales an Independent Advisor on Ministerial Standards, I did consider carefully whether it would be appropriate to give them powers to conduct investigations on their own initiative but – as the FDA have pointed out – decided not to do so.

While it has certainly been the case that questions about ministerial compliance with the Code have arisen from time to time over the years, we have not, in my view, seen cases of a similar nature or severity which have been the case in other governments. Those cases and how they were managed have likely contributed to the decision to introduce own initiative investigations there.

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Gohebiaeth.Eluned.Morgan@llyw.cymru
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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

It also seemed to me that introducing this arrangement would make a fundamental change to the relationship between the First Minister and their Independent Advisor. I am sure that having a source of detached and external advice on Code issues will be of considerable benefit going forward. But it is important, I believe, that the relationship is one of providing advice, rather than taking on responsibility for overseeing compliance. That is the responsibility of the First Minister who is then, in turn, accountable to the Senedd. Introducing own initiative investigations has the potential to change the relationship from impartial advisor to regulator.

There are ample and regular opportunities for the Senedd to scrutinise the way in which the First Minister is applying the provisions of the Ministerial Code to their Cabinet and to themselves. If the Senedd felt that an investigation under the Code was needed, and that the First Minister was reluctant to commission one, then I am sure that the Senedd would not hesitate to hold the First Minister to account for their decision, as they have done so in the past.

It may be the case, I recognise, that as the role of the Independent Advisor beds in and becomes more developed in Wales that this issue might be revisited in the future. But at this stage of development, I do not think that what the FDA are urging me to do is appropriate. I hope that this explanation of my reasons for reaching this conclusion are helpful to yourself and to your Committee.

Yours sincerely,

A handwritten signature in cursive script, reading 'Eluned Morgan'.

Eluned Morgan

Iechyd Cyhoeddus Cymru

Rhif 2 Capital Quarter, Stryd Tyndall,
Caerdydd CF10 4BZ

Public Health Wales

2 Capital Quarter, Tyndall Street,
Cardiff CF10 4BZ

Tracey Cooper

☎ Llinell Uniongyrchol/ Dir Line: [REDACTED]

Ebost/ Email: [REDACTED]

Mark Isherwood, MS
Chair, Public Accounts and Public Administration Committee
Welsh Senedd
Cardiff Bay, Cardiff CF99 1SN

Ref: TC.CS.061125.MI

6 November 2025

Dear Mark,

**Public Accounts and Public Administration Committee's
Sixth Senedd Legacy Report**

I am grateful for the opportunity to share with you our public health policy priorities to inform the development of the Public Accounts and Public Administration Committee's Sixth Senedd Legacy Report.

Public Health Wales is the national public health organisation for Wales. We exist to help all people in Wales live longer, healthier lives, and to make health part of every conversation about Wales' future.

We are highlighting five priority areas where we believe public health policy action can build a healthier, fairer and more prosperous Wales for the future, and support a strong sustainable health and care system.

By sharing these with you, we hope to support the work your Committee is doing to highlight the issues the Seventh Senedd, and your successor Committee may wish to consider.

1 Context

People in Wales are currently experiencing unfair and avoidable gaps in health and wellbeing. For example, women in the least deprived areas of Wales live 20 years more of their life in good health than those who live in the most deprived areas. In our most deprived communities, we also see three times as many avoidable deaths and 70% more child deaths. Without change, poor health in our most deprived communities will continue to result in increased demand for our public services.

Through a prevention-first approach to policy and by working together in partnership, we can overcome these challenges and build a healthier future for Wales. We know that every £1 invested in prevention returns £14 for society by creating healthier people, a stronger economy and lowered NHS costs.

Our five policy priorities

1. The best start in life builds lifelong health and wellbeing

The foundation for a life lived in good health is built in our early years. Policies need to promote the wellbeing of babies and young children and protect children from harm, for example from adverse childhood experiences (ACEs) and poverty, to give them the best chance to thrive through life.

- Consider children's wellbeing in all policy decisions.
- Deliver the Best Start in Life framework through cross-government leadership.
- Ensure comprehensive child health data to guide policy, target support, and track outcomes for babies and young children.
- Ensure every family can easily access Health Visitor support, and provide Flying Start based on need, not postcode.
- Embed trauma and adverse childhood experience-informed approaches from pre-pregnancy onwards.

2. Financial wellbeing drives better health and a prosperous economy

Secure and fairly rewarded work that pays a living wage is good for our health. Healthy communities mean a healthy workforce, and a healthy, productive workforce is good for a prosperous Welsh economy. Policies need to support people in Wales to find, stay in or return to healthy, safe and secure work.

- Ensure public bodies provide safe, secure jobs paying at least the Real Living Wage.
- Monitor progress on workplace equality, including gender, ethnicity, and disability pay gaps.
- Support people with health challenges to enter, stay in, or return to work.

- Link employment services with health support especially for those with long-term or mental health conditions so people get help when they need it.

3. Healthy lives start in our everyday places

When the places where we live, eat, shop, and play are healthy, it is easier for all of us to live healthier and happier lives.

National planning and other policies need to create and strengthen healthier places strategically, regionally and locally to support physical, mental and social health and wellbeing and reduce the appeal and availability of health harming products.

Healthy communities – characterised by healthy homes, sustainable transport, safe space for active travel, and green spaces – create additional benefits to the environment.

- Increase the availability of healthy and affordable homes, especially social housing.
- Raise standards in private rental housing.
- Reduce exposure and availability of tobacco and vapes by licensing retailers, and extend smoke-free zones.
- Make healthier food and drink the affordable, visible options in shops and restaurants, and restrict price promotions for less healthy food and drinks

4. Care tailored to local need builds health and resilience

Addressing the root causes of poor health—not just the consequences—means everyone in Wales can prosper and enjoy better health and wellbeing and our health system is resilient.

Policies need to address the needs of local people through earlier intervention and delivery of joined-up, effective care for the whole person when and where people need it.

- Increase the yearly share of the NHS budget spent on prevention and primary and community care instead of hospital treatment.
- Join up health and community care with public services and voluntary organisations to support the whole person.
- Invest in community health facilities, skilled staff, data and digital tools that link with health records to support early and preventative care.

5. A healthy planet protects our people now and in the future

The health of people and the planet are interconnected. Many actions that address climate change also support longer, healthier lives.

Policies need to focus on both preventing the health harms of climate change and tackling its root causes, especially for those most vulnerable and least able to adapt.

- Invest in safe walking and cycling routes, footpaths, and car-free town centres.

-
- Make public transport accessible and affordable, including free bus travel for young people.
 - Protect communities from the health harms of climate change by tackling flooding, improving food security, ensuring sufficient and quality water for private supply, and expanding access to green spaces and tree cover

At Public Health Wales we welcome the opportunity to engage further with the Committee to inform the development of its Legacy Report, and we look forward to ongoing, constructive engagement with your successor Committee. If you would like more detailed information in relation to the specific interventions to tackle these five areas then please do not hesitate to contact us. I have also attached the infographics for the summary and solutions for the priority areas for information.

Yours sincerely,



Tracey Cooper
Chief Executive, Public Health Wales

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Email: phw.advocacy@wales.nhs.uk

Working Together for a Healthier Wales: Get to Know Us



Who we are, what we do, why it matters.

Who we are

Everyone in Wales deserves the chance to live a healthy life. That's what we work for every day.

Public Health Wales is the national public health organisation for Wales. We exist to help all people in Wales live longer, healthier lives.

With our partners, we aim to increase healthy life expectancy, improve health and wellbeing, and reduce inequalities for everyone in Wales, now and for future generations.

**Prevent
disease**



**Protect
health**



**Improve
wellbeing**



**Reduce health
inequalities**



What we do

We play a unique and vital role in population health by focussing on prevention and supporting healthcare.

We deliver national services, such as screening, vaccination, and public health protection programmes, to help people stay healthier for longer.

We also address the full range of issues that shape health. From preventing disease and protecting against threats, to reducing inequalities and shaping the conditions that support wellbeing.

As Wales's national public health organisation, we lead long-term prevention and population health efforts, working with partners across the country to help create healthy and prosperous communities.

Our goal is a Wales where everyone can live longer, healthier lives with fair and equal access to the things that support good health and wellbeing.

Our work covers:

Health Protection and Infection

Diagnosing, treating and controlling infectious diseases, environmental threats and public health emergencies.

Policy and Partnerships

Advising and supporting government and partners with trusted, expert public health insight.

Screening Services

Detecting conditions like cancer and newborn disorders early through national screening programmes.

Health Improvement

Supporting ways of living that improve health, from reducing smoking and substance use to better nutrition, physical activity, and mental wellbeing.

Research and Innovation

Improving health outcomes through evidence-based change and new ideas.

Surveillance and Intelligence

Turning data into actionable insights to inform decisions and raise awareness.

Why it matters

Not everyone in Wales has the same chance to live a healthy life.

Health isn't just about healthcare. Housing, education, jobs, income, and the environment all affect how long and well we live. That's why we work across sectors to put health at the heart of decisions about Wales's future.

By bringing evidence, partnership, and innovation together, we help to create the conditions for people and communities across Wales to thrive.

We are Public Health Wales.
Working together for a healthier Wales.

Working together for a healthier Wales: A summary

Longer, healthier lives and a fairer, more prosperous Wales - practical actions to make a difference.



The best start in life builds lifelong health and wellbeing

We need to prioritise the health and wellbeing of babies, children and young people so they can thrive today and shape resilient communities tomorrow.

This means families have access to the right support, safe places to play, and nurturing care. Children are protected from harm, including poverty and adverse childhood experiences, so they can grow up strong and healthy.



Financial wellbeing drives better health and a prosperous economy

We need to support more people to stay healthy and in work, and improve financial security so families can live well.

This means access to fair, secure jobs that pay a living wage, affordable childcare for working parents, and support for people with health issues to stay in or return to work. When families can afford essentials like healthy food and social connection, they stay healthier, and local economies benefit.



Healthy lives start in our everyday places

We need to make homes, shops, and public spaces healthier so it's easier for people to live well and avoid harmful habits.

This means healthy homes and food are affordable and accessible, and tobacco and vaping products are less visible, less appealing, and not seen as a normal part of daily life.



Care tailored to local need builds health and resilience

We need to strengthen primary and community care to prevent illness, respond early, and better meet the needs of supporting those with long term conditions.

This means services have the resources and staff to provide timely care that supports all aspects of people's wellbeing, close to home and when it's needed most.



A healthy planet protects our people now and in the future

We need to protect people and communities from the health risks of climate change and environmental harm.

This means clean air and water, access to healthy food and health services that can withstand extreme weather and disease. Pollution and environmental risks must be reduced to protect lives and mental wellbeing.

Working together for a healthier Wales: How we make change happen



Longer, healthier lives and a fairer, more prosperous Wales - practical actions to make a difference.



The best start in life builds lifelong health and wellbeing

The foundation for a life lived in good health is built in our early years.

- Consider children's wellbeing in all policy decisions.
- Deliver the Best Start in Life framework through cross-government leadership.
- Ensure comprehensive child health data to guide policy, target support, and track outcomes for babies and young children.
- Ensure every family can easily access Health Visitor support, and provide Flying Start based on need, not postcode.
- Embed trauma and adverse childhood experience-informed approaches from pre-pregnancy onwards.



Financial wellbeing drives better health and a prosperous economy

Secure and fairly rewarded work that pays a living wage is good for our health.

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- Monitor progress on workplace equality, including gender, ethnicity, and disability pay gaps.
- Support people with health challenges to enter, stay in, or return to work.
- Link employment services with health support especially for those with long-term or mental health conditions so people get help when they need it.



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- Raise standards in private rental housing.
- Reduce exposure and availability of tobacco and vapes by licensing retailers, and extend smoke-free zones.
- Make healthier food and drink the affordable, visible options in shops and restaurants, and restrict price promotions for less healthy food and drinks.



Care tailored to local need builds health and resilience

Addressing the root causes of poor health - not just the consequences - means everyone in Wales can prosper and enjoy better health and wellbeing and our health system is resilient.

- Increase the yearly share of the NHS budget spent on prevention and primary and community care instead of hospital treatment.
- Join up health and community care with public services and voluntary organisations to support the whole person.
- Invest in community health facilities, skilled staff, data and digital tools that link with health records to support early and preventative care.



A healthy planet protects our people now and in the future

The health of people and the planet are interconnected. Many actions that address climate change also support longer, healthier lives.

- Invest in safe walking and cycling routes, footpaths, and car-free town centres.
- Make public transport accessible and affordable, including free bus travel for young people.
- Protect communities from the health harms of climate change by tackling flooding, improving food security, ensuring sufficient and quality water for private supply, and expanding access to green spaces and tree cover.

Action across these five areas will help build a healthier, fairer and more prosperous Wales for the future and support a strong sustainable health and care system

10 December 2025

Mark Isherwood AS
Chair of Public Accounts and Public Administration Committee
Senedd Cymru
Tŷ Hywel
Cardiff Bay
CF99 1SN

Dear Chair,

I am writing to inform you that the Senedd's Finance Committee has been provided with the following information as part of the Commission's commitment to transparency in our budgeting and financial management.

The Commission has recently received confirmation that an appeal, undertaken on our behalf by our property advisers regarding the rateable value of the Cardiff Bay estate, has been successful. As a result, we are now entitled to a refund of monies paid, backdated to the 2017-18 financial year. The refund is significant, amounting to £3.221 million plus interest of £0.291million plus a reduction on the current year charges of £0.091million (a total of £3.603million) and was received into the Commission bank account on 28 November.

At their meeting of 4 December 2025, the Commission agreed a proposal to retain £644,000 (approximately 20% of the total, excluding interest) to undertake necessary building works at the Senedd and return the remainder to the Welsh Consolidated Fund. These priority works did not secure funding from this year's Project Fund due to significant competing pressures but will require funding within the next two years. They will address statutory accessibility and compliance issues and would be completed ahead of the forthcoming election. Specifically, the works comprise:

- Essential upgrades and repairs to the Senedd lifts
- Replacement of lighting in the Senedd with LED fixtures

As you will be aware, the Commission has recently submitted its 2026-27 budget request. This request will accelerate spending from future years but as current pressures within our project pipeline will still far exceed the available Project Fund there would be no corresponding budget reduction in 2026-27. Advancing this expenditure will simply alleviate some pressure on that fund.

If you would like any further information, I will be more than happy to provide it.



Senedd Cymru
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Yours sincerely,

Manon Antoniazzi

Manon Antoniazzi

Prif Weithredwr a Chlerc y Senedd / Chief Executive and Clerk of the Senedd

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Agenda Item 3

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Welsh Government Evidence Paper
Public Accounts and Public Administration Committee

**Response to the UK Covid-19 Inquiry Module 1 –
Resilience and Preparedness**

Introduction

1. The Welsh Government welcomes the opportunity to provide this evidence paper to the Public Accounts and Public Administration Committee (PAPAC) ahead of the First Minister’s attendance at its scrutiny session on 15 January 2026. This paper outlines the Welsh Government’s response to the UK Covid-19 Inquiry Module 1 report, which examined the UK’s resilience and preparedness for the pandemic. It also addresses the findings of the Senedd’s Special Purpose Committee (SPC) and subsequent scrutiny by PAPAC, including evidence presented to the committee in autumn 2025.
2. The Welsh Government has engaged fully with the UK Covid-19 Inquiry, contributing significant evidence, numerous written statements and witnesses to inform its scrutiny of government and public services’ decision making during the pandemic during each module. In January 2025, we published our formal response to the inquiry’s Module 1 report, followed by a six-month update in July 2025 (with a further update to be published in January 2026). This paper provides a summary account of actions taken, progress made, and future work planned.
3. Over the past two years, Wales has significantly strengthened how its emergency services and government agencies co-ordinate in preparing for and responding to major incidents. Guided by the *Wales Resilience Framework 2025* and initiatives led by the Welsh Government’s National Security and Resilience Division (NSRD), Wales has built a stronger “Team Wales” approach – characterised by a robust shared risk picture, clearer response protocols and leadership, intensive joint training and exercising, coupled with independent scrutiny and an active resilience oversight function. These efforts have produced tangible gains: faster cross-government and multi-agency mobilisation, improved coordination and more unified communication. Based on feedback from the responder community, this has ultimately led to better responses to real emergencies and disruptive challenges than seen previously – from severe flooding, severe weather impacts and major water outages to industrial accidents, cyber attacks and public health and animal disease threats.

Strengthening and simplifying resilience governance and structures

4. The Welsh Government has implemented significant reforms to its resilience governance in response to the inquiry’s recommendation 1 in module 1, which called for simplified, Cabinet-level oversight of civil emergency preparedness. In 2023, we

completed a review of civil contingencies arrangements, leading to the establishment of the Risk and Preparedness Committee (RPCO) in April 2024 and Wales' first resilience strategy, the *Wales Resilience Framework* in 2025. This cross-government senior officials group meets quarterly and reports to the Permanent Secretary's Executive Committee and Ministers. It is designed to transition from risk management to crisis response when needed, through strengthened and more agile response activation procedures, which have been stress-tested and refined through more than 50 real-world incident responses in 2024 and 2025 and in exercises. These arrangements were integral to the response structures deployed during the three phases of Exercise PEGASUS last autumn.

5. At Ministerial level, the First Minister chairs at least one Cabinet session about emergency preparedness every year. The Wales Resilience Forum (WRF) was reconstituted in May 2025 to bring together senior leaders from category 1 and 2 statutory and third sector responders, supported by the strengthened Wales Resilience Partnership. These reforms address concerns raised by the UK Covid-19 Inquiry and the Covid-19 Senedd Special Purpose Committee about the complexity and fragmentation of previous structures.
6. We would emphasise however, that civil contingencies work is inherently complex; the associated structures and oversight cannot be over-simplified. It involves multiple disciplines and professions – including, but not limited to, emergency planning, risk management, crisis management, communications, business continuity management, public and animal health, environment, national security, and cyber security – across a wide-range of public sector organisations. The management of more than 100 distinct risks, as identified in the Wales Risk Register (finalised in late 2024), encompasses the involvement of more than 50 statutory responders within Wales, as well as various government departments and third sector organisations performing diverse roles and functions. Effective risk management, preparedness, and response demand a broad spectrum of capabilities, delivered through numerous working-level and expert groups that provide relevant expertise, independent evaluation, and robust oversight and coordination.
7. The effectiveness of Wales' strengthened preparedness and response arrangements has been tested and refined through both planned exercises and through real-world emergencies. The Welsh Government played a full role in Exercise PEGASUS, the UK-wide tier one pandemic preparedness exercise in autumn 2025. This provided a valuable opportunity to stress-test our revised governance and response structures, including the transition from planning to operational response, our ability to surge health and care systems and capabilities, the integration of data systems, and the coordination of partners. Lessons from Exercise PEGASUS are being incorporated into the Wales Resilience Framework Delivery Plan, Wales Resilience Forum and Pandemic Preparedness Board work programmes to help drive future improvements.

8. In addition, the Welsh Government's risk management, preparedness and response arrangements have been tested repeatedly over the past two years through a series of real-world incidents, including the strategic responses to Storms Bert, Darragh and Claudia, major disruptions to water supplies in North Wales in 2025, cyber attacks, wildfires, and the management of emerging public health and animal disease threats such as Mpox and Bluetongue. According to feedback we have received from the responder community, reflected in some of the evidence presented to PAPAC, these events have demonstrated the agility and effectiveness of our revised structures, including the activation of our national response levels, the Wales Civil Contingencies Committee, co-ordination with UK Government (via COBR), and the deployment of the UK Emergency Alert system.
9. We consider recommendation 1 of the Module 1 report to be implemented. However, we recognise the need for continued scrutiny and improvement, and we welcome PAPAC's role in assessing the effectiveness of these new structures.

Lead department model and subsidiarity

10. Recommendation two in the module 1 report proposed abolishing the lead government department model in favour of centralised UK Government leadership, via the Cabinet Office. While this was a recommendation specific to the UK Government, we maintain that the principle of subsidiarity remains appropriate in Wales, where respective Welsh Ministers and their departments lead on preparedness for risks within their remit, supported by central co-ordination through the Risk and Preparedness Committee (RPCO) and associated structures, with expert advice, leadership and challenge provided by the Welsh Government's National Security and Resilience Division, which retains expertise and dedicated capabilities relating to civil contingencies, national and cyber security, risk and crisis management.
11. The Welsh Government's approach blends departmental expertise with cross-government oversight. In the event of a whole-system emergency, our structures allow for escalation and coordination across departments and with the responder community, with these arrangements having been refined and tested extensively since the pandemic. Some risks, including pandemics, do not respect borders and the Public Health Directorate is exploring with the Department for Health and Social Care areas where it would be effective and beneficial to develop UK-wide capabilities in our preparedness planning for a future pandemic.
12. We believe our model is proportionate and effective within the devolved context and aligns with the framework set out in the Civil Contingencies Act 2004.

Risk assessment and strategic planning

13. The Welsh Government has taken decisive steps to improve risk assessment and strategic planning, in line with recommendations three and four in the module 1 report. In 2024, we completed Wales' first bespoke civil contingencies risk register, which was independently reviewed and endorsed by the UK Resilience Academy (formerly Emergency Planning College). This register assesses more than 100 risks, including those specific to Wales, and evaluates preparedness levels across the four local resilience forums (LRFs).
14. The *Wales Resilience Framework 2025* articulates our shared vision with the responder community for "whole of society" resilience in Wales, underpinned by partnership working and eight core principles (including engagement, transparency equality, and continuous learning). It serves as Wales' resilience strategy to meet Wales' needs while complementing UK arrangements. For instance, it mandates a once-for-Wales approach where appropriate – seeking consistent all-Wales processes – but also explicitly recognises that Wales is an integral part of UK resilience and must interface smoothly with UK arrangements. The accompanying delivery plan sets out key actions and timelines.
15. We have committed to ongoing updates of the classified risk register and six-monthly risk outlook reports to ensure government departments and the responder community are equipped with a unified assessment of the full range of risks facing Wales. Our approach addresses the inquiry's call for dynamic, inclusive, and prevention-focused risk planning. We are also working with the UK Government and devolved governments to improve risk methodologies and ensure consistency across the UK.
16. To support strategic planning, the *Wales Resilience Framework* is in place and we are actively contributing to the establishment of a four nations Interministerial Group on Resilience. This will facilitate strategic cooperation and policy alignment across the UK, ensuring Wales' needs are reflected in joint planning, preparedness and capability building.
17. The Welsh Government's new resilience overwatch function, delivered by National Security and Resilience Division and overseen by the Risk and Preparedness Committee, has played a critical role in ensuring that risk management and readiness are focused, evidence-based, and responsive to emerging threats. This provides senior-level assurance and challenge, enabling the Welsh Government to prioritise resources effectively and maintain a clear line of sight on the most pressing risks. The Welsh Government is actively managing a small number of resilience overwatch operations currently including in relation to environmental and winter-related risks to provide strategic support to the responder community and assurance to ministers.

Multi-agency collaboration and local engagement

18. Effective emergency response requires seamless collaboration across government, emergency services, local authorities, health boards, the voluntary sector, and communities. The Welsh Government has strengthened multi-agency coordination through the Wales Resilience Partnership and enhanced support for local resilience forums (LRF), including dedicated funding from 2024-25 (£30k per LRF). This provision was increased in 2025-26 to £50k per LRF.
19. The Pan-Wales Response Plan was refreshed, in consultation with the responder community in 2023. A full review is underway with a draft Welsh Government crisis management Concept of Operations (CONOPS), which was tested and refined during 2025. We anticipate the Concept of Operations will be published towards the end of 2026 following final work, consultation with partners and an independent 'red team' review (Red teams are groups of people who provide independent and objective scrutiny through test and challenge). A complementary Pandemic Concept of Operations is also being developed by the Public Health Directorate, as the lead department for pandemic preparedness.
20. We have improved data sharing and situational awareness through tools such as the JIGSO Geographical Information System (GIS) mapping platform, which enables responders to prioritise support for vulnerable individuals. The Nottingham Trent University Gap Analysis and the Covid-19 Inquiry Senedd Special Purpose Committee's report highlighted the need for better integration of health and social care data. In response, we are enhancing inter-operability through the Welsh Emergency Care Data Set, and new data-sharing protocols.
21. We have also prioritised engagement with the voluntary sector. The Wales Resilience Forum now includes representation from the Welsh Council for Voluntary Action and other partners. They have a key role to play in providing local intelligence and support for communities to prepare and respond to emergencies.

Data, evidence and communications

22. The Welsh Government is actively enhancing its data management capabilities, in line with recommendation five in the Module 1 report. We have dedicated data, evidence and analytical capability in place to integrate data gathering and analysis into emergency planning and response activities, and a Memorandum of Understanding has been agreed with the UK National Situation Centre to ensure reciprocal data-sharing during emergencies. Our data, evidence and analysis capabilities were tested during Exercise PEGASUS and other real-world incidents, with the senior lead providing a crucial coordinating role across UK administrations and with LRFs.

23. We have started work on a modelling strategy for health and social care in Wales. This aims to embed a sustainable arrangements for health and social care modelling in Wales, which can respond to pandemic situations and other demands to support Ministers' priorities. The Welsh Emergency Care Data Set is being developed, with full adoption targeted for autumn 2026.
24. We are in the process of transforming Wales' core digital health protection system so it can manage major incidents and mass contact tracing and improve the sharing of data and intelligence. Public Health Wales has been awarded more than £2m to lead this work and an initial build of the new system is scheduled to be completed in 2026.
25. In relation to communications, we have improved co-ordination between the Welsh Government and local responders to ensure consistent public messaging. Lessons from the pandemic have informed new protocols for joint information management and clearer branding of Wales-specific guidance. We are also working to ensure any differences in policy between UK and Welsh governments are communicated clearly and promptly.

Continuous learning and independent scrutiny

26. The Welsh Government is committed to continuous improvement. We have implemented a learning management system to track lessons from incidents and exercises. A national review of training and exercising has been completed, and Welsh Ministers and officials participated in Exercise PEGASUS during the autumn. We have committed to publishing the findings, lessons and actions emerging from major exercises, in line with recommendation seven of the Module 1 report.
27. We support the principle of independent challenge as outlined in recommendation nine, and have integrated independent scrutiny through partnerships with academia, the responder community and other government departments (having trialled this through the review of civil contingencies arrangements in 2023, and review of the Wales risk register and preparedness report in 2024). We are also engaging with the UK Government on the establishment of expert panels to assess UK-wide preparedness against risks that may give risk to catastrophic impacts, one of which is the continued risk of pandemic.

Addressing inequalities and supporting vulnerable people in emergencies

28. The Welsh Government recognises the disproportionate impact of the pandemic and other emergencies on vulnerable groups. Equality and social justice are central to our resilience planning. The *Wales Resilience Framework* includes community resilience as a core principle and the *Health Protection Framework for Wales* includes an aim to address equity of access and opportunity recognising the need to work with wider partners to address the wider determinants of health and reduce inequalities. Equality impact assessments are now integral to our risk assessment, emergency planning and incident management procedures.

29. We will continue to improve data and systems to identify and support vulnerable individuals, including through the JIGSO platform and Priority Services Registers. We have committed to develop a community resilience strategy and will be engaging with community groups to capture lived experience and to inform future risk management and planning.
30. Future iterations of the Wales Risk Register will assess the impact of risks on vulnerable people. We are aligning our resilience work with the Well-being of Future Generations (Wales) Act and incorporating information from the Covid-19 Senedd Special Purposes Committee and stakeholders into our planning. We are committed to putting people – especially the most vulnerable – at the centre of resilience planning. We are challenging ourselves to adopt a “whole society” approach by engaging with and valuing the knowledge of communities and by hardwiring equality into our risk and response systems. There is always more to learn and do, but the direction is set firmly towards a more inclusive, socially aware model of emergency preparedness in Wales.

Conclusion

31. The Welsh Government has made significant progress in delivering the UK Covid-19 Inquiry Module 1 recommendations while strengthening our broader resilience arrangements. We have reformed governance structures, developed a bespoke risk register, launched a strategic resilience framework, enhanced data and communication systems, and embedded continuous learning and external challenge.
32. We acknowledge areas of divergence from the findings set out in the Module 1 report, particularly regarding the lead department model and the structure of UK-wide strategies. However, our approach is rooted in the devolved context and aims to achieve the objectives advocated in the Module 1 report through proportionate and effective means and in a way that reflects the role of Wales’ democratic institutions.
33. Future work includes finalising the *Wales Resilience Framework Delivery Plan*, evaluation and learning from Exercise PEGASUS, delivering a new digital health protection system, adopting the Welsh Emergency Care Data Set, publishing a public summary of the Wales Risk Register, and continuing engagement with the Senedd and stakeholders. We are committed to transparency, accountability, and ensuring Wales is better prepared for future emergencies.
34. There is no room for complacency. The UK and Wales faces a wide array of significant risks driven by climate, economic uncertainty and cost-of-living pressures, public and animal health risks, increased global competition, national security challenges and technological developments. The need for continuous improvement and to embed learning means our work will continue – the risk register will be updated, more outlooks will be produced, new information and guidance will be issued to the public, the lessons database will be implemented, data provision and analysis will be strengthened, and risks prepared and planned for. The *Wales*

Resilience Framework makes clear the priorities of maintaining the resilience architecture and enhancing capabilities further.

35. We welcome the committee's scrutiny on these matters and the evidence put forward by representatives of the bereaved families and responder community. We thank PAPAC for its scrutiny and welcome further insight and proposals to build a more resilient and prepared Wales.

Submission to the Senedd Public Accounts and Public Administration Committee (PAPAC)

Author: Anna-Louise Marsh-Rees

Date: 6 January 2026

Basis of Submission

This submission is made by me in a personal capacity and provides an independent, evidence-based assessment of the Welsh Government's response to the UK Covid-19 Inquiry Module 1 recommendations. It is informed by my experience of pandemic oversight, my role as a core participant in Module 1 of the UK Covid-19 Inquiry, detailed analysis of the Module 1 report, and scrutiny of Welsh Government public statements and updates.

The observations and recommendations set out below reflect my independent judgment of the actions taken, and not taken, by the Welsh Government in response to the Module 1 recommendations. They are based solely on publicly available evidence and my own analysis and are not submitted on behalf of any organisation.

This submission builds on evidence previously provided by the author to the Senedd Public Accounts and Public Administration Committee on 9 December 2025.

Executive Summary

This submission assesses the extent to which the Welsh Government has implemented the UK Covid-19 Inquiry Module 1 recommendations and identifies where further action is required to strengthen pandemic preparedness in Wales. While progress has been made in areas such as governance arrangements, Wales-specific risk assessment, and participation in planned preparedness exercises, **significant gaps remain**.

These include the absence of fully operational, emergency-ready data systems; incomplete delivery, testing and publication of pandemic exercises and their lessons; limited use of systematic red-team challenge; and the lack of statutory arrangements for independent preparedness oversight. Unless addressed, these gaps risk undermining Wales's ability to respond effectively to a future pandemic. The submission concludes with practical recommendations aimed at closing these gaps and strengthening preparedness.

Annex A, below, summarises each Module 1 recommendations, Welsh Government progress, observed gaps, and my recommendations.

UK Covid-19 Inquiry, Module 1, Scope

Module 1 of the UK Covid Inquiry covers **the UK's early pandemic response, governance, and preparedness**, including:

- Pandemic planning and readiness
- Early alerting and surveillance
- Decision-making structures
- Communication and public messaging
- Health and social care system readiness
- Coordination across UK nations

1. What the Welsh Government *has reported as done* in response to Module 1

These are actions *the Welsh Government are self-reporting as completed or in progress* in response to the 10 Module 1 recommendations. There is no external & independent auditing in place.

1.1 Simplified governance for emergency preparedness

Revised structures and oversight committees are in place and reviewed; **Welsh Government considers this recommendation *completed* but there is limited evidence demonstrating simplification or its material impact on preparedness.**

1.2 Developed Wales-specific risk assessment tools and risk register

Wales now has its own risk evidence base and risk register. **This wasn't implemented until Autumn 2024 & has not been stress tested.**

1.3 Participation in UK-level pandemic exercises

Planning and engagement in Exercise Pegasus and warm-up exercises are underway. **Please note this is a UK Government led & healthcare focused exercise not a 4-nations, whole systems simulation as per the M1 Recommendation.**

2. What the Welsh Government *hasn't fully done yet* (gaps remaining)

These are areas where Wales has *work under way, partial implementation, or hasn't fully met the spirit of the Module 1 recommendations*:

2.1 Data and real-time sharing systems not fully mature

Module 1 Recommendation: Establish timely, secure, tested data systems and data sharing mechanisms *ahead of future pandemics*.

Welsh Government position:

- A *data, evidence and analytical team* has *begun* establishment
- A memorandum with the UK National Situation Centre *will be signed soon*.
- Some health data platforms (Care Data Repository, National Data & Analytics Platform) are *operational*, but these are still being developed.
- There *isn't yet a fully integrated, tested, interoperable emergency data-sharing system* that meets the Inquiry's expectations for real-time pandemic response readiness.

Gap:

- Emergency-ready data systems are **not yet fully integrated, tested, or operational**.
- Real-time, interoperable data pipelines for future pandemics remain incomplete.

Wales hasn't fully implemented *tested, emergency-ready data pipelines that meet the Inquiry's recommendations for future pandemics*. Progress is ongoing *but incomplete* compared with the Inquiry's intent.

2.2 Full implementation of regular UK-wide pandemic exercises

Module 1 Recommendation: Run joint pandemic exercises *at least every three years* to test preparedness.

Welsh Government position: Wales is *participating* in planned exercises (Pegasus, Solaris, Alkarab), and a Welsh coordination group was established.

Gap: While planning and participation are underway, **there is not yet evidence that such exercises have been fully completed and evaluated**; some exercises are prospective (scheduled). This means the cycle of *exercise → evaluation → implementation of lessons* has *not run to completion yet*.

2.3 Publication of preparedness reporting

Module 1 Recommendation: Produce *regular published reports* on civil emergency preparedness and resilience to legislature (e.g., Senedd)

Welsh Government position: Wales has committed to an annual resilience statement and a four-year **State of Resilience Report**.

Gap: No reports have been published yet, **limiting independent scrutiny**.

These reporting commitments are *future commitments*, **not yet delivered**, and so Wales has *not yet fully implemented* this transparency measure.

2.4 Red teaming beyond existing exercise

Module 1 Recommendation: Make “red team” threat testing a *regular preparedness tool*, not just a component of exercises.

Welsh Government position: Red teaming is *currently part* of exercise programmes, and Wales intends to *explore more opportunities*.

Gap: This is *exploratory* rather than a **fully embedded capability** — not yet meeting the recommendation in a structured, ongoing way. Red teaming is incorporated only within exercises and is not yet a **regular standalone capability**.

2.5 Independent statutory preparedness body

Module 1 Recommendation: Establish a *UK-wide independent statutory body* for preparedness.

Welsh Government position: The WG *does not support* this, believing it would divert resources. Instead, they agreed to *independent expert panels via the UK Resilience Academy*.

Gap: Wales **lacks formal, statutory oversight** of pandemic preparedness.

Wales has *explicitly rejected* the Inquiry's recommended model, so *this recommendation has not been implemented as written*.

3. Recommendations

3.1 Data & System Readiness

- **Strengthen and finalise emergency-ready data systems** with *tested, rapid interoperability* — not just health data platforms.
- Require **formal testing of data-sharing in scenario drills** so tools work under stress.

3.2 Exercise Full Implementation

- Move from *planning* to *fully executed exercises* with published results and action-implementation tracking.

3.3 Transparency & Accountability

- Publish the **annual Senedd resilience report now**, not just commit for the future, to show measurable progress.

3.4 Capability Expansion

- Embed **red teaming** as a regular, funded part of preparedness, with clear outputs and integration into risk assessment.

3.5 Independent Oversight

- Re-evaluate the case for an **independent statutory preparedness body**, or at least a clear *performance oversight mechanism* with objective metrics and public reporting.
-

4. Pandemic Preparedness Specific Recommendations

4.1 Governance & Planning

- Update and stress-test Wales-specific pandemic response plans regularly.
- Establish a permanent **Welsh Pandemic Preparedness Unit** & consider a truly independent Wales Preparedness Commissioner.
- Strengthen coordination protocols with UK-wide bodies for early alerts.

4.2 Data & Surveillance

- Implement real-time surveillance dashboards for hospitals, care homes, and community transmission.
- Integrate genomic sequencing capacity for early variant detection.
- Ensure interoperable health and social care IT systems.

4.3 Healthcare & Social Care

- Mitigate for airborne viruses in all healthcare settings & care homes- safe clean indoor air is vital.
- Maintain strategic reserves of PPE, ventilators, and essential medicines.
- Design a robust test & trace strategy & plan.
- Develop surge staffing plans for NHS Wales and social care.
- Pre-plan protocols to protect care homes and vulnerable populations

4.4 Communication & Public Trust

- Clear, bilingual communication strategy emphasising transparency.
- Pre-design public guidance templates to reduce confusion between UK and Welsh messaging.

4.5 Research & Innovation

- Fund rapid-response public health research capacity in Wales.
- Encourage collaboration between Welsh universities, NHS, and UK agencies.

4.6 Training & Exercises

- Annual pandemic simulation exercises for public health, government, and NHS.
- Training modules for rapid deployment of community testing, vaccination, and emergency logistics.

Annex A: Module 1 Observations and Recommendations

Module 1 Recommendation	Welsh Government Status	Observed Gap	Independent Recommendation	Status
1 Simplified governance structures	WG considers done	None	Maintain and regularly review governance to ensure agility	Green
2 Cabinet Office leadership and coordination	Partially adopted via internal systems	Cross-Wales/UK coordination protocols not fully tested	Fully test cross-government coordination in emergency scenarios	Amber
3 Wales-specific risk assessment	New Wales risk register delivered	None	Keep risk register updated; integrate with real-time monitoring systems	Green
4 UK-wide emergency strategy alignment	Framework published	Full alignment with UK structures still developing	Conduct joint Wales-UK scenario exercises to ensure interoperability	Amber
5 Data & research	Team and platforms in development	Systems not fully integrated/tested; real-time data pipelines incomplete	Complete emergency-ready, interoperable data systems; run stress tests; embed dashboards and nowcasting tools	Amber
6 Regular pandemic exercises	Engagement in upcoming exercises	Exercise cycle not completed; lessons not fully published; red teaming limited	Fully execute exercises; publish lessons; embed red team testing as routine	Amber
7 Publish lessons from exercises	Framework in place	No published outputs yet	Publish lessons from exercises and implement action plans systematically	Red
8 Regular published preparedness reports	Framework commits to future reporting	No reports yet	Publish first annual resilience report; establish measurable preparedness metrics	Red
9 Red team threat testing	Incorporated within exercises	Not yet a standalone, recurring capability	Make red teaming a regular, standalone part of preparedness planning	Amber
10 Independent statutory preparedness body	Rejected; relies on expert panels	Lacks statutory oversight	Consider establishing a Wales-specific independent advisory body with statutory backing	Red

Written Statement of Gareth ‘Yanto’ Evans on behalf of Long Covid Support

Submitted to the Public Accounts and Public Administration
Committee

January 2026

Introduction

1. My name is Gareth ‘Yanto’ Evans. I am a Trustee for Long Covid Support – a charity registered in England and Wales (Charity Number 1198938)¹. I am submitting this written statement for consideration by the Committee in relation to recommendations from Module 1 of the UK Covid Inquiry examining the resilience and preparedness of the United Kingdom from a Wales perspective.

Long Covid Support

2. The Long Covid Support Facebook² group was set up in May 2020 to provide a confidential space for those who had fallen ill with Covid-19 and hadn’t recovered following the prescribed two weeks. During the pandemic, the numbers within this group has grown steadily, and continues to grow today. As of December 2025, the Facebook group is made up of over 67,000 members. The majority are based in the UK and the US however there is representation from over 100 countries and territories worldwide.
3. In May 2022, Long Covid Support registered as a charity in England and Wales. Our purpose is to reduce the impact of Long Covid and improve the lives of all those affected. Our strategy focuses on 5 areas:
 - i) Build a community of support, our organisation and a wider network for change.
 - ii) Accelerate the search for treatments.
 - iii) Push for access to dedicated health and care services.
 - iv) Enable access to appropriate work, welfare and wider support.
 - v) Prevent new cases of Long Covid.
4. The core membership of the charity mainly consists of Long Covid patients who are based across the UK – many of whom were previously employed in a variety of full time, professionally qualified roles. They include former key workers such as NHS healthcare workers and teachers. However, their ongoing physical and

¹ [Long Covid Support is a charity registered in England and Wales - Long Covid Support](#)

² [Long Covid Support | Facebook](#)

cognitive impairments, some lasting five years or more, severely restrict their ability to perform basic everyday tasks let alone advocate for themselves and others. The Long Covid community in Wales, therefore, welcome the opportunity to contribute to this Committee.

5. Long Covid Support were selected as a Core Participant in Modules 2, 3 and 9 of the UK Covid Inquiry. An application was submitted by the charity to become Core Participants for Module 1 however this was turned down. I applied, in an individual capacity, to be a Core Participant in Module 2B examining core decision making and political governance in Wales. However, this application was also turned down.
6. In December 2024, Long Covid Support were appointed as the Secretariat for the UK All-Party Parliamentary Group (APPG) on Long Covid³ which is chaired by the Right Honourable Member of Parliament, Jo Platt – who has been personally affected by Long Covid herself.
7. In 2024, myself and other members of the Long Covid patient community in Wales worked with Hefin David MS to secure a Short Debate in the Senedd. On 11th December 2024, Hefin David MS chaired a debate entitled ‘Long Covid: Developing an all-Wales approach for tackling a growing health crisis’.⁴

Long Covid

8. ‘Long Covid’ is a term derived by patients themselves. We use ‘Long Covid’ as an umbrella term to encapsulate long-term illness caused by infection from Covid-19. ‘Post Covid-19 Syndrome’ has been used by bodies such as the National Institute for Health and Care Excellence (NICE) and the NHS to refer to the condition of Long Covid. The World Health Organisation (WHO) uses the term ‘post-COVID condition’.⁵

Definition

9. In a Covid-19 rapid guideline developed by NICE⁶ on 18th December 2020, and last updated on 11th November 2021, it defines Post Covid-19 Syndrome as the following:

“Signs and symptoms that develop during or after an infection consistent with COVID-19, continue for more than 12 weeks and are not explained by an alternative diagnosis. It usually presents with clusters of symptoms, often

³ [All-Party Parliamentary Group \(APPG\) on Long Covid - Long Covid Support](#)

⁴ [Plenary 11/12/2024 - Welsh Parliament](#)

⁵ [Post COVID-19 condition \(long COVID\)](#)

⁶ [Overview | COVID-19 rapid guideline: managing the long-term effects of COVID-19 | Guidance | NICE](#)

overlapping, which can fluctuate and change over time and can affect any system in the body. Post-COVID-19 syndrome may be considered before 12 weeks while the possibility of an alternative underlying disease is also being assessed”.

Symptoms and Prevalence

10. Although Covid-19 was initially regarded as a respiratory illness, SARS-CoV-2 can damage many organ systems. Presentation of symptoms vary amongst Long Covid patients and can fluctuate over time. Common symptoms include fatigue, shortness of breath and cognitive dysfunction. A large body of scientific evidence has identified more than 200 potential symptoms with impacts on multiple organ systems including the heart, brain, lungs, gut and nervous system⁷. Recent research has identified links between repeat COVID infections and heart attacks⁸, strokes⁹ and aggressive cancers¹⁰, even in young, seemingly healthy people.
11. Long Covid can affect anyone regardless of age, gender, health status, vaccination status or previous mild COVID infections. Those severely affected are left bed-bound and dependent on care. As of December 2025, there is no diagnostic test and similarly there are no approved treatments or any guarantee that patients will fully recover.
12. Due to a lack of a diagnostic test, prevalence measures of Long Covid are difficult to quantify. The WHO estimated that 1 in 10 COVID-19 infections can result in Long Covid. You will note that is infections rather than people. This highlights the growing burden of Long Covid on all populations. An article published in August 2024¹¹ estimated the cumulative global incidence of Long Covid (at that time) to be 400 million individuals and growing.
13. In April 2024, the Office for National Statistics (ONS) published a Winter Coronavirus (COVID-19) Infection Study¹² based on self-reported cases in England and Scotland alone (Wales opted not to take part). They determined a prevalence rate of 3.3% which equates to approximately 2 million people in England and Scotland living with Long Covid. As these are self-reported cases, it assumes those surveyed are aware their symptoms were triggered by a COVID-19 infection. On this basis, it is likely to be an undercount. If we were to apply

⁷ [Long COVID: major findings, mechanisms and recommendations](#)

⁸ [How does Covid-19 affect your heart? - BHF](#)

⁹ [Fibrin drives thromboinflammation and neuropathology in COVID-19 | Nature](#)

¹⁰ [Possible cancer-causing capacity of COVID-19: Is SARS-CoV-2 an oncogenic agent? - ScienceDirect](#)

¹¹ [Long COVID science, research and policy | Nature Medicine](#)

¹² [Self-reported coronavirus \(COVID-19\) infections and associated symptoms, England and Scotland - Office for National Statistics](#)

this rate to the Wales population, we estimate the prevalence to be over 100,000 people living with Long Covid as of April 2024.

14. It is with great disappointment to the Long Covid Support charity that the ONS have stated there are no foreseeable plans to conduct any further studies examining prevalence rates of Long Covid in the UK. Similarly, there are no attempts to count Long Covid cases here in Wales. In 2025, a GP Patient Survey¹³ conducted by NHS England surveyed approximately 700,000 patients in 2025. They were asked – ‘Would you describe yourself as having ‘Long Covid’?’. 4.2% answered ‘Yes’. Another 10% stated they were not sure. If we were to apply the 4.2% prevalence rate to the Wales population, it would suggest there are at least 130,000 people in Wales living with Long Covid as of 2025.

Economic and Societal Impact

15. With a growing percentage of the population becoming severely affected by Long Covid, the majority of which being of working age, it stands to reason this is having a significant impact on the nation’s workforce, healthcare systems and the wider economy. In 2024, research conducted by UCL¹⁴ estimates that working days lost to Long Covid could be costing the UK economy up to £20 billion a year.
16. According to the ONS, the numbers of economically inactive due to long-term sickness has risen sharply since 2020¹⁵. Likewise, we’ve seen an unprecedented rise in benefit claims that the Department for Work and Pensions (DWP) have said is ‘unsustainable’.¹⁶
17. Due to their continued exposure to airborne viruses, absences amongst healthcare staff in Wales are currently 6.5%¹⁷ which is more than 3 times the national average and equates to 1 in 15 NHS workers on sickness absence at any one point in time. This includes healthcare staff living with Long Covid who are left unable to work due to their condition. Some are being forced to leave the profession altogether. This is only adding to the significant pressures being placed on the NHS in Wales.
18. As far as children and young people are concerned, a recent report in the US states that Long Covid is now the number one chronic illness among children, ahead of asthma¹⁸. Here in Wales, school absenteeism rates have still not

¹³ [GP Patient Survey](#)

¹⁴ [Long Covid could cost the economy billions every year | UCL News - UCL – University College London](#)

¹⁵ [INAC01 SA: Economic inactivity by reason \(seasonally adjusted\) - Office for National Statistics](#)

¹⁶ [Benefit expenditure and caseload tables 2025 - GOV.UK](#)

¹⁷ [heiw.nhs.wales/files/nhs-workforce-trends-march-2023/](#)

¹⁸ [Long COVID is here to stay—even in children - The Lancet Infectious Diseases](#)

returned to pre-pandemic levels¹⁹. The main reason attributed to these high absence rates is ‘illness’. In November 2022, the Children, Young People and Education Committee held a short inquiry into pupil absences. Although it wasn’t among the chief recommendations, Long Covid was identified as a possible cause. The Children’s Commissioner for Wales said, “I would suggest additional research would be helpful to understand the medical and social impact of post-viral fatigue conditions on children”.²⁰

Module 1 - The Resilience and Preparedness of Welsh Government

19. Those in the Long Covid patient community have suffered life-changing chronic illness and disability as a result of the COVID-19 pandemic. They are keen to understand the lessons learned and recommendations made for future pandemic planning to avoid a repeat of their experiences. The findings from Module 1 are therefore of considerable significance to them.

20. Following the publication of the recommendations from Module 1 of the UK Covid Inquiry, the Long Covid Support charity is concerned there is no specific reference to the UK (and thereby Wales’) preparedness for the post-acute sequelae of SARS-CoV-2. Nor does it refer to Long Covid and its ongoing impact on the economy and the long-term health and wellbeing of the population.

Lessons learnt from previous diseases, epidemics and pandemics

21. The Long Covid Support charity is keen to ascertain whether any consideration was given to previous SARS outbreaks. Notably, the SARS epidemic of 2003 and the Middle East respiratory syndrome (MERS) outbreak in 2012. It is apparent that survivors of those coronavirus infections suffered with a constellation of persistent symptoms similar to Long Covid. Follow ups with survivors of those outbreaks report poor levels of recovery, reduced quality of life and reduced capacity for work or exercise up to 20 years later²¹.

22. Post viral symptoms are well documented following other viral infections including Chikungunya and Ebola. Chikungunya leaves 20% of patients with post-viral chronic inflammatory joint disease. Ebola resulted in 70% of survivors suffering from musculoskeletal pain. About 80% had major limitations in mobility, cognition and vision one year after discharge²².

¹⁹ [Absenteeism from secondary schools: September 2022 to August 2023 \(revised\) \[HTML\] | GOV.WALES](#)

²⁰ [Pupil absence](#)

²¹ [Chronic widespread musculoskeletal pain, fatigue, depression and disordered sleep in chronic post-SARS syndrome; a case-controlled study - PubMed](#)

²² [51353957](#)

23. Long Covid symptoms are often “debilitating enough to leave patients unable to work and are similar to those of Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS), and those triggered after infections with Poliovirus, and Borrelia (Lyme Disease) which fall under the well-known concept of post-acute infection syndrome”.²³
24. The Long Covid Support charity notes there were several pre-Covid planning and exercises that shaped the UK’s pandemic response, which we believe ought to have been considered in Module 1’s assessment of whether the UK was adequately prepared for the health impacts of Covid-19 or not. The BMA in their July 2022 report²⁴ crucially notes that: “there were several exercises (undertaken) – both UK-wide and in the devolved nations – that did look at planning for MERS which, despite being a different disease to COVID-19, is a coronavirus and shares some characteristics. Exercise Alice, for example, made several informed recommendations that would have been relevant to the handling of the eventual COVID-19 pandemic, but these do not appear to have been acted on.”
25. The BMA’s May 2022 report continues to explain that in terms of preparedness, the UK was prepared for the ‘wrong kind of pandemic’ in its primary assumption that the major risk to the public health was from an influenza-style pandemic which led to a focus on treatment of the disease instead of containment. The exercises the Government relied upon, such as Operation Winter Willow, Exercise Pica and Operation Cygnus, all (wrongly) anticipated an influenza-style pandemic, despite other exercises which accounted for evidence from the two coronavirus pandemics of SARS and MERS.
26. We urge that the Committee consider how recommendations from previous exercises modelled on coronavirus pandemics were incorporated into the Welsh Covid-19 response, if at all, and to question why they were not followed. Further, to what extent if at all, knowledge from previous pandemics of the risk of long-term illness and disability from coronavirus were planned for.
27. The post-acute effects which stem from previous infections would have been able to provide clues on what post-acute effects are to be expected after Covid-19²⁵. Long Covid or post-acute sequelae should not have been a surprise, and it is imperative to determine whether the direct health impact of long-term sequelae was adequately considered, and if not, why not.

²³ [Long COVID: An opportunity to focus on post-acute infection syndromes - The Lancet Regional Health – Europe](#)

²⁴ [The public health response by UK governments to COVID-19](#)

²⁵ [Medical Science Monitor | Historical Insight into Infections and Disorders Associated with Neurological and Psychiatric Sequelae Similar to Long COVID - Article abstract #931447](#)

Data Collection

28. In the early days of the COVID-19 pandemic, there was significant attention paid to the number of deaths and hospitalisations resulting from COVID-19 infections. However, there was hardly any mention of those who had caught COVID-19 and did not recover. It should be borne in mind that the vast majority of those living with Long Covid were not initially hospitalised. This was particularly the case immediately after lockdown where the public, unless they were critically ill, were encouraged to stay at home to relieve pressure on the NHS.
29. Even today, six years on, there are no concerted efforts to record how many people in Wales are currently living with Long Covid.
30. As early as March 2021 the World Health Organisation (WHO) recognised the significance of identifying, monitoring, recording and learning from Long Covid for a further variant or future pandemic planning, stating that “health policy makers should be preparing responses to those with this condition”.²⁶
31. The WHO reinforced their view in February 2022, highlighting that Long Covid “is something that needs significant amounts of attention because for any future scenario of this virus, any future variants post-COVID condition will be part of our future”.²⁷
32. The ongoing health impacts from Long Covid is categorised as an area that needs significant attention to avoid critical gaps in the health system going forward.
33. The enduring impact of Long Covid upon quality of life, livelihoods, healthcare services and the national economy should be directly acknowledged and placed at the heart of decisions to tighten or ease public health restrictions in the future.²⁸
34. The Lancet Commission report on the lessons for the future from the Covid-19 pandemic notes that Long Covid has a substantial disease burden and that it might itself be an emerging pandemic. It states that those affected will require “multidisciplinary and stigma-free care, which is not readily available in many settings.”²⁹
35. Any surveillance currently conducted in Wales revolves around hospital admissions caused by acute respiratory infections – namely Influenza, RSV,

²⁶ [COVID-19 Social media Q&A - 16 February 2022](#)

²⁷ [Policy brief A4](#)

²⁸ [The science of COVID | Conference report](#)

²⁹ [The Lancet Commission on lessons for the future from the COVID-19 pandemic - The Lancet](#)

Norovirus as well as Covid-19³⁰. It does not take into account the long-term sequelae associated with viral infections. Covid-19 can cause lasting damage to multiple organs as opposed to being a mere 'respiratory infection'. Furthermore, many Long Covid patients are not initially hospitalised at the outset of their condition. This means that those left disabled by a COVID-19 infection are not being captured in any of the current data.

Public Health Messaging

36. Scientific research and anecdotal evidence have shown that anyone can get Long Covid regardless of age, health status, vaccination status or even previous mild infections. In the last six years, there has been significant amounts of research worldwide confirming that every subsequent infection increases the risk that any individual can develop Long Covid³¹. Repeat COVID-19 infections have been linked to a greater risk of heart attacks, strokes and aggressive cancers.
37. In our communications with the Cabinet Secretary for Health and Social Care, we have stressed the need to inform the public of the emerging research on the impacts on repeat Covid infections. In his response, the Cabinet Secretary asserted the population is developing 'natural immunity' to COVID-19. The scientific research confirms this is not true. This understanding is fundamental to the appropriate mitigations needed to prevent the spread of COVID-19. Without it, we place the people of Wales at greater risk of death or disability caused by multiple, cumulative Covid infections. It also disregards the continuing threat of emerging Covid variants that could prove to be more transmissible or lethal than its predecessors.
38. Patients in Wales who suspect they may have Long Covid are encouraged to visit their local GP in the first instance. What is clear from anecdotal reports amongst fellow patients is that many GPs have insufficient knowledge of this novel condition. This makes the diagnosis and treatment of Long Covid particularly difficult. In our communications with fellow patients, many GPs in Wales aren't aware of those services currently available to Long Covid patients. Instead, patients are referred to a succession of consultant appointments that provide little in the way of answers to their condition. The Long Covid Support charity would like to see efforts to educate healthcare professionals on the diagnosis and treatment of post-viral conditions.

³⁰ [Weekly Influenza and Acute Respiratory Infection Report - Public Health Wales](#)

³¹ [Fig. 5: Cumulative risk and burden of sequelae in people with one, two and three or more SARS-CoV-2 infections compared to noninfected controls. | Nature Medicine](#)

39. A recent study³², together with conversations with service leads, has shown that the data coding of Long Covid in clinical settings is being applied inconsistently. This only compounds the difficulties in understanding prevalence. This data would be fundamental in aiding diagnoses, patient management, epidemiological monitoring and potential research opportunities.
40. In 2021, the NICE guidelines on the treatment of ME/CFS patients were updated to advise against prescribing harmful treatments such as Graded Exercise Therapy (GET) and Cognitive Behavioural Therapy (CBT).³³ However, we hear many healthcare professionals are still prescribing this treatment to both ME/CFS and Long Covid patients causing further permanent harm.

Long Covid Services

41. Prior to April 2023, Welsh Government had invested £10 million to develop 'Adferiad' services for the purposes of supporting those living with Long Covid. In April 2023, they announced £8.3 million of recurrent funding to widen the access of these services to those living with similar post-viral conditions, such as Myalgic Encephalomyelitis (ME/CFS) and Fibromyalgia. This funding is allocated to each of the seven health boards who choose to provide those services they see fit. These services are not clinician-led and revolve around coping strategies such as counselling, physiotherapy and occupational health. While there is a place for these treatments, these interventions alone are insufficient to fully rehabilitate patients.
42. What is clear is that there is no consensus among the seven health boards regarding those tests and treatments that may best serve Long COVID patients. Most health boards appear to be working independently of each other with no sharing of knowledge and little in the way of patient involvement.
43. With Welsh Government's intention that Long Covid services be provided within the community as far as possible, this prevents the harnessing of specialist knowledge that could form the basis of research into new diagnostics and treatments.
44. While we are grateful for the funding from Welsh Government towards the provision of Adferiad services in Wales, this funding is not ring-fenced. The charity was disappointed to learn the service in Cwm Taf Morgannwg Health Board paused in January 2025 and is now 'under review'. They cite low referral numbers however, as mentioned earlier, patients struggle to get referred to the service. Instead, the funding is being directed to other non-related services within the NHS.

³² [Using healthcare records - Long COVID diagnosis & treatment](#)

³³ [Recommendations | Myalgic encephalomyelitis \(or encephalopathy\)/chronic fatigue syndrome: diagnosis and management | Guidance | NICE](#)

45. The Long Covid Support charity is keen to ensure the Adferiad-funded services are making provision appropriate to the needs of patients living with Long Covid and other post-viral conditions. As such, we would like to see Welsh Government bring together an expert group of health professionals and, together with those with lived experience, develop a national strategy framework and appoint an all-Wales specialist consultant for post-infectious chronic conditions.

Vaccinations

46. Those with Long Covid live with a real fear that further COVID-19 infections could not only hinder their recovery but render them worse off than before. Inexplicably, they are not classed as clinically vulnerable. As such, they are not eligible for the COVID-19 vaccine.

47. Given that repeat COVID infections can cause long term harm in anyone, the new restrictions on the availability of COVID-19 vaccines will only cause further health inequalities. This will be especially the case in deprived areas where those who are not eligible for a COVID-19 vaccine must weigh up paying anything up to £100 for a vaccination.

Wastewater Monitoring

48. While large scale Covid-19 testing has stopped, we believe there would be much value in conducting wastewater monitoring as part of any ongoing and future pandemic preparedness exercises. Welsh Government invested in the creation of a world-class, state of art facility at Bangor University.³⁴ The facility was opened in May 2023. They were able to monitor epidemiology, not just SARS-CoV-2 but other viruses such as Influenza, RSV and Norovirus. It's a very cheap, comprehensive and unobtrusive method of detecting emerging health threats. It was disappointing to learn therefore that, in April 2024, Welsh Government withdrew funding for this facility.

49. It is worth noting that, as of December 2025, all countries within the EU conduct some form of wastewater monitoring.³⁵ Similarly, Scotland still operate wastewater surveillance.³⁶ That leaves England, Northern Ireland and Wales as the only countries that don't perform such activity.

³⁴ [Health minister opens new wastewater monitoring lab at Bangor University | Bangor University](#)

³⁵ [July 2025 Bulletin 310725_jfbyUEP.pdf](#)

³⁶ [Scotland's Wastewater Monitoring Programme](#)

Welsh Government's Response to the Module 1 Report

50. While the Long Covid Support charity welcome some of the measures proposed in response to the Module 1 report, including the Wales Resilience Framework, we are mindful that these measures are forward-looking and cover a wide range of civil emergencies not specific to pandemics. There does not appear to be, as far as we know, a closer examination of the decisions made by Welsh government during the latest pandemic to help inform future health emergencies.
51. There is no specific reference to the risks of long-term sequelae resulting from viral infections such as Long Covid.
52. Of the internal reviews conducted as part of the Special Purpose Committee, there has been no contributions from members of the public. The recent Tier 1 Exercise – ‘Exercise Pegasus’ – was carried out in Autumn 2025. None of the Long Covid groups were invited to take part in that exercise.
53. In Recommendation 7 of the Module 1 report, Baroness Hallett refers to the need for external expertise from outside government and the Civil Service to challenge and guard against ‘groupthink’. The charity maintains that meaningful involvement of interested groups (such as ours) is vital to the success of pandemic preparedness exercises.
54. We would like to take this opportunity to highlight that the language in the report refers to the pandemic in the past tense. While the WHO downgraded COVID-19 as a global health emergency in May 2023, the Director-General, Tedros Adhanom Ghebreyesus insisted, ‘That does not mean COVID-19 is over as a global health threat’.³⁷ On 10th December 2024, he stated, “We cannot talk about COVID in the past tense. It’s still with us, it still causes acute disease and “long COVID”, and it still kills...The world might want to forget about COVID-19, but we cannot afford to”.³⁸

Module 2 – Core Decision-Making and Political Governance

55. We accept the Committee has no plans to scrutinise the findings from Module 2 in this current parliament. However, there are several findings from Module 2, and also Modules 3 and 9, that we believe Welsh Government should address urgently due to the ongoing impacts on our patient community, NHS Wales and the wider economy.

³⁷ [Statement on the fifteenth meeting of the IHR \(2005\) Emergency Committee on the COVID-19 pandemic](#)

³⁸ [WHO Director-General's opening remarks at the media briefing – 10 December 2024](#)

56. As far as Long Covid services are concerned, NHS England opted to set up specialist clinics for the purpose of diagnosing and treating Long Covid patients. This differs from the Welsh approach where services are provided within the community as far as possible. These services aren't clinician-led and do not diagnose or prescribe medications. Therapies revolve around symptom management such as counselling, occupational health and physiotherapy. Many patients report completing all the available treatments on offer but not seeing any significant improvements. This has forced some to travel to England or further afield to access private healthcare at great personal cost.
57. In his evidence to the UK Inquiry, Long Covid expert, Professor Chris Brightling, outlined the shortcomings of the Welsh approach and highlighted that specialised clinics would ensure patients got access to the relevant services as quickly as possible. He added it would benefit staff in developing specialist knowledge and, further, helping research into new diagnostics and therapies.³⁹
58. In June 2021, Welsh Government commissioned Cedar to produce a national evaluation of Long Covid services in Wales. While users were grateful for the support they received and felt listened to, the report cites negative feedback identifying that referral to services were slow, treatments aren't tailored to individual needs and patients would benefit from a 'one-stop shop' offering diagnostic services and referrals for further investigations.⁴⁰
59. In Wales, there appears to be little in the way of dedicated paediatric services.

Module 3 – Impact of Covid-19 Pandemic on Healthcare Systems in the 4 Nations of the UK

60. What is of immediate concern to us is that the official guidance from the Infection Prevention and Control (IPC) cell maintains, even today, that COVID-19 is spread via droplets. This is contrary to evidence submitted in the UK Covid Inquiry by several experts who insist COVID-19 is spread primarily via the airborne route.⁴¹
61. Due to their continued exposure to airborne pathogens, NHS staff and other frontline workers face a greater risk of death and disability. Based on the latest science that COVID-19 is airborne, they are still not being provided with the appropriate Personal Protective Equipment (PPE).

³⁹ [ED-C19 Inquiry 291024 M3 Day 21.ecl](#)

⁴⁰ [Adferiad \("Recovery"\) Long COVID Evaluation - CEDAR - Centre for Healthcare Evaluation](#)

⁴¹ [Covid Airborne Transmission Alliance Latest News | BAPEN](#)

62. This prompted Core Participants to write to Baroness Hallett in December 2024 to request an Urgent Interim Recommendation that the IPC guidance be updated and the introduction of appropriate measures revolving around the use of FFP3 masks (as opposed to Fluid Repellent Surgical Masks), improved standards of ventilation and air filters.⁴²
63. In addition, our patient community is made up of a significant number of key workers (including healthcare workers and teachers) who sacrificed a great deal to work on the frontline yet find themselves struggling with little in the way of medical or financial support. We're aware that some have been left unable to work or forced to leave the profession altogether. Some have lost their homes or their partners. Sadly, some have taken their own lives.

Module 9 – Economic Response

64. As has been touched upon already, the growing burden of Long Covid is likely to be having a profound impact on the Welsh economy. Many of those living with Long Covid have been left unable to work with some forced to leave their jobs while others reduce their hours to accommodate their newfound physical and cognitive limitations. This could be extended to those forced to take on the role of carers to their loved ones disabled by Long Covid.
65. The difficulty in accessing appropriate financial support is compounded by a welfare system under increasing pressure following a sharp rise in benefit claims since 2020.⁴³
66. Consequently, this is likely to be impacting household incomes, the workforce and productivity.
67. Coupled with an increased demand for healthcare systems already beset with high absence rates, this will only add further significant pressure on the NHS.
68. So far, to date, there has been no detailed examination of the impact of Long Covid on the Welsh economy. Given that chronic illness is a foreseeable consequence of a pandemic, it is vital to conduct such an exercise to, not only gauge the growing burden of long-term illnesses but, inform the relevant actions needed for future pandemics.

⁴² [joint-letter-to-chair-20.12.24-redacted.pdf](#)

⁴³ [Benefit expenditure and caseload tables 2025 - GOV.UK](#)