

UK COVID-19 Inquiry: Senedd Research Monitoring Report 2 (Module 1)

Reference: SR236872-1

Introduction

The first Module of the UK Covid-19 Public Inquiry, [Resilience and preparedness](#) has been completed. The Module examined the UK's preparedness for the Covid-19 pandemic, covering a range of critical areas from understanding the virus, to economic planning, and future pandemic preparedness. The report is expected in early Summer 2024.

This research briefing provides a **summary of some of the key issues** from the public hearings that are relevant to Wales. It has been prepared for Members of the Wales Covid-19 Inquiry Special Purpose Committee to help inform its work. It is intended as an impartial briefing that provides background information on Module 1, ahead of the UK Covid-19 Public Inquiry publishing its report next year. Members of the Committee will also have the opportunity to enhance their understanding of the civil contingencies landscape when they meet, in public, with key academics in the field in January 2024.

Useful information:

UK Covid-19 Public Inquiry, [Evidence used during Module 1](#)

UK Covid-19 Public Inquiry, [Pandemic Preparedness Organogram - Wales](#)

Senedd Research, [Coronavirus timeline: the response in Wales](#)



Senedd Research, UK Covid-19 Public Inquiry: Monitoring Report 1

1. Resilience and Preparedness

Module 1 of the UK Covid-19 Public Inquiry focused on Resilience and Preparedness. The Module commenced on 21 July 2022. Following a preliminary hearing on 4 October 2022, public hearings took place from 13 June – 19 July 2023. The anticipated publication of the Module 1 report is in early Summer 2024.

On 12 June 2023, a timetable and list of Core Participants in Module 1 was published. This list included Covid-19 Bereaved Families for Justice Cymru, Welsh Local Government Association, Public Health Wales and the Welsh Government.

1.1 Module scope

Module 1 focused on assessing the UK's preparedness for the Covid-19 pandemic. The examination covered various aspects, including:

- **Understanding the Virus:** The module delved into the basic characteristics and epidemiology of SARS-CoV-2 and Covid-19.
- **Government Structures and Risk Management:** It explored government structures and specialist bodies involved in risk management and civil emergency planning, encompassing devolved administrations, local authorities, private sector bodies, and historical changes to these structures up to January 2020.
- **Pandemic Planning:** The module investigated planning for a pandemic, encompassing forecasting, resources, insights from past simulation

exercises, emergency plans in place, biosecurity issues, international comparisons, and lessons from previous policy-related investigations.

- **Public Health Services:** This aspect examined the structure and development of public health bodies, their readiness and preparation, capacity, resources, funding levels, and the impact of the UK's departure from the European Union. It also considered how relevant bodies monitored and communicated about emerging diseases.
- **Economic Planning:** The inquiry explored economic planning by government bodies concerning capacity, spending commitments, efficiency, and anti-fraud controls within the context of emergency planning.
- **Planning for Future Pandemics:** The module included an outline of planning for future pandemics, considering international preparedness, risks posed by new variants of Covid-19 and other viruses, and diseases arising from human-animal contact and viral transmission.

1.2 Preliminary hearing and closing submissions

On 4 October 2022, Ms Heaven, representing the Covid-19 Bereaved Families for Justice Group Cymru was invited to speak at the preliminary hearing for Module 1 (at this stage in the inquiry only a small number of core participants contribute in oral evidence). Ms Heaven highlighted **key concerns**. These included the necessity to scrutinise the impact of funding from the UK Government on planning and preparedness, assess political relations between the Welsh and UK Government, and examine co-ordination between the UK Government and devolved administrations.

Ms Heaven emphasised the crucial importance of **scrutinising decision-making** in Wales to ensure public confidence.

Additionally, she identified **specific areas of concern for Module 1 in Wales**, focusing on preparedness in NHS Wales and Welsh care homes. This encompassed aspects such as infection control measures, PPE, stockpiling, distribution, and post-death procedures.

In the closing submissions, both the Covid-19 Bereaved Families for Justice Group Cymru and Welsh Local Government Association had the opportunity to speak. Several of the initial concerns raised regarding the scope of Module 1 and

specific issues related to Wales were addressed. Representatives raised key points regarding **the failures in Wales' pandemic preparedness**:

1.2.1 Scope of Module 1

The closing submissions focused on **decision-making in Wales**, specifically concerns about flaws in pandemic planning, failures in planning assumptions, and lack of attention to preparedness.

Ms Heaven, representing the Covid-19 Bereaved Families for Justice Group Cymru, concluded that pandemic planning in Wales **mirrored UK planning, focusing solely on influenza** rather than considering other threats like coronaviruses. She said lessons from East Asian countries' experiences with SARS and MERS were not applied in the UK, including Wales.

1.2.2 Wales as a Separate Country

The representation of **failures in Wales' pandemic preparedness**, including issues with PPE, infection control, and co-ordination, reflects the emphasis on scrutinising links between the Welsh Government and the UK Government.

Ms Heaven concluded there were **failings in planning assumptions**. Critical failures included the lack of PPE for healthcare professionals, under-estimating the importance of mask-wearing, neglecting large-scale contact tracing and testing, failure to cancel mass gatherings and overlooking the need for quarantining and social distancing.

1.2.3 Pandemic Preparedness in Wales

Ms Heaven said the public hearings demonstrated that responsibility for pandemic planning lies with the Welsh Government. She pointed to what she described as **'failures of the Welsh Government'**, including their downgrading of pandemic risk, failure to implement recommendations, and inadequacies in the health system.

Ms Heaven concluded that **pandemic preparedness was not a high priority within the Welsh Government**, evidenced by downgrading the risk rating in the Corporate Risk Register. She also referred to the **failure to implement** devolved civil contingency powers and recommendations from exercises like Taliesin and Cygnus.

Ms Heaven said **hospitals in Wales were ill-equipped for infection prevention and control**, with no single health board capable of handling high-consequence

infectious diseases. Mr Allen KC, representing the Welsh Local Government Association (WLGA) said **cuts to local government resources impacted planning effectiveness**, with a focus on protecting NHS services leading to cuts in public health and emergency preparedness.

Mr Allen KC concluded that **local government must be central to future resilience planning**, treated as a trusted and equal partner by central government.

Ms Heaven added that **health inequalities were inadequately considered** in pandemic planning. Mr Allen KC agreed concluding that reductions in spending not only affected the resilience of public services, but influenced social and economic conditions impacting people's health.

1.2.4 Specific Areas of Concern:

The closing submissions specifically addressed concerns about **preparedness in NHS Wales and care homes**, covering infection control, PPE, stockpiling, distribution, and post-death procedures.

Ms Heaven concluded that there was **a consistent lack of attention to pandemic preparedness at all government levels** over many years. She insisted the Welsh Government received warnings eight years before Covid-19 about a fragmented system with unclear accountabilities in pandemic resilience. She said no corrective action was taken.

2. Public hearings – Evidence in relation to Wales

The UK Covid-19 Public inquiry included testimonies from various individuals from Wales on different dates:

- 3 July: Sir Dr Frank Atherton (Chief Medical Officer for Wales) and Dr Andrew Goodall (former Director General for Health and Social Services and Chief Executive of NHS Wales)
- 4 July: Dr Andrew Goodall, Dr. Quentin Sandifer (Consultant Adviser at Public Health Wales), Vaughan Gething (former Minister for Health and Social Services 2016-2021, Deputy Minister for Health 2014-2016), and Mark Drakeford (First Minister of Wales since 2018)
- 6 July: Reg Kilpatrick (Director of Local Government Department 2011-2020 and now Director General Covid Recovery and Local Government in Welsh Government)
- 12 July: Chris Llewellyn (Chief Executive of Welsh Local Government Association)

Closing statements were provided on 18 and 19 July by Anna-Louise Marsh-Rees (Covid-19 Bereaved Families for Justice Cymru), Ms Heaven on behalf of Covid-19 Bereaved Families for Justice Cymru, and Mr. Allen KC on behalf of the Local Government Association and Welsh Local Government Association.

2.1 Key issues

The **Module 1 public hearings** covered a range of issues with Welsh Ministers and various Welsh Government officials. These include concerns about the influenza pandemic risk downgrade in Wales, delayed reviews of emergency planning governance, reliance on the UK strategy, and the challenges in implementing recommendations from various exercises and reviews.

2.1.1 Risk Registers

Risk registers serve as important tools in emergency planning, offering a systematic approach to identify, assess, and prioritise potential threats, ranging from natural disasters to public health crises.

Dr Goodall, former Director General for Health and Social Services and Chief Executive of NHS Wales, discussed two main risk registers associated with the Welsh Government. The **national risk register** focused on hazards specific to Wales (such as coal tip safety and natural resources). The **corporate risk register** initially prioritised resilience to major emergencies but shifted towards internal business continuity plans by 2019.

The inquiry heard there was a **notable downgrade of the influenza pandemic risk in Wales**. The risk was shifted to the Health and Social Services Group risk register, sparking questions about the rationale behind this change. Both Dr Sandifer, representing Public Health Wales, and Dr Goodall, emphasised the importance of **ongoing risk assessments**, though acknowledged a perceived lag in certain areas compared to England.

2.1.2 Emergency Planning Governance

The Transfer of Functions Order in 2018 granted the Welsh Government greater control over civil contingencies, prompting the need for a review of existing arrangements. The inquiry heard that the review, initiated in 2018, was **delayed until 2023** due to resource diversions related to the no-deal EU exit.

The recently published review recommends a national assurance framework, interpretation of the UK National Risk Register, and the establishment of a training and exercise regime.

2.1.3 Gaps in planning

The UK's 2011 influenza preparedness strategy is acknowledged as the foundational document for civil contingency planning in Wales but has been criticised for strategic flaws. Issues include inadequacies in dealing with the complexities of respiratory viruses and that countermeasures are omitted.

The inquiry heard that there was a reliance on the UK Strategy reflected in the Wales Framework for Managing Major Infectious Disease Emergencies (2014) and the Wales Health and Social Care Influenza Pandemic Preparedness and Response Guidance (2014), which primarily focused on influenza, with acknowledged gaps in planning for high-consequence infectious diseases.

The Wales Resilience Partnership Team's Pan-Wales Response Plan in 2019 also faced criticism for doctrinal flaws (i.e. fundamental shortcomings in the guiding principles) and a lack of specificity in influenza pandemic planning. It was described as a generic document covering a range of potential emergencies in Wales.

Both Dr Goodall and Wales' Chief Medical Officer (CMO), Sir Dr Frank Atherton, acknowledged there had been a **lack of debate on countermeasures** for high-consequence infectious diseases beyond influenza.

It was noted that challenges in **engaging local resilience forums**, exemplified by the absence of chairs from a critical pandemic flu preparedness group meeting, added complexity to Wales' readiness. Questions were also raised about the Welsh Government's approach to involving key groups in pandemic planning.

Dr Sandifer highlighted the complexity and number of planning and guidance documents issued by different organisations, which he said caused confusion in efforts to manage communicable diseases. The need for consolidating and simplifying guidance and plans was discussed.

Chris Llewellyn, Chief Executive of the Welsh Local Government Association (WLGA), emphasised that the scale and scope of the pandemic **were not anticipated**, leading to challenges in the Civil Contingencies Act's application, which he said, was designed for one-off, time-limited events. He highlighted the need for better understanding and protocols for information sharing, advocated for public health responsibility to be shifted to local government, and noted the impact of austerity on emergency planning services. He said the unprecedented nature of Covid-19 caught everyone by surprise.

2.1.4 Implementation challenges

The discussion outlined the Welsh Government's failure **to implement recommendations from exercises** like Taliesin, Cygnus and the Transfer of Functions Order, noting lapses in updating key paperwork for pandemics, disease outbreaks, and civil contingencies.

Despite **initiatives to learn from exercises** and establish groups like the Health Protection Advisory Committee (HPAG), concerns were raised **about slow implementation**, leading to Ministerial advice in September 2019 urging increased investment.

A detailed examination of **Exercise Cygnus in 2014 and 2016** revealed resource challenges and incomplete actions, with gaps identified in plans from exercises like Taliesin. Dr Goodall expressed concerns about incomplete actions, including a Pandemic Flu task and finish group.

Recommendations from Cygnus focused on various issues, but Ms. Heaven, representing the Covid-19 Bereaved Families for Justice Group Cymru, insisted plans and guidance were never updated. Despite official discussions and the establishment of **a pan-Wales response plan in 2019**, the inquiry found shortcomings in implementing recommendations, suggesting a pattern of incomplete actions linked to shifts in government priorities.

Chris Llewellyn added that the Cygnus exercise, which focused on influenza outbreaks, was **inadequate for preparing for Covid-19**, lacking considerations for non-pharmaceutical interventions and school closures.

2.1.5 Specific shortcomings in Wales' approach to preparedness

The public hearing outlined various concerns and **shortcomings in Wales' approach to pandemic preparedness**. These include deficiencies in high-consequence infectious disease (HCID) preparedness, inadequate seasonal flu preparedness, challenges in PPE distribution resilience, and fragility in microbiology and testing services.

The absence of dedicated HCID facilities in Wales and reliance on units in London and Newcastle were highlighted, with ongoing concerns about airborne isolation rooms in major hospitals. There were reservations about **care home preparedness** for seasonal flu, the management of HCID cases, and the need for improved facilities. The **distribution model for PPE** was not rigorously tested, and **microbiology services** struggled despite allocated funding. **Surge capacity planning** was discussed, emphasising difficulties in creating hospital capacity for a significant portion of the population and acknowledging a lack of preparation for excess deaths.

2.1.6 Understanding Pandemic Risks and Ministerial Guidance

The public hearings highlighted **a lack of awareness of pandemic risks**, particularly drawing on experiences from Exercise Cygnus, and noted the absence of specific advice to Welsh Ministers.

Mark Drakeford MS, upon becoming First Minister in December 2018, was aware of the Tier 1 risk of pandemic influenza in the UK risk register but said he did not receive **specific advice** indicating reservations about Wales' pandemic preparedness.

Acknowledging that resources had to be reduced due to the pressing nature of dealing with a potential no-deal Brexit, both Mark Drakeford MS and Vaughan Gething MS emphasised **the need to address immediate dangers**, diverting resources from other areas and impacting pandemic preparedness efforts.

Vaughan Gething MS said he became aware of the significant health risk of a pandemic for Wales during the Exercise Cygnus briefing in October 2016, and his understanding of pandemic preparedness grew in the lead-up to the exercise. As Deputy Minister for Health and later Cabinet Secretary for Health, Well-being and Sport, he said **he was not initially aware that pandemic influenza was classified as a Tier 1 risk**, as his primary focus was on NHS performance and social care linked to delayed transfers of care.

The emphasis then shifted to ensuring **advice flows to Ministers in a timely manner**, with Dr Sandifer stating that Public Health Wales occasionally provided guidance on countermeasures such as PPE stockpiling.

Vaughan Gething MS admitted to **not reading key documents during his time in office** but became familiar with them in preparation for the inquiry. He acknowledged that pandemic preparedness did not receive the same level of attention as other headline issues. In summary, Vaughan Gething MS expressed unawareness of past exercises during his tenure and acknowledged that if he had read the Exercise Cygnus report, he would have sought more assurance about the actions taken based on identified learning points.

2.1.7 Inter-governmental relations

The inquiry discussed inter-governmental relations between Wales and the UK Government, focusing on ministerial and medical/ scientific levels. It noted **a lack of systematic engagement**, relying on individual willingness. The inquiry heard that a proposed Health Ministers forum to address this lacked support from UK

Government Ministers. Vaughan Gething MS said strained relations negatively impacted pandemic preparedness in Wales.

2.1.8 Health inequalities and pandemic planning

The Welsh Government's approach to addressing health inequalities and its perceived oversight in considering how a pandemic might disproportionately impact vulnerable groups, was **noted as a flaw** (shared with analogous strategies in Scotland and London).

The First Minister emphasised the Welsh Government's historical commitment to addressing inequalities, acknowledging challenges in anticipating pandemic impacts on specific groups. Public Health Wales advice is cited, highlighting **the difficulty of granular planning** for affected groups in the early stages of a pandemic and addressing specific impacts on vulnerable populations during pandemic planning.

Annex A – Devolution and Civil Contingencies

Civil Contingencies Act 2004

The Civil Contingencies Act 2004 is a key piece of legislation that applies across the UK, including Wales. This act provides **the legal framework for civil protection and emergency preparedness and response**. It defines the responsibilities of authorities at different levels of government, including the devolved administrations, local authorities, and emergency responders, in preparing for and responding to emergencies such as natural disasters, public health crises, and terrorist incidents.

The Act establishes two categories of local responders. **Category 1 Responders**, including emergency services, local authorities, and NHS bodies, have comprehensive duties, such as risk assessment, emergency planning, business continuity management, public information dissemination, and co-ordination with other responders. **Category 2 Responders**, which include the Health and Safety Executive, transport, utility companies, and voluntary sector organisations, have a more limited set of duties, primarily co-operating and sharing information with Category 1 and 2 responders.

Category 1 and 2 organisations come together to form **Local Resilience Forums (LRFs)** based on police force areas. LRFs operate at the local level, focusing on the specific needs and challenges of their respective areas. There are four local community risk registers developed and held by the LRF.

The **Wales Resilience Forum (WRF)** operates at a higher, national level. It serves as a co-ordinating body for emergency response and preparedness across Wales that may affect the entire country or large regions within Wales. In the event of a **larger-scale emergency**, the WRF oversees and co-ordinates the efforts of the LRFs.

The pan-Wales response plan of 2019 is an overarching document for addressing civil emergencies in Wales, covering a broad spectrum of threats to public health, including infectious diseases, flooding, fires, and other emergencies. While it deals generally with civil contingencies and emergency response and recovery, it does specifically address pandemic influenza or high-consequence infectious diseases.

Emergency Preparedness and Resilience in Wales

Emergency Preparedness and Resilience in Wales has evolved through **collaboration between the Welsh and UK Governments**. Wales now has its own policies and strategies, including risk assessments, contingency planning, and training exercises to ensure a co-ordinated and effective response to emergencies. The devolution of civil contingencies powers began in 2011 with a **concordat** between both governments, emphasising co-operation and consultation.

The Welsh Government actively sought additional powers under the Civil Contingencies Act 2004, following publication of the Wales Audit Office Wales report on civil contingencies in 2012. However, Wales did not have **devolved powers for civil contingencies until 2018**.

The Welsh Government gained greater control in 2018 with the Transfer of Functions Order. Before this, though involved in responses, Wales lacked the formal authority specified by the Civil Contingencies Act 2004. The First Minister, Mark Drakeford MS, now oversees civil contingencies and chairs the Wales Resilience Forum.

Despite challenges, including resource allocation and **funding gaps from the UK Government**, the transfer of executive functions under Part 1 of the Act gave Welsh Ministers powers to issue guidance, monitor compliance, enforce duties, and make regulations related to devolved responders. This change **enhanced Wales' capacity** to set the direction and delivery of civil contingencies, ensuring effective response and accountability.

In October 2018, the then Cabinet Secretary for Local Government **initiated a review of Wales' emergency planning governance and structures** to ensure their ongoing relevance. Delays occurred due to the focus on "Operation Yellowhammer," the UK government's contingency planning for a no-deal Brexit. Completed recently, the review found that governance structures were deemed fit for purpose.

Review of civil contingencies in Wales

The review of Civil Contingencies in Wales presents 15 recommendations, along with key conclusions and suggested next steps. The review addresses issues related to capacity, capability, consistency, understanding, and clarity of systems.

The review suggests **simplifying the complex structures** around resilience and hinted at the possibility of Wales having its own risk assessment in the future.

Notably, the Wales Resilience Forum chose not to compile a national risk register for Wales following the Transfer of Functions Order in 2018.

2.3.1 Priorities and Next Steps:

The Review Recommendations **are categorised** as Critical (Do Now), Essential (Do By), or Recommended, providing guidance on prioritisation. They include:

1. **Governance and Assurance:** The governance arrangements for civil contingencies in Wales are fundamentally sound but the frequency of relevant meetings, like the Wales Resilience Forum, should be reviewed for timely decision-making. Recommendation 1: Develop a national assurance framework for Wales managed by the Wales Resilience Board.
2. **Risk Management:** The current approach to risk management in Wales needs improvement. Recommendation 2: Work in partnership to interpret the UK National Risk Register and adapt risks for Wales. Recommendation 3: Promote common consequences planning for emergency plans.
3. **Responsibilities and Accountability:** Greater inter-departmental co-ordination and leadership with Local Resilience Forums (LRFs) are needed. Recommendation 4: Establish an executive board (Wales Resilience Board) reporting to the Wales Resilience Forum.
4. **Partnerships and Communities:** Encourage non-Police Category 1 responders to chair Strategic Command Groups during exercises. Recommendation 8: Establish a working group to develop guidance for LRFs to promote best practices.
5. **Investment and Resources:** Review communication plans to avoid duplicate requests for information. Recommendation 11: Review and improve the current communication plan.
6. **Skills:** Address the absence of senior members at LRF meetings. Recommendation 15: Develop a centrally managed training and exercise regime, including standards and continuous improvement.

Annex B - Glossary of key terms

Chief Medical Officer for Wales

- **Chief Medical Officer's Position and Reporting Structure:** The CMO holds a position in the Population Health Directorate within the Welsh Government and reports to the Director General of Health and Social Services Group, who, in turn, reports to the Permanent Secretary of the Welsh Government.
- **Roles and Responsibilities of the Chief Medical Officer:** The CMO serves as a central adviser to Welsh ministers and the Welsh Government on public health matters. The CMO also acts as the medical director of NHS Wales. The CMO, as a public health specialist, advocates for the health of the population.
- **Health Emergency Planning Unit (HEPU):** The CMO is responsible for health emergency planning in the Population Health Directorate. The HEPU reports to the CMO and oversees pandemic preparedness for health bodies in Wales.
- **Chief Medical Officer's Independence and Relationship with Ministers:** The CMO is a civil servant with a degree of independence by custom and practice. The CMO is expected to provide advice independently to ministers, though it is not enshrined in law.
- **Chief Medical Officer Directorate or Unit:** The CMO now has an "Office of the Chief Medical Officer" providing considerable support, which has expanded following the pandemic.
- **Relationship with UK Chief Medical Officers Group:** The CMO is part of the UK CMO Group, collaborating with other UK CMOs, though has limited personal engagement with NERVTAG and SAGE during emergencies.
- **The Emergency Planning Advisory Group (EPAG):** Sits within the Welsh Government's Health and Social Services Group, chaired by David Goulding, Health Emergency Planning Adviser. The EPAG includes various groups addressing pandemic preparedness like the Major Incident Response Partnership, Wales Mass Casualty Group, and the

Pan Flu Preparedness Group. HEPU co-ordinates EPAG's activities and reports to the CMO.

- **The Health Protection Advisory Group (HPAG)** is a non-statutory advisory group to the CMO. Briefly suspended but re-established in May 2018. Pandemic preparedness, including influenza, is a topic of discussion.

Chief Scientific Adviser and Chief Scientific Officer

- **Chief Scientific Adviser:** The Chief Scientific Adviser sits alongside the CMO and provides science advice to the health and social care system. There is also a Chief Scientific Officer within NHS Wales, focusing on the scientific angle of health.
- **UK Scientific Advisory Group for Emergencies (SAGE):** The Chief Scientific Adviser for Health represents Wales on SAGE, which is a UK-wide body. Neither the CMO or Public Health Wales have representation on SAGE, and no direct contact or presumed line of contact.
- **New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG):** The Chief Scientific Adviser for Health is involved with NERVTAG. Neither the CMO or Public Health Wales have representation on NERVTAG.
- **Technical Advisory Group (TAG) and Technical Advisory Cell (TAC):** Scientific advice for civil contingency and emergency health planning comes from internal experts. The need for Welsh-specific scientific advice was identified during the pandemic, leading to the creation of the TAG and TAC (now known as the **Science and Evidence Advisory Group (SEA)**).

Civil Contingencies

- **The Wales Resilience Forum (WRF):** chaired by the First Minister, the WRF serves as the primary mechanism for multi-agency cooperation. The Wales Resilience Partnership Team aligns with WRF's strategic direction to achieve specific aims on an all-Wales basis.
- **Local Resilience Forums (LRFs):** operate at the regional level, spanning the four Police Force areas, fostering co-operation among Category 1 and 2 responders and other relevant organisations. They play a crucial

role in preparing for and responding to emergencies, in line with the Civil Contingencies Act 2004.

- **The Joint Emergency Services Group (JESG):** acts as a pan-Wales mechanism, bringing together all emergency services, the NHS, Welsh Government, and armed forces at the highest level, contributing to civil contingencies and counter-terrorism efforts. It is not formally part of civil contingency or emergency planning structures but plays a role in fostering collaboration, resource pooling, and strong working relationships among Category 1 responders.

Pandemic preparedness exercises

- **Exercise Cygnus:** Exercise Cygnus was a UK-wide pandemic preparedness exercise that took place in October 2016. It involved simulations and scenarios to assess the country's readiness for a severe influenza outbreak. The exercise aimed to test the response and co-ordination of various government agencies and healthcare systems to identify strengths and areas for improvement in managing a large-scale health emergency like a pandemic.
- It led to the establishment of the UK Pandemic Flu Readiness Group and the **Wales Pandemic Flu Preparedness Group**.

Public Health Wales

- **Key Functions of Public Health Wales:** Public Health Wales is funded by the Welsh Government to provide data and science-based leadership. It works with various partners to protect and improve population health while addressing health inequalities.
- **Funding:** Its funding increased significantly from £41.5 million in 2009-2010 to £152.9 million in 2019-2020. The increase is attributed to transfers of functions, services, and additional investments.
- **Emergency Preparedness:** Public Health Wales is a Category 1 responder under the Civil Contingencies Act of 2004.
- **Advice:** Public Health Wales provides specialist advice and support to the Welsh Government on pandemic planning and related matters, and collaborates with local resilience forums, offering support and advice at the local level.

