

Wednesday, 28 February 2024

1  
2 (10.00 am)  
3 **LADY HALLETT:** Mr Poole.  
4 **MR POOLE:** My Lady, before we start our evidence this  
5 morning, we need to swear in our interpreters for the  
6 duration of our hearings.  
7 (Interpreters sworn/affirmed)  
8 **MR POOLE:** Can you please give us your full name?  
9 **THE WITNESS:** My name is Elizabeth Ann Grant.  
10 **MS ELIZABETH GRANT (sworn)**  
11 **Questions from LEAD COUNSEL TO THE INQUIRY for MODULE 2B**  
12 **LADY HALLETT:** Ms Grant, I know this is going to be  
13 difficult for you. If at any stage you need a break,  
14 just say. Thank you so much for coming to help.  
15 **MR POOLE:** Ms Grant, whilst you give your evidence, could  
16 you try to keep your voice up as much as possible, so we  
17 can hear you, but also because it's being recorded,  
18 clearly into the microphone. Also if I ask you  
19 a question that isn't clear, which might be possible,  
20 then please ask me to repeat it.  
21 Ms Grant, you are a representative of Covid Bereaved  
22 Families for Justice Cymru, and you have been good  
23 enough to provide the Inquiry with a statement, which we  
24 have at INQ000412150. You signed that statement on  
25 21 February. Are the contents of that statement true to

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1 to lead a very active life, I believe she represented  
2 Cornwall and Monmouthshire at bowls in her retirement?  
3 **A.** She did.  
4 **Q.** There came a time when your mother suffered a fall that  
5 required her to be admitted to hospital; is that right?  
6 **A.** Yes, that's correct.  
7 **Q.** I think on 13 January 2020, that fall resulted in her  
8 sustaining a broken hip, and she was admitted to  
9 hospital then; is that right?  
10 **A.** Yes, that's right.  
11 **Q.** Having undergone an operation to repair her hip, your  
12 mother was discharged from hospital and placed on  
13 a community ward in a community hospital, and that was  
14 28 January 2020; is that right?  
15 **A.** Correct.  
16 **Q.** Your mother was then discharged home on  
17 24 February 2020. Did there come a time when your  
18 mother had to be readmitted to hospital?  
19 **A.** Yes, yes, she was readmitted shortly afterwards. She  
20 had stopped eating and stopped drinking, my father was  
21 getting concerned, he was her main carer, and called the  
22 ambulance.  
23 **Q.** I think that was on 2 March, when she went back into  
24 hospital. Were you aware of any steps that were taken  
25 to protect your mother from Covid when she was

3

1 the best of your knowledge and belief?  
2 **A.** They are correct, yeah.  
3 **Q.** Ms Grant, Covid Bereaved Families for Justice Cymru has  
4 also provided a response to the Inquiry's impact  
5 questionnaire, which we can find at INQ000099719. Is  
6 that a document with which you're familiar?  
7 **A.** It is.  
8 **Q.** Ms Grant, in due course I will ask you some questions  
9 about Covid Bereaved Families for Justice Cymru group,  
10 which continues to provide great assistance to this  
11 Inquiry. I would like to start your evidence, though,  
12 if I may, by asking some questions about your mother,  
13 Betty, who very sadly passed away on 19 April 2020 at  
14 the age of 86. May I pass on the Inquiry's condolences  
15 for your loss.  
16 **A.** Thank you.  
17 **Q.** I understand that your mother and father retired in  
18 around 1988, having owned a number of retail businesses?  
19 **A.** Semi-retired, yes.  
20 **Q.** Then in retirement they moved, I think, from Cornwall to  
21 Tintern in South Wales.  
22 We understand that your mother suffered with  
23 vascular dementia, which was first diagnosed in 2016,  
24 and also arthritis, which affected her mobility. But  
25 despite those conditions, I understand that she was able

2

1 readmitted to hospital, and make sure that she remained  
2 infection-free?  
3 **A.** Not aware of anything, no.  
4 **Q.** Was your mother, for example, tested for Covid on her  
5 admission to hospital?  
6 **A.** No.  
7 **Q.** After about a week in hospital, we understand that your  
8 mother was deemed medically fit and safe for discharge.  
9 That was 10 March. However, she was not discharged  
10 home. Can you tell us why that was?  
11 **A.** The hospital insisted on a package of care of four times  
12 daily two carers, bearing in mind that there were three  
13 very capable adults at the property to look after her.  
14 As Covid struck, sickness and suchlike of staff, there  
15 was no care package to have offered.  
16 **Q.** So, rather than being discharged home, am I right that  
17 your mother was discharged to a community hospital on  
18 12 March?  
19 **A.** She was.  
20 **Q.** Are you aware whether your mother was tested for Covid  
21 on discharge from hospital or on admission to the  
22 community hospital?  
23 **A.** She wasn't.  
24 **Q.** Do you know whether your mother was placed on  
25 a non-Covid ward at the community hospital?

4

1 A. The community hospital, to my knowledge, just has one  
2 large ward.  
3 Q. Were you able to visit your mother when she was not  
4 community hospital?  
5 A. Yes. Yes, I did.  
6 Q. When you visited your mother, were you aware of the use  
7 of PPE?  
8 A. No.  
9 Q. In the sense that there was no PPE?  
10 A. No PPE.  
11 Q. Now, upon the country entering lockdown on 23 March, the  
12 community hospital was closed for visitors.  
13 I understand you were able to speak to your mother the  
14 day before that, 22 March, which was also Mother's Day;  
15 is that right?  
16 A. Yes, they'd restricted visiting, so my father was going  
17 in daily prior, but because it was Mother's Day my  
18 brother facilitated a video call to me with her.  
19 Q. Did there come a time when your mother tested positive  
20 for Covid in hospital?  
21 A. Yes.  
22 Q. I think you say in your statement that on 31 March your  
23 mother's temperature spiked, she was tested the same day  
24 and then returned a positive test the following day,  
25 1 April?

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1 obviously Bath was in England, Chepstow in Wales, and in  
2 lockdown?  
3 A. Messaging was very confusing. To go by the English  
4 guidance at the time, you could travel for care, but  
5 I had no clue whether that was the same in Wales, so  
6 I actually decided to -- I mean, nothing would have  
7 stopped me, I hasten to add, but I did ring the police,  
8 101, and ask for advice.  
9 Q. And what advice were you given by the police?  
10 A. Very vague. Didn't really know categorically, but if  
11 I was stopped then just to say that was where I was  
12 going and for what reason.  
13 Q. What professional support, if any, did your mother  
14 receive when she was discharged from hospital?  
15 A. They did kindly put in place St David's Hospice carers  
16 to come and visit, which they did on one occasion.  
17 Q. And having been discharged on 17 April, two days later,  
18 on 19 April, your mother tragically passed away?  
19 A. She did.  
20 Q. Following your mother's passing, I think you had to  
21 return to Bath, leaving your father in Tintern. That  
22 must have been an incredibly difficult time.  
23 A. I was very fortunate inasmuch as the three capable  
24 adults were my father, brother and sister-in-law, so  
25 I knew he wasn't alone, but I found I had to process

7

1 A. Yes.  
2 Q. That must have come as an awful shock. Were you kept  
3 informed of your mother's condition following that  
4 positive test?  
5 A. Unfortunately not, no.  
6 Q. Is it your belief that your mother contracted Covid  
7 whilst in hospital?  
8 A. Yes. Without a shadow of a doubt.  
9 Q. And given your mother's vascular dementia, I understand  
10 that you, along with your brother and father, were your  
11 mother's attorneys under a lasting power of attorney.  
12 We understand that attempts were made to have your  
13 mother discharged, but that was not permitted, is this  
14 right, until she had 12 clear days without a temperature  
15 spike?  
16 A. It was described to us as ten plus two without another  
17 spike in temperature.  
18 Q. Yes. Then on 17 April 2020 your mother was eventually  
19 discharged?  
20 A. On my insistence, yes.  
21 Q. Is it right that you travelled from your home in Bath to  
22 Chepstow to support your father and help with your  
23 mother following her discharge?  
24 A. I did, yes.  
25 Q. Can you describe to us, was that straightforward, given

6

1 what had gone on and what -- what we'd witnessed, and  
2 again I wasn't 100% sure whether I should remain there  
3 because of the regulations or the guidance, so I went  
4 back.  
5 Q. Now, I don't want to go into the detail of it all, but  
6 as a result of the things that you have raised, you have  
7 been engaged in a long course of dealing with the  
8 hospital and with the health services in Wales in order  
9 to find out some of the answers to the questions that  
10 you've posed; is that right?  
11 A. That's correct.  
12 Q. Is it right that following your mother's passing you  
13 received medical notes from the community hospital and  
14 discovered an incomplete Do Not Attempt Cardiopulmonary  
15 Resuscitation order had been placed on your mother?  
16 A. Yes.  
17 Q. Would this have been something that your mother wanted  
18 or agreed to?  
19 A. No. I'd actually had a conversation with a -- in  
20 previous months, a hard conversation but one I felt to  
21 broach, and, you know, she -- she wanted to feel that  
22 everybody was going to do everything for her, so she  
23 didn't want that against her, no.  
24 Q. Am I right there was also a note not to transfer your  
25 mother to an acute hospital; were you aware of that at

8

1 the time?

2 **A.** No, we weren't. There was no communication from the  
3 hospital at all.

4 **Q.** As regards your mother's funeral arrangements, you say  
5 in your statement that you were given a choice of either  
6 ten people to attend a funeral in Lydney,  
7 Gloucestershire, or five people to attend the funeral in  
8 Wales, and I think you opted for a direct funeral and  
9 cremation at Lydney, which took place on 7 May 2020.  
10 Can you tell us who was able to attend your mother's  
11 funeral?

12 **A.** A direct funeral, there isn't anybody to attend. We  
13 couldn't, as a family, decide who those ten people would  
14 be, so dad had the final decision and he decided to do  
15 a direct funeral and then have a celebration of her life  
16 when the lockdown restrictions had lifted.

17 **Q.** And I think you say on 25 September 2020 you were able  
18 to hold that celebration at your mother's bowls club?

19 **A.** 2021.

20 **Q.** 2021, I'm sorry.

21 **A.** Where she is laid to rest.

22 **Q.** Was it as a result of your mother's death and the way in  
23 which she contracted Covid and was dealt with in  
24 hospital that you came into contact with some of the  
25 people via Facebook, I think, that had similar

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1 **Q.** The group represents, obviously, as the name would  
2 suggest, a number of people who have had different  
3 experiences of bereavement?

4 **A.** Yes.

5 **Q.** Does Covid Bereaved Families for Justice Cymru represent  
6 just the bereaved or does it represent others and  
7 provide support to them? So, for example, key workers  
8 or public sector workers, or those that have suffered in  
9 other ways in the course of the pandemic.

10 **A.** I would say it's specifically bereaved.

11 **Q.** Is it right to say that the group has a wide variety of  
12 people and experiences upon which it can draw to form  
13 views and raise concerns about the Covid pandemic in  
14 Wales?

15 **A.** Yes, lived experiences, yes.

16 **Q.** And those lived experiences, they come from people from  
17 different parts of Wales?

18 **A.** Yes, north, south --

19 **Q.** And within -- sorry.

20 **A.** East, west, yes.

21 **Q.** And within the group there are people whose relatives  
22 and loved ones have died at different ages?

23 **A.** Yes.

24 **Q.** And it represents people such as Amanda Provis, who we  
25 will hear from in a moment, who have suffered

11

1 experience of the Covid pandemic in Wales?

2 **A.** A few groups, a few -- bubble of Facebook groups had  
3 popped up, support groups, and it was -- it's difficult,  
4 because I know statistics are very helpful, but  
5 I actually thought at the time that these thousands and  
6 thousands of deaths on the dashboard were in -- they  
7 were desensitising people to the fact that they were  
8 actually people, they were loved people; they just had  
9 become statistics, numbers. So I actually reached out  
10 on a Facebook platform for anybody in Wales that had  
11 lost somebody in the hospitals and the health board, and  
12 that's when Anna-Louise responded, and I think that's  
13 where it all sort of started.

14 **Q.** And so that's yourself, Anna-Louise Marsh-Rees and Sam  
15 Smith?

16 **A.** Yes.

17 **Q.** I think the three of you formed Covid Bereaved Families  
18 for Justice Cymru, and that was 15 July 2021; is that  
19 right?

20 **A.** Yes.

21 **Q.** Obviously it has evolved over time, but I understand  
22 that the group represents people from many different  
23 backgrounds who have had many varied experiences of the  
24 Covid pandemic in Wales; is that right?

25 **A.** To a point, yes, yes.

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1 bereavement at different stages of the pandemic as well?

2 **A.** That's correct, yes.

3 **Q.** Now, plainly the group was started after some of the  
4 first major decisions in the pandemic had been taken by  
5 the Welsh Government and whilst the pandemic was,  
6 of course, still raging. What was the primary aim of  
7 the group, as you saw it, when you first started it?

8 **A.** To find answers, truth, accountability, and basically --  
9 with -- hopefully with help in the Chair, change for the  
10 future.

11 **Q.** And did your group focus on the decision-making which  
12 had been taken by the Welsh Government as it affected  
13 Wales? So was your group always Wales-centric?

14 **A.** Yes, yes, definitely.

15 **Q.** I would like to ask you next, if I may, a few questions  
16 about a number of the issues that your group have very  
17 helpfully raised with us, and I understand also have  
18 raised with the Welsh Government, arising out of their  
19 lived experiences.

20 Now, in terms of raising concerns with the Welsh  
21 Government, I think at the time of responding to that  
22 impact questionnaire we looked at a moment ago, which  
23 was late 2022, the group had had five meetings with the  
24 First Minister and two meetings with the health minister  
25 and Deputy Chief Medical Officer, Dr Chris Jones; is

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1 that right?

2 **A.** That's correct.

3 **Q.** I think I'm right in saying that since the group was

4 established, you have also had quarterly meetings with

5 the health minister and the Deputy CMO; is that right?

6 **A.** Yes, although they have stopped that now, yes.

7 **Q.** When did those meetings stop?

8 **A.** I'm guessing it was the beginning of last year.

9 **Q.** Now, at those meetings, the group raised various issues,

10 and I'd just like to address some of those, if I may.

11 Now, hospitals, obviously, are at the forefront of

12 any pandemic response and appear to be right at the

13 heart of the greatest areas of concerns expressed by

14 members of your group. What is it about hospital care

15 that your members, in general terms, received, or rather

16 their loved ones received, that's given rise to the

17 greatest concern?

18 **A.** Ventilation in hospitals, procurement and use of PPE,

19 and the right PPE, transfers on Freedom of Information

20 requests, on my part. There was what I would consider

21 a large number of untested patients that were discharged

22 to community hospitals, to care homes and residential

23 homes. It's -- that's probably the main, is the PPE,

24 use of the right PPE, ventilation in hospitals.

25 **Q.** So PPE, infection control and nosocomial infection.

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1 areas in which your campaign has been successful insofar

2 as the Welsh Government is concerned is that you've

3 campaigned successfully for there to be an official

4 inquiry into nosocomial infection in Welsh hospitals; is

5 that right?

6 **A.** Yes, that's correct.

7 **Q.** Now, whilst we're talking about hospitals, do many

8 members of your group raise the issue of the

9 restrictions on their visiting ability to the hospitals

10 where their loved ones were being looked after, and also

11 the general issue, I think that you've alluded to in

12 your own evidence, about communications with medical

13 staff?

14 **A.** I was going to say that the majority, as I do, felt the

15 restrictions were necessary to stop the spread, but as

16 you say, communication within hospitals to families was

17 just non-existent.

18 **Q.** Do many say that they simply didn't receive sufficient

19 detail or the right level of communication, and

20 of course were denied the ability to visit?

21 **A.** Obviously the visiting came to a head when people

22 weren't allowed, in the first wave, to be with their

23 loved ones as a final goodbye, and mum's hospital didn't

24 have any wifi facilities so you couldn't have done any

25 video calling. Very lacking, very lacking in technology

15

1 You're no doubt aware that the figures now show that

2 levels of nosocomial infection in hospitals were

3 extremely high across the whole of the United Kingdom.

4 The virus was, to put it bluntly, rampant across the

5 healthcare sector. Is it the view of members of your

6 group that more could and should have been done by way

7 of infection control to stop the spread of the virus

8 through places where their loved ones were most

9 vulnerable?

10 **A.** I have only one answer: definitely.

11 **Q.** Is it there a sense held on the part of your members

12 that there was a failure to get on top of the spread of

13 the virus generally before it impacted on individual

14 hospitals and also, obviously, care homes?

15 **A.** Yes.

16 **Q.** Obviously related to this is the testing of asymptomatic

17 healthcare workers, which is an issue that is

18 highlighted in the response to the impact questionnaire.

19 In that impact questionnaire, your group draws attention

20 to the fact that this, again, was not introduced in

21 Wales until late in the day, and they make the point

22 that this was later than in England. This is a big

23 issue for members of your group; is that right?

24 **A.** It is.

25 **Q.** I think I'm right in saying, aren't I, that one of the

14

1 in some of the hospitals in Wales.

2 **Q.** Is there a feeling amongst members of your group that

3 there was an absence of bereavement support, so a lack

4 of financial support but also the structures in place to

5 help people come to terms with the loss of their loved

6 ones?

7 **A.** We have over, I think it's 400 members, and not one

8 person has been offered bereavement support.

9 **Q.** So it would be right to say that your members feel

10 there's a lot more that could be done in terms of

11 providing that support, so both emotionally,

12 financially, but also in terms of practicalities, so,

13 for example, returning the clothes from someone who's

14 died in hospital; is that a big issue?

15 **A.** Yes, a lot of people had issues with the details of

16 things like that, yes. I mean, mum came home with --

17 with an item missing. And it matters, when you're

18 trying to accept what's gone on.

19 **Q.** Of course.

20 Now, we've mentioned care homes. Is it the case

21 that there are a number of people within your

22 organisation who have experienced bereavement of

23 relatives in care homes in Wales?

24 **A.** Yes, there are.

25 **Q.** So that is, I assume, a significant cohort,

16

1 a significant number of people, but also a significant  
 2 concern for members of your group, is it?  
 3 **A.** Yes, because you go back to the untested policy that the  
 4 government had.  
 5 **Q.** If we can just look at a passage from the impact  
 6 questionnaire, please, INQ000099719, and I think we've  
 7 got page 5 up on the screen, and if we can look at (vii)  
 8 in front of you, we can see there, this is a concern  
 9 that's raised by your group:  
 10 "Transferring patients from ward to ward, hospital  
 11 to hospital, hospital to home/care homes untested and/or  
 12 with Covid. Welsh Government did not start testing  
 13 hospital to care home patients until 2 weeks after UK  
 14 changed guidance."  
 15 **A.** We want to know why.  
 16 **Q.** That's a reference there, isn't it, that mandatory  
 17 testing of all patients prior to discharge to  
 18 a care home was introduced in England on 16 April but it  
 19 was not until 29 April 2020 that this change in policy  
 20 was introduced in Wales; that's right?  
 21 **A.** Yes.  
 22 **Q.** And as you say you want to know why?  
 23 **A.** Why.  
 24 **Q.** And these were issues that your organisation was raising  
 25 with the Welsh Government and the First Minister in

17

1 context of social restrictions and the use of so-called  
 2 non-pharmaceutical interventions that were put in place  
 3 is the issue that you alluded to earlier in your journey  
 4 from your home to visit your father and mother, so it's  
 5 the question of borders and the differences in  
 6 application and impact between Wales and England. Has  
 7 that been a significant issue in the views of your  
 8 members?  
 9 **A.** They are, I think I might be one of two or three that  
 10 live in England.  
 11 **Q.** You found it hard, though, did you, to understand what  
 12 the rules were?  
 13 **A.** Yes.  
 14 **Q.** Did you feel there was an unnecessary degree of  
 15 complexity or confusion?  
 16 **A.** It was tantamount to chaos. But yes, there was  
 17 confusion. It was very difficult to get, when you're in  
 18 England, to get any information or it was difficult to  
 19 get information of what was happening in Wales.  
 20 **Q.** Another issue raised by your group relates to  
 21 face masks, and again if we can just look at the impact  
 22 questionnaire that I think is still on the screen in  
 23 front of you, but now we're looking at (viii), the point  
 24 is made there that the "Welsh Government mandated [the  
 25 wearing of] masks 2 months after [the] UK Government".

19

1 meetings in late 2021?  
 2 **A.** Yes.  
 3 **Q.** And you still want to know why?  
 4 **A.** Yes.  
 5 **Q.** What role did you understand that the Welsh Government  
 6 played in this early period, so January to April 2020,  
 7 as regards care homes?  
 8 **A.** It's -- I mean, I watched yesterday, I saw your  
 9 chronological order of the Welsh Government's  
 10 performance, and it does sound like they were caught  
 11 with their trousers down. And when they realised the  
 12 impact of the virus on Welsh shores, they sat on their  
 13 hands.  
 14 **Q.** Did members of your group who had suffered bereavement  
 15 around that time, so this early period, January to  
 16 April 2020, have experience of pressure being applied to  
 17 them or the individuals who subsequently died to be  
 18 transferred from hospital to care homes?  
 19 **A.** I'm not aware except the fact that you're dealing with  
 20 a generation of people, of the elderly and vulnerable,  
 21 that would hang on -- have such respect for anybody in  
 22 authority, they wouldn't have challenged anything that  
 23 an authority person would advise or say what is  
 24 happening.  
 25 **Q.** Now, another issue that your group has raised in the

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1 Now, that's a reference to the fact that on  
 2 11 May 2020 the UK Government advised the public to  
 3 consider wearing face masks in enclosed public spaces,  
 4 so shops, trains, buses, in order to help reduce the  
 5 spread of Covid. This guidance later, in England,  
 6 became mandatory, but it wasn't until 11 September 2020  
 7 that all residents in Wales, those over the age of 11,  
 8 were required to wear face coverings in indoor public  
 9 spaces; is that what this point is --  
 10 **A.** Yes, it is, yes.  
 11 **Q.** And is that an area of concern for members of your  
 12 group? Is that something that you've asked the Welsh  
 13 Government to explain?  
 14 **A.** I'm not sure we've actually asked them directly to  
 15 explain, but again it's a question of why and what  
 16 science were they using.  
 17 **Q.** Now, you will have heard reference to so-called  
 18 "superspreader" events.  
 19 **A.** Yes.  
 20 **Q.** And this is another issue that's been raised by your  
 21 group, and you have, I understand, raised it with the  
 22 Welsh Government.  
 23 Now, in particular, you've asked why the Welsh  
 24 Government was content to allow the Six Nations rugby  
 25 match between Wales and Scotland, which was due to be

20

1 played here in Cardiff in the Principality Stadium, to  
 2 go ahead on 14 March. Now, we know it was eventually  
 3 cancelled by the Welsh Rugby Union the day before the  
 4 match, but that was not before 20,000 Scottish rugby  
 5 fans had arrived in Cardiff.

6 Now, in light of what was known at the time and the  
 7 approach being taken by other countries, and I referred  
 8 yesterday in the opening to Scotland advising against  
 9 gatherings of more than 500 people, is this something  
 10 that members of your organisation again want answers to?

11 **A.** Yes, yes, it's the big picture.

12 **Q.** Is your group also campaigning and do its primary aims  
 13 also include aspects of hospital/care home nursing  
 14 treatment? So, for example, I think you referred to  
 15 PPE, respirators, ventilators and so on and so forth,  
 16 for the purposes of health and social care staff. That  
 17 is a big concern?

18 We've touched on the broad issue of communications  
 19 between hospitals but also communications from  
 20 care homes. That is another issue?

21 **A.** Yes.

22 **Q.** And, importantly, the whole issue of the arrangements  
 23 which were then put in place for dealing with loved ones  
 24 at the end, the way in which, again, communications and  
 25 hospital staff and care homes and the way in which loved

21

1 **THE WITNESS:** Thank you, my Lady.

2 **LADY HALLETT:** Thank you very much indeed for helping us.  
 3 I understand that there was a request -- I think, given  
 4 the distances in this building, I think I'll just stay  
 5 here, so if anybody from Bereaved Cymru needs to go to  
 6 talk to Ms Grant, please do. If they don't mind, I'll  
 7 just stay here. It causes quite an upheaval when  
 8 I leave.

9 **(The witness withdrew)**

10 Are you all right, Ms Grant, you don't want to talk  
 11 to anybody from -- are you sure? I can see you're in  
 12 good hands.

13 **(Pause)**

14 Is the next witness on their way?

15 **MR POOLE:** My Lady, yes, I think --

16 **LADY HALLETT:** We don't need a break, Ms Grant's all right.

17 **MR POOLE:** Oh, she's just taking a break -- we're just --

18 **LADY HALLETT:** No, we're not having a break, everything's  
 19 okay.

20 **MR POOLE:** I think we're just waiting for the witness to  
 21 come back, my Lady, thank you.

22 **LADY HALLETT:** Oh, I see what you mean, she had been in the  
 23 hearing room, I follow.

24 **(Pause)**

25 **LADY HALLETT:** Are you okay?

23

1 ones were buried and had their funerals conducted, that  
 2 is an important issue --

3 **A.** Yes.

4 **Q.** -- for members of your group?

5 **A.** There's extra layers to the grief of that as well that  
 6 keeps getting added. Bodies were mislaid, we have  
 7 members of that experience. We have knowledge of  
 8 members of staff within a particular health board that  
 9 was going around into morgues and on ICU, documenting  
 10 and photographing -- photography of dying people and of  
 11 people that were on ventilators that was later exhibited  
 12 and made a book out of. Which is another layer that  
 13 adds to what you're trying to cope with, because you're  
 14 immediately thinking: is that my mum? Is that -- you  
 15 know, as I say, it was -- you know, it's -- it was just  
 16 unnecessary.

17 **Q.** And presumably, and not least because, of course, on  
 18 account of your mother's death, the issue with DNA  
 19 Cardiopulmonary Resuscitation notices being given,  
 20 end-of-life care is obviously a vital topic for your  
 21 group; is that right?

22 **A.** Yes.

23 **MR POOLE:** Thank you very much, Ms Grant, I know it can't  
 24 have been easy, but I have no further questions for you.  
 25 Thank you.

22

1 **THE WITNESS:** Yeah.

2 **MR POOLE:** May I ask you to start by stating your full name,  
 3 please.

4 **THE WITNESS:** Amanda Jane Provis.

5 **MS AMANDA PROVIS (affirmed)**

6 **Questions from LEAD COUNSEL TO THE INQUIRY for MODULE 2B**

7 **LADY HALLETT:** Please just say if you need a break or  
 8 anything. Thank you very much for helping us.

9 **MR POOLE:** Ms Provis, I think you were in the room a moment  
 10 ago when I said this, but I will say it again, if you  
 11 could just try to keep your voice up so that we can hear  
 12 you but also so that your evidence can be recorded. If  
 13 I ask you anything that you don't understand, please ask  
 14 me to repeat it --

15 **A.** Okay.

16 **Q.** -- or rephrase it.

17 I understand that you give your evidence this  
 18 morning on behalf of Covid Bereaved Families for  
 19 Justice Cymru.

20 **A.** Yeah.

21 **Q.** You have been good enough to provide a witness statement  
 22 to the Inquiry that's dated 23 February 2024.

23 **A.** Yes.

24 **Q.** We have that up on the screen. You signed that witness  
 25 statement. Is it true to the best of your knowledge

24

1 and belief --

2 **A.** Yes, it is.

3 **Q.** Ms Provis, it's my sad task this morning to ask you some

4 questions about your mother and also your grandmother,

5 both of whom you lost to Covid.

6 **A.** Yeah.

7 **Q.** May I start by passing on the Inquiry's condolences for

8 your loss.

9 **A.** Thank you.

10 **Q.** So I may start with some questions about your mother,

11 Christine.

12 **A.** Yeah.

13 **Q.** Now, I understand that your mother was a retired

14 homemaker and she tragically passed away from Covid on

15 7 April 2020 at the age of just 61.

16 **A.** That's correct.

17 **Q.** Now, I understand that your mother had some underlying

18 health conditions: she suffered from diabetes and

19 chronic asthma and COPD, and also in 2002, I think

20 following that COPD diagnosis, she had most of one of

21 her lungs removed?

22 **A.** Yes.

23 **Q.** Now, your father is a hospital porter, and am I right

24 that he worked as a hospital porter throughout the

25 pandemic?

25

1 **Q.** Did there come a time, though, when your mother began to

2 show symptoms of Covid?

3 **A.** Yes, she did. It would be, I'd say, about a day or so

4 after my father had been sent home from work.

5 **Q.** So I think you say, yes, in your statement that your

6 father took a PCR test on 2 April --

7 **A.** That's correct.

8 **Q.** -- and that was around the same time that your mother

9 started to show symptoms. So again, similar to your

10 father, lack of taste and smell and a cough; is that

11 right?

12 **A.** Yes, that's correct.

13 **Q.** Given your mother's underlying health conditions, her

14 showing those symptoms must have been extremely

15 worrying. What did your mother and father do upon your

16 mother showing those symptoms?

17 **A.** So they rang the doctors, because obviously you couldn't

18 go and see the doctor face-to-face, they spoke to the

19 doctor and the doctor said, from the symptoms that she

20 has, sounds like that she has Covid, and she was just

21 advised to use her rescue pack, which she had for COPD,

22 which contained antibiotics and her asthma pump and

23 steroids, to use those as and when she needed them,

24 which is what she started straightaway.

25 **Q.** Given her underlying health conditions, was your mother

27

1 **A.** Yeah, he did, yes.

2 **Q.** Do you know what PPE your father was provided with at

3 work at the start of the pandemic?

4 **A.** Yes: nothing at all.

5 **Q.** Did there come a time when your father started showing

6 symptoms of Covid?

7 **A.** Yes, that would have been the end of March. He'd gone

8 to work, and about half an hour after he'd gone to work

9 he rang me and said he was on his way home, he had

10 symptoms of anosmia, which is no taste and no smell, had

11 mentioned it to his line manager, and, along with a few

12 other porters who had the same symptoms, were told to

13 see the doctor in A&E, and the doctor told them to go

14 home and self-isolate.

15 **Q.** So it was not only your father but a few other hospital

16 porters were showing similar symptoms?

17 **A.** Yes, that's correct.

18 **Q.** What steps were taken to protect your mother from

19 becoming infected when your father returned home to

20 isolate?

21 **A.** So obviously he told my mother, you know, the symptoms.

22 They both said they were feeling okay. They slept in

23 separate rooms so that my mother, because of her

24 underlying health conditions, you know, wouldn't catch

25 it -- anything from my father.

26

1 at any stage advised to go to hospital?

2 **A.** No.

3 **Q.** Now, I understand that on 6 April your father, having

4 taken a PCR test, that came back, and that was

5 a positive --

6 **A.** That's correct.

7 **Q.** Was it your belief that your father had contracted Covid

8 then whilst working as a hospital porter?

9 **A.** That's correct.

10 **Q.** And that he had passed that on to your mother, upon his

11 return home?

12 **A.** That's correct. He spoke to the doctor after my mother

13 had passed and the doctor said, you know, it could have

14 come from him or -- they had gone shopping about a week

15 before the lockdown and it could have come from there,

16 but it is likely it was brought home by my father.

17 **Q.** Okay. I think you say in your witness statement that

18 you had a FaceTime call with your parents on the day of

19 your father's positive test, so that's 6 April?

20 **A.** That's correct.

21 **Q.** And on that FaceTime call I think you observed that your

22 mother's symptoms had worsened?

23 **A.** Yeah, she'd got up in the morning and she was feeling

24 quite breathless, she said it felt like that she'd been

25 for a run. And she's always had asthma. When she used

28

1 to have asthma attacks, she used to start to getting  
 2 sort of like panicky and feel that way anyway. So my  
 3 father said, "Look, you know, you're going to be fine,  
 4 you're all right, just try and take your time, sort of  
 5 breathe slowly" and, you know, sort of, "You'll get  
 6 through this". She used -- she had a nebuliser at home  
 7 which she used. My dad did say to her "Look, do you  
 8 want to go to the hospital?" And she said "No, I'm too  
 9 afraid to go to the hospital, you know, if I haven't got  
 10 it and it's just a really, really bad flu, then I'm  
 11 going to end up with it, I don't want to be on my own",  
 12 she said. So she was too afraid to go to the hospital,  
 13 but she wasn't advised to go.

14 **Q.** I think it was the following day, so 7 April, that you  
 15 received a telephone call from your father telling you  
 16 that your mother had tragically passed away; is that  
 17 right?

18 **A.** That's correct.

19 **LADY HALLETT:** So the next day?

20 **A.** Yeah. The 7th.

21 **LADY HALLETT:** Sorry, Mr Poole.

22 **A.** Sorry.

23 **MR POOLE:** You describe in your statement that you suffer  
 24 with asthma and, because of that, your father was  
 25 concerned, he didn't want to put you at risk.

29

1 but if I could ask you to just slow down slightly in  
 2 your answers, just so that we can record all of your  
 3 evidence, I'm grateful.

4 Were you able to visit your mother there in the  
 5 weeks thereafter?

6 **A.** No.

7 **Q.** Tragically you also lost your grandmother, Maureen, to  
 8 Covid on 29 January 2021.

9 **A.** That's correct.

10 **Q.** She was 84, I believe, when she passed?

11 **A.** Yes.

12 **Q.** Now, although your grandmother suffered from diabetes,  
 13 arthritis and pancreatitis, she lived an independent  
 14 life until early 2020 --

15 **A.** That's --

16 **Q.** -- when I think, at that time, she wanted to move out of  
 17 her flat and into a nursing home?

18 **A.** That's right.

19 **Q.** Now, I think I'm right in saying that as a family you  
 20 had concerns about this --

21 **A.** Yes.

22 **Q.** -- due to what you had heard on the news about Covid?

23 **A.** That's correct.

24 **Q.** So, to put it bluntly, your concerns were you didn't  
 25 want her to move into a nursing home --

31

1 **A.** That's correct.

2 **Q.** So it was left to your father and brother to wait for  
 3 the paramedics?

4 **A.** Yeah, my father -- sorry, my brother also works at the  
 5 same hospital as my father, he was in work the day that  
 6 my mother passed away. My father obviously had spoken  
 7 to myself, he'd got hold of my brother, and as my  
 8 brother was in work -- he was on a different ward, he's  
 9 a nursing assistant -- so he grabbed what PPE was  
 10 available to him and he left work and went straight up  
 11 to my father's then to be with my dad.

12 **Q.** It must have been incredibly difficult for you not being  
 13 able to see --

14 **A.** Yeah, broke my heart.

15 **Q.** Your mother's funeral I think took place on 30 April?

16 **A.** That's correct.

17 **Q.** Were you able to see your mother before laying her to  
 18 rest?

19 **A.** No, no, not at all. We weren't given that option  
 20 whatsoever.

21 **Q.** Was your mother's funeral subject to the restrictions of  
 22 which we are now only too familiar?

23 **A.** Yes, there was only ten people allowed and that was  
 24 including the vicar.

25 **Q.** Ms Provis, I know this must be very difficult for you,

30

1 **A.** No, we didn't.

2 **Q.** -- because that would put her at risk of infection?

3 **A.** Yes.

4 **Q.** So your grandmother therefore continued living in her  
 5 flat. Did there, though, come a time when she needed to  
 6 be admitted to hospital?

7 **A.** Yes, she did. So after my mother passed, and it was  
 8 after the funeral, so it would have been early May, my  
 9 grandmother had a fall in her flat; she bashed her head,  
 10 broke her hip and broke her wrist. She already had  
 11 a lifeline installed in the flat anyway, which she used  
 12 then obviously, then which contacted the ambulance, my  
 13 father and his brother. And then my father rung me then  
 14 to help me to -- with my grandmother, to help her get  
 15 dressed, you know, to maintain her dignity.

16 **Q.** When your grandmother was admitted to hospital, were you  
 17 aware of any steps being taken to protect her from  
 18 Covid, to make sure that she remained infection-free?

19 **A.** None that I know of.

20 **Q.** Were you aware of whether your grandmother was tested  
 21 for Covid on admission?

22 **A.** Not on admission, no, but before she left she was.

23 **Q.** Were you able to visit your grandmother while she was in  
 24 hospital?

25 **A.** Not initially. She was originally in one hospital and

32



1 then she was transferred to another one before coming  
 2 out, and being admitted to a nursing home, so I couldn't  
 3 visit in the first hospital because of the restrictions,  
 4 but I was allowed in the second hospital to visit her.

5 **Q.** I think, as you just alluded to then, there came a time  
 6 when your grandmother was discharged from hospital to  
 7 a care home?

8 **A.** That's correct.

9 **Q.** Again, when that happened, were you aware whether your  
 10 grandmother was tested for Covid prior to discharge or  
 11 prior to being admitted to a care home?

12 **A.** Yes, she was, she was -- before discharge and being  
 13 admitted to the care home, she was tested for Covid and  
 14 it obviously was negative.

15 **Q.** Were you able to visit your grandmother at the  
 16 care home?

17 **A.** No, no. Every time we made arrangements to go, which --  
 18 they said we could visit her outside -- there was always  
 19 bad weather, being in Wales it's quite normal, so, no,  
 20 we weren't able to. The only time I did, I could go and  
 21 stand by -- well, not by the window, because we had to  
 22 be back from the window where she was in the main lounge  
 23 with other residents, we weren't allowed close up to the  
 24 window to talk to her. So she really found it difficult  
 25 to hear what I was saying to her. She said "Oh, can you

33

1 early hours of the morning?

2 **A.** That's correct.

3 **Q.** Was anyone able to be with your grandmother in her very  
 4 last moments?

5 **A.** My uncle, which is my father's brother, he was able to  
 6 be with her when they knew that she was definitely was  
 7 going to pass, but they wouldn't allow my father, not  
 8 even five minutes, to say his goodbyes. You know, they  
 9 could have tested him and put some PPE on him and sent  
 10 him to the room even for five minutes to say goodbye,  
 11 but they wouldn't let him.

12 **Q.** Are you aware whether your grandmother received any  
 13 treatment between showing signs of having Covid and then  
 14 sadly passing on 29 January?

15 **A.** I know a doctor went there and that all they were  
 16 advised was paracetamol for any temperatures that they  
 17 had, but nothing else.

18 **Q.** So there were no attempts made to transfer your  
 19 grandmother or any other resident, to your knowledge, to  
 20 a hospital?

21 **A.** That's correct, yeah, no, nothing.

22 **Q.** Although I think I'm right in saying that more people  
 23 were permitted to attend your grandmother's funeral,  
 24 there were still restrictions. Can you describe the  
 25 restrictions and how that impacted on you but also your

35

1 come closer?" And they were, like, "No, you're not  
 2 allowed, you've got to stay back from the window". So  
 3 practically I had to shout into the lounge and it was  
 4 really difficult, she couldn't hear tidy.

5 **Q.** Sorry to ask you again to just make sure you slow down  
 6 your answers. I know it's incredibly difficult, but  
 7 your evidence is very important, so it's very important  
 8 that we are able to record it.

9 So you've described how you visited your grandmother  
 10 at the care home. Within the care home, were you aware  
 11 of any steps that were taken to protect her from Covid,  
 12 make sure that she remained infection-free?

13 **A.** No.

14 **Q.** I think you described in your witness statement that  
 15 around the middle of January 2021 a number of residents  
 16 at your grandmother's care home began to develop Covid  
 17 symptoms, including your grandmother; is that right?

18 **A.** Correct, yes.

19 **Q.** Were you aware at that stage what steps were taken  
 20 within the care home to deal with what sounds like  
 21 an outbreak of Covid?

22 **A.** Yeah, they were all separated and isolated in their own  
 23 individual rooms.

24 **Q.** I think it was on 29 January 2021 that you received the  
 25 awful news that your grandmother had passed away in the

34

1 family.

2 **A.** Yeah, so at that time we were allowed to have bubbles of  
 3 people. So, as my father was on his own, he was part of  
 4 my household bubble, which included myself, my husband  
 5 and my two children, but in her funeral everybody was  
 6 separated, including my father, so he was sat on his own  
 7 in his own mother's funeral and not sat with us, even  
 8 though he was part of our bubble.

9 **Q.** Was it a result of losing both your mother and  
 10 grandmother to Covid in the ways that you have just told  
 11 us that you became involved with Covid Bereaved Families  
 12 for Justice Cymru?

13 **A.** That's correct.

14 **Q.** Now, as you will understand, this module concerns Welsh  
 15 Government decision-making, and Covid Bereaved Families  
 16 for Justice Cymru have raised a number of issues and  
 17 matters with us, some of which you'll have heard me  
 18 explore with Ms Grant a moment ago.

19 **A.** Yeah.

20 **Q.** Given your own tragic experiences, would I be right to  
 21 think that you are particularly interested in infection  
 22 control in care homes, particularly in the first wave of  
 23 the virus?

24 **A.** Yes.

25 **Q.** As well as infection control in care homes, there were

36

1 also the restrictions that you've spoken about placed on  
 2 care homes generally, in terms of trying to keep  
 3 residents safe, but of course the terrible consequences  
 4 that that had on loved ones and relatives of loved ones  
 5 that wished to visit care homes; that is a concern of  
 6 yours --  
 7 **A.** It is.  
 8 **Q.** -- but also members of your group; is that right?  
 9 **A.** That's correct.  
 10 **Q.** What about the receipt of medical care within  
 11 care homes? Have some, perhaps a large number of  
 12 members of your group, raised the issue of whether or  
 13 not their loved ones received proper or adequate medical  
 14 care when in care homes?  
 15 **A.** Yes, that's correct.  
 16 **Q.** Now, outside the care sector, have a lot of your members  
 17 raised the issue of the 111 medical service, so the  
 18 phone system for receiving medical help?  
 19 **A.** Yes, that's correct.  
 20 **Q.** Turning to hospitals and the general provision of  
 21 medical care, what are your main concerns regarding  
 22 hospitals?  
 23 **A.** I'm concerned that there wasn't adequate PPE for anybody  
 24 that worked there, and that if there was adequate PPE  
 25 that it wouldn't have been brought home to my mother

37

1 **THE WITNESS:** Thank you.  
 2 **LADY HALLETT:** Thank you very much indeed. Would you like  
 3 to talk to somebody?  
 4 **THE WITNESS:** No, I'm okay.  
 5 **LADY HALLETT:** Are you sure? I saw you brought the  
 6 photographs.  
 7 **THE WITNESS:** Yeah, thank you.

(The witness withdrew)

9 **LADY HALLETT:** I don't know if anybody else is getting cold  
 10 but I am getting distinctly chilly again.

11 **MR POOLE:** My Lady, we're due next to hear from  
 12 Professor Emmanuel Ogbonna.

(Pause)

14 **MR POOLE:** Professor, could you start by giving us your full  
 15 name?

16 **THE WITNESS:** Professor Emmanuel Ogbonna.

**PROFESSOR EMMANUEL OGBONNA (sworn)**

18 **Questions from LEAD COUNSEL TO THE INQUIRY for MODULE 2B**

19 **MR POOLE:** Professor, thank you for attending today and  
 20 assisting the Inquiry. Whilst you're giving your  
 21 evidence, if you can please make sure that you keep your  
 22 voice up, so that we can hear you, but also so that your  
 23 evidence can be recorded and that you speak as slowly as  
 24 you can so that again your evidence can be recorded.

25 If I ask you anything that isn't clear, please ask

39

1 and, you know, she would have still -- hopefully have  
 2 still been with us.

3 **Q.** And also a related issue, the issue of restrictions in  
 4 visiting and the ability to see loved ones in hospital,  
 5 is that another issue that --

6 **A.** Yes, it is, yes. We would have liked to know the  
 7 opportunity to visit more than we were allowed, because,  
 8 you know, I barely saw my grandmother, and even in the  
 9 hospital and in the nursing home, you know, I didn't  
 10 have the chance to be -- you know, speak to her, when  
 11 she had all her faculties there. Because due to the  
 12 diabetes and it not being controlled properly, because  
 13 obviously she wasn't eating and drinking because she was  
 14 unwell, then obviously then that did start to affect her  
 15 faculties, so we couldn't see her when she did have her  
 16 faculties.

17 **Q.** What about palliative care, end-of-life care, is that  
 18 an issue that is raised by your members?

19 **A.** It is.

20 **Q.** Finally, as we've spoken about, restrictions on funerals  
 21 and memorial services, is that an issue that concerns  
 22 you but also members of your group?

23 **A.** Yes, it is.

24 **MR POOLE:** Ms Provis, I appreciate this won't have been  
 25 easy, but I have no further questions for you.

38

1 me to repeat it.

2 **A.** Okay.

3 **Q.** Now, you were asked by the Inquiry to provide a witness  
 4 statement addressing the work that you carried out as  
 5 part of the First Minister's Black, Asian and Minority  
 6 Ethnic Covid-19 Advisory Group, and we can see your  
 7 witness statement on the screen. You signed that  
 8 statement on 8 October 2023. Are the contents of that  
 9 statement true to the best of your knowledge and belief?

10 **A.** They are.

11 **Q.** Now, we'll come back to your statement and your work  
 12 with the First Minister's advisory group in due course.  
 13 Could we start, though, with a few questions about  
 14 yourself.

15 **A.** Okay.

16 **Q.** You are a professor of management and organisation at  
 17 Cardiff Business School, Cardiff University?

18 **A.** I am.

19 **Q.** You joined Cardiff Business School as a lecturer,  
 20 I think, in 1990, and were appointed to your present  
 21 professorial position in 2002; is that right?

22 **A.** It is.

23 **Q.** I understand that your research cuts across the fields  
 24 of organisation studies, strategy, marketing and human  
 25 resource management?

40

1 A. They do.

2 Q. And your recent research interests have been in the  
3 areas of organisational culture, equality, diversity and  
4 inclusion and exploring the position of black, Asian and  
5 minority ethnic communities in the labour market; is  
6 that right?

7 A. It is.

8 Q. I think I'm right in saying that you're also a trustee  
9 and vice-chair of the Race Council Cymru?

10 A. Yes, I am.

11 Q. Can we please briefly explain what the Race Council  
12 Cymru is and also your role within it.

13 A. Thank you. Race Council Cymru is one of the major,  
14 I would say, charities that look after the interests of  
15 black and minority ethnic people in Wales. Race Council  
16 is also the leading charity that looks after the Black  
17 Lives Matter movement and also that looks after the  
18 Windrush elders, the Windrush community that have been  
19 so badly dealt with by the state. Race Council Cymru is  
20 taking after looking after their affairs in Wales.

21 Q. Am I right that Race Council Cymru, it started in 2010  
22 as a collection of grassroots community groups, but now  
23 it is the overarching umbrella body that brings together  
24 a range of organisations to combat racial prejudice,  
25 discrimination, harassment, victimisation, abuse?

41

1 report from the Intensive Care National Audit and  
2 Research Centre, which suggested that 34% of critical  
3 care patients in England, Wales and Northern Ireland  
4 were from black, Asian and minority ethnic backgrounds.

5 As the letter goes on to say, the first ten doctors  
6 to die from Covid-19 were from black, Asian and minority  
7 ethnic groups, and a disproportionate number of nurses  
8 and other healthcare workers that have lost their lives  
9 have also been from black, Asian and minority ethnic  
10 communities.

11 Then if we zoom out, the letter goes on to request  
12 urgent action to be taken to protect the lives and  
13 wellbeing of black, Asian and minority ethnic  
14 communities in Wales.

15 As well as that letter, written on behalf of Race  
16 Council Cymru, are you also aware that  
17 Professor Singhal, in her capacity as the chair of the  
18 British Association of Physicians of Indian Origin,  
19 wrote to Dr Atherton and Dr Andrew Goodall, who at the  
20 time was the chief executive of NHS Wales, raising  
21 similar concerns?

22 If we could, please, have a copy of  
23 Professor Singhal's letter -- thank you -- it's  
24 INQ000222868.

25 This is dated a few days later, so this is

43

1 A. Yes, it is.

2 Q. It was in your capacity as a member of Race Council  
3 Cymru that you joined with others and wrote to  
4 Dr Atherton, the Chief Medical Officer for Wales, in  
5 April 2020, expressing concerns about the  
6 disproportionate impact that the pandemic was having on  
7 people from black, Asian and minority ethnic  
8 backgrounds; is that right?

9 A. Yes.

10 Q. We can see a copy of that letter, it's INQ000222867. We  
11 can see that at the top right it's dated 14 April. It  
12 is marked "For the Urgent Attention of ... Dr ...  
13 Atherton".

14 If we can go to page 2, we can see that the letter  
15 is signed off by Judge Ray Singh CBE, who is the  
16 chairperson of Race Council Cymru.

17 A. Yes.

18 Q. And he has also provided a witness statement to this  
19 Inquiry. Then, below his name, we can see the list of  
20 Race Council trustees and your name is at the top of  
21 that list.

22 A. Yes.

23 Q. We can, please, go back to the first page and look at  
24 the first paragraph on page 1.

25 The letter references in that first paragraph the

42

1 17 April 2020.

2 If we can look, please, at page 2 of that letter,  
3 the words in bold, it calls for urgent action, in  
4 particular it calls for:

5 "... employers to urgently carry out a stratified  
6 risk assessment so that [the] Healthcare workers on the  
7 frontline of tackling the pandemic are not unnecessarily  
8 put in harm's way."

9 Thank you.

10 As regards the response to the Race Council's  
11 letter, your co-authored letter, you say in your witness  
12 statement that the First Minister acted promptly, and on  
13 29 April, so that's two weeks after receipt of the  
14 letter, he established the Black, Asian and Minority  
15 Ethnic Covid-19 Advisory Group to look into the issues  
16 that had been raised in that letter and  
17 Professor Singhal's letter, and to recommend the  
18 necessary courses of action to alleviate those problems?

19 A. Yes.

20 Q. Do you think it should have taken letters like yours and  
21 Professor Singhal's, or do you think that the Welsh  
22 Government ought to have recognised the disproportionate  
23 impact of Covid for themselves and taken earlier action?

24 A. My understanding was that at the time the Welsh  
25 Government and people within it were themselves becoming

44

1 as concerned and that at the time our letter was written  
2 they had come to the same realisation and were thinking  
3 of what to do. That was my understanding at the time.

4 **Q.** Judge Singh was invited to chair the First Minister's  
5 advisory group.

6 If we could, please, have on screen INQ000267870.

7 These are the terms of reference for that advisory  
8 group. In the first paragraph, the terms of reference  
9 identify the concerns that Race Council Cymru had  
10 identified in the letter we've looked at, namely the  
11 disproportionate impact of Covid-19 on people from  
12 black, Asian and minority ethnic backgrounds, "with  
13 consequent adverse health outcomes".

14 Then if we can just zoom out, the group -- the aims  
15 of the group are then set out in those four bullet  
16 points. So namely to advise the Welsh Government  
17 specifically on:

18 "• Any effective measures that could be put in place  
19 to quantify and evaluate risks;

20 "• Any avoidable harms and effective risk assessment  
21 measures;

22 "• Possible interventions and system remedies; and

23 "• Any other issues required by Ministers."

24 Now, as you say in your statement, the group decided  
25 that two subgroups were required to explore, first, the

45

1 **Q.** 2020, sorry. That's to say, within two months of being  
2 commissioned to produce a report?

3 **A.** Yes.

4 **Q.** And I think the risk assessment subgroup also produced  
5 a risk assessment tool and presented that to the Welsh  
6 Government by mid-May 2020?

7 **A.** Yes.

8 **Q.** I'd like to first look at the work of your socioeconomic  
9 subgroup, if I may.

10 **A.** Yes.

11 **Q.** We can see the report, certainly the first page of the  
12 report -- it's INQ000068463, and if we could, please, go  
13 to page 29 of that document -- we see there the  
14 membership of your subgroup. So we can see that the  
15 group included representation from black, Asian and  
16 minority ethnic NHS care and care workers, Public Health  
17 Wales, NHS Wales health boards and trusts, the Equality  
18 and Human Rights Commission in Wales, as well as Welsh  
19 Government officials; is that right?

20 **A.** Yes.

21 **Q.** Before we look at the themes covered by the report and  
22 the recommendations that your group made, I'd like to  
23 just understand a bit about the methodology that you  
24 employed.

25 How did you gather the data that informed your

47

1 socioeconomic issues that were implicated, and, second,  
2 the health and social care issues that were involved.

3 If we can please, in this document, look at page 3  
4 of the terms of reference, these are the terms of  
5 reference for the scientific, or risk assessment,  
6 subgroup. Now, that subgroup was co-chaired by  
7 Professor Singhal and Helen Arthur; is that right?

8 **A.** Yes.

9 **Q.** And that was specifically tasked to come up with a risk  
10 assessment tool. If we could please look at page 5 of  
11 this document, these are the terms of reference for the  
12 socioeconomic subgroup --

13 **A.** Yes.

14 **Q.** -- which you were invited to chair; correct?

15 **A.** Yes.

16 **Q.** If we just look at that list of deliverables, including  
17 at point 2:

18 "Propose short term options to minimise any  
19 exacerbation of inequalities identified."

20 Would it be right, Professor, to say that the work  
21 of both subgroups was carried out at pace?

22 **A.** Yes.

23 **Q.** And commendably your socioeconomic subgroup managed to  
24 produce a detailed report in June 2022 --

25 **A.** 2020.

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1 report?

2 **A.** Okay, so because we didn't have the type of time that  
3 one may have required to conduct your regular research,  
4 what we did was to rely extensively on evidence that was  
5 already published, so evidence on the disproportionate  
6 outcomes already -- that are already known, in terms of  
7 employment, in housing and other areas.

8 We especially relied on the report by the EHRC  
9 talking about Wales and the fairness within Wales. But  
10 more importantly we relied on people: we gathered  
11 evidence from around 400 people from grassroots  
12 communities, whom we invited to participate in Zoom  
13 sessions and the like, and we were able to have these  
14 sessions practically on a daily basis at the time, from  
15 memory, you know, inviting different types of people  
16 from grassroots ethnic minority communities to come in  
17 and talk to us about what was happening to them. So we  
18 relied on that lived experience of racism that, in  
19 a sense, was identified by those people extensively in  
20 our report.

21 **Q.** I think I'm right, aren't I, that a deputy minister  
22 attended some of your meetings, and that would have been  
23 Jane Hutt?

24 **A.** Yes.

25 **Q.** In general terms, how would you describe the Welsh

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1 Government's engagement with your group?  
 2 **A.** The Welsh Government was very engaged. The Deputy  
 3 Minister and Chief Whip at the time, Jane Hutt,  
 4 attended -- I remember attending many, if not most of,  
 5 the Zoom calls that we had, and she was able to identify  
 6 what I describe in my witness statement as some "quick  
 7 wins". So people would be talking about their  
 8 experiences and then she would instruct civil servants  
 9 to look into those and were -- and in a sense was able  
 10 to remedy some of the problems that were happening on  
 11 the ground. So, for example, there were cases where  
 12 people were saying that they weren't being given  
 13 appropriate PPE in their respective hospitals, and they  
 14 attributed that to their race and ethnicity, and it was  
 15 then possible for the Deputy Minister to instruct the  
 16 senior civil servants that were on the calls as well,  
 17 you know, to investigate those and to do something about  
 18 that.

19 There was also another case I remember of people who  
 20 were saying that they were being forced to work for so  
 21 many hours to be able to pay for their visas, because of  
 22 the extra imposition on health and social care workers  
 23 by the immigration authorities, the Home Office, that  
 24 the amount of money that they needed to pay to be able  
 25 to have their visas extended, and that that was exposing

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1 and then in so doing look at the recommendations that  
 2 your group makes and then look at the response of the  
 3 Welsh Government.

4 I'd like to start with ethnicity data, or I probably  
 5 should say lack of ethnicity data.

6 Now, we don't need to go to the page of your report,  
 7 but it's paragraph 26, it starts with the sentence:  
 8 "Data on ethnicity across all health and social care  
 9 services and many other public services is poor."  
 10 Is this something that you found to be a particular  
 11 problem in Wales?  
 12 **A.** Yes.  
 13 **Q.** And one area of concern that you identified is that data  
 14 on ethnicity is not recorded on death certificates in  
 15 England and Wales, and you say in the report the  
 16 recording of births and deaths is a reserved matter for  
 17 the UK Government.  
 18 Can you briefly just explain why that was an issue  
 19 that you specifically identify?  
 20 **A.** I think if you are looking to have an accurate statistic  
 21 on death rates, it would be useful to have the ethnicity  
 22 recorded. If you don't have the ethnicity recorded, you  
 23 may actually not be accurate in the data that is being  
 24 put out. So we may not even know how bad the problem  
 25 we're dealing with was.

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1 them to additional risks. And I know that, because  
 2 those rules were not devolved to the Welsh Government,  
 3 the Deputy Minister and Chief Whip was able to  
 4 negotiate -- to at least to instruct officials to  
 5 discuss the possibilities of removing those levies,  
 6 extra levies on people, with the government in  
 7 Westminster. I don't know how successful that was, but  
 8 in the end that became something that the Prime Minister  
 9 announced, that those levies were removed.  
 10 **Q.** So these are issues that are being identified in  
 11 meetings --  
 12 **A.** Yeah.  
 13 **Q.** -- that the Welsh Government are attending?  
 14 **A.** Yes.  
 15 **Q.** And not necessarily waiting for the production of your  
 16 report in June --  
 17 **A.** Yes.  
 18 **Q.** -- but these are being actioned whilst that report is  
 19 still being worked on --  
 20 **A.** Yes.  
 21 **Q.** -- is that right?  
 22 **A.** Yes, yes.  
 23 **Q.** Now, a number of things emerged from the report prepared  
 24 by your group and I don't propose to discuss all of  
 25 them, I'd just like to discuss some of the key things

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1 **Q.** Having identified the issue, are you able to say what  
 2 steps the Welsh Government has taken to address that  
 3 issue, it being, as you identify, a reserved matter for  
 4 the UK Government?  
 5 **A.** I know that there, again, this was one of the issues  
 6 that was taken up and there were discussions with the  
 7 relevant departments at the Home Office. I don't -- and  
 8 I know that there was a group that was looking into that  
 9 specifically, but I don't know the outcome of that.  
 10 **LADY HALLETT:** Professor, I think -- I heard about this in  
 11 a previous module -- I think it's not straightforward,  
 12 is it? I can see the sense in what you're saying, if  
 13 you want to gather data, but I think I heard from  
 14 another witness in another module that it's not entirely  
 15 straightforward recording ethnicity on death  
 16 certificates.  
 17 **A.** It's very difficult, my Lady, because, for whatever  
 18 reason, not everybody feels comfortable, and -- and  
 19 ethnicity and race are sociological concepts, modern  
 20 day, and biological in that sense, so it's not  
 21 a straightforward thing. But I think one of the reasons  
 22 it's not straightforward, it's also because people are  
 23 not always certain about what the data will be used for,  
 24 so they want to shy away from them. But I do agree that  
 25 they're not.

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1 **LADY HALLETT:** Thank you.

2 **MR POOLE:** Another recommendation -- so we're still on the  
3 question of ethnicity data -- that you make in this area  
4 is linking databases to provide better data on different  
5 types of mortality, so disaggregated by different  
6 protected characteristics, including ethnicity.

7 If we can just look at the Welsh Government response  
8 to your report, so it's INQ000285930.

9 So as we see on that first page of the response,  
10 first published 24 September 2020 and then updated on  
11 30 December.

12 If we can, please, look at page 13 of this report.

13 This is a section of the response dealing with  
14 ethnicity data and the Welsh Government says that it  
15 agrees that:

16 "... it is important to use innovative techniques  
17 including data linking to help improve the quality of  
18 data available on the population disaggregated by  
19 different characteristics."

20 And then they say they'll:

21 "... explore ways to link data on outcomes to enable  
22 this."

23 And to that end will use the Administrative Data  
24 Research Unit and the Secure Anonymised Information  
25 Linkage (SAIL) Databank.

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1 (11.30 am)

2 **LADY HALLETT:** Mr Poole.

3 **MR POOLE:** Professor, another key theme of your report is  
4 the significantly higher risk of death involving Covid  
5 amongst those of non-white ethnicity. I don't need you  
6 to pull this up, but paragraph 33 of your report  
7 identifies that the risk of Covid-related death in males  
8 and females of black ethnicity is 1.9 times higher than  
9 those with white ethnicity and the risk of Covid-related  
10 death for men of Bangladeshi and Pakistani ethnicity is  
11 1.8 times higher than white males.

12 You go on at paragraph 34 of the report to say that  
13 there is a considerable level of anxiety amongst  
14 employees about the risks of Covid-19 and the potential  
15 additional risk for black, Asian and minority ethnic  
16 workers as an at-risk group, and the report explains how  
17 this is being addressed by the risk assessment tool that  
18 was developed by the risk assessment subgroup.

19 Now, as we touched on earlier, Professor Singhal's  
20 subgroup was specifically tasked with coming up with  
21 a risk assessment tool for frontline health and social  
22 care workers, and I understand that you were not  
23 involved with the work that was done in that area.  
24 I would, though, like to ask you some questions, if  
25 I may, about the risk assessment tool.

55

1 Are you aware of that work, Professor?

2 **A.** There was a group of people that were dedicated to  
3 looking at this area of work, you had population  
4 specialists that were doing that, and they -- they did  
5 report to some of the meetings, some of which  
6 I attended, some that I did not. So I was aware that  
7 there was a group looking into this at the time.

8 **Q.** Are you satisfied with the Welsh Government's response  
9 to the concerns about ethnicity data that your report  
10 identifies, or is there more that you would like to be  
11 done?

12 **A.** I would say that it is an ongoing thing and that the  
13 groups that were identified that were looking into it at  
14 the time were -- when I spoke to some of them, I got the  
15 impression that they were positive about what the  
16 outcome would be in the end, but I have to say I haven't  
17 been in contact since then, so I don't know.

18 **MR POOLE:** My Lady, if that's an appropriate moment for  
19 a break.

20 **LADY HALLETT:** Yes, of course.

21 I hope you were warned, Professor, we take a break  
22 regularly for the benefit of the stenographer and  
23 everybody else, so I shall return at 11.30.

24 (11.14 am)

(A short break)

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1 Now, Professor Singhal has produced a witness  
2 statement to this module.

3 If we could, please, see that, it is INQ000251934.

4 At page 3, paragraph 6, Professor Singhal describes  
5 there the first meeting of the risk assessment subgroup  
6 that took place on 5 May 2020, and then we see in that  
7 table Professor Singhal sets out the draft risk  
8 assessment tool.

9 Now, the way the tool works, as we can see, is that  
10 it identifies risk factors such as age, sex and  
11 comorbidities, which includes ethnicity, and allocates  
12 each of those a score, and then once a person has added  
13 up their score they can see their own risk.

14 If we can go over the page to page 4, we can see:  
15 a score of 0-3, low risk; score of 4-6, high risk; and  
16 a score of 7 or more, very high risk.

17 Then the person concerned can identify the actions  
18 that they should take.

19 So, for example, as we see in that table, those at  
20 low risk should continue to work following all  
21 recommended hygiene and social distancing measures,  
22 whereas those at the very high risk should work from  
23 home if possible.

24 Professor Singhal explains in her statement, we  
25 don't need to see this part of it, how that first draft

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1 of the risk assessment tool was submitted to the Welsh  
2 Government for consideration and discussion on 13 May,  
3 and it was then launched on 26 May, with a written  
4 statement being made to the entire NHS and social care  
5 sector in Wales the following day.

6 Now, insofar as you are able to comment, do you  
7 believe that the work of the risk assessment subgroup,  
8 and in particular the development and roll-out of the  
9 risk assessment tool, could or should have been earlier?

10 **A.** I think my understanding at the time was that the people  
11 worked at pace to try to develop this, and it was  
12 actually the first one in the country, as I understood  
13 it at the time, was the quickest one to be developed.  
14 Whether they could have developed one earlier, I am not  
15 able to say, but I believe they worked extremely hard  
16 and were able to develop this as quickly as they could,  
17 and in fact were modifying it as they went along because  
18 they wanted it to be as accurate a measure and as useful  
19 a tool as it could possibly be.

20 **Q.** We can see the actual tool at -- if we can have this  
21 displayed, please -- INQ000023242.

22 This is a live resource, intended to be completed  
23 by -- online by everyone working or volunteering in  
24 health and social care.

25 If we can go to the -- thank you.

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1 agree?

2 **A.** I would.

3 **Q.** The next key theme I'd like to discuss is the  
4 communication of health and social care messages to  
5 black, Asian and minority ethnic communities. And again  
6 you deal with this -- just to locate us, it's  
7 paragraphs 49 to 51 of your report, but I don't need you  
8 to go to it.

9 Can you briefly outline some of the issues that you  
10 identified in respect of communication of health and  
11 social care messages?

12 **A.** I think there was a key barrier in the sense that the  
13 language of communication, which is English, Welsh, was  
14 not that which was spoken by many of the people from  
15 ethnic minority communities that we may have wanted to  
16 have reached and that were at very high risks, and we  
17 wanted to be able to encourage the government and the  
18 healthcare providers to be able to find ways of  
19 developing some of these things in different languages,  
20 messages in different languages, so that they could be  
21 able to communicate those effectively.

22 There was also the issue of the cultural differences  
23 and -- that might impact on the meaning of the messages  
24 being communicated, and the impact of those messages,  
25 and this was where we wanted to be able to use people

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1 That explains there the purpose of the tool. So it  
2 operates essentially in the same way as the draft that  
3 we'd just seen in Professor Singhal's witness statement.  
4 So, again, scores being allocated to certain risk  
5 factors and then, depending on an individual's score,  
6 they know what actions they should take.

7 You make the point in paragraph 34 of your group's  
8 report that the risk assessment tool has been developed  
9 to be used by all staff, so not just those from black,  
10 Asian and minority ethnic backgrounds; that's right?

11 **A.** Yes.

12 **Q.** And in terms of recommendations, one of the  
13 recommendations you make in your group's report is to  
14 ensure the wide dissemination of the risk assessment  
15 tool and encouragement of the use of the tool in  
16 settings wider than health and social care?

17 **A.** Yes.

18 **Q.** Professor Singhal, but also Jane Hutt in her witness  
19 statement to the Inquiry, explained how the risk  
20 assessment tool has been widely disseminated, and since  
21 May 2020 has been expanded to include education,  
22 childcare, play work, youth group, further education and  
23 also the police. And the tool continues to be used  
24 today. So the recommendation you made in your report  
25 appears to have been actioned effectively; would you

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1 with lived experience as much as we could to be able to  
2 ensure that messages reached the people who were very  
3 vulnerable but weren't initially receiving some of those  
4 messages.

5 **Q.** I think you say in the report that digital engagement  
6 and engagement with community leaders in particular was  
7 key --

8 **A.** Yes.

9 **Q.** -- is that right?

10 **A.** Yes, yes.

11 **Q.** And the recommendation your group makes was to develop  
12 a clear multichannel communications strategy for health  
13 and social care, which identifies effective channels to  
14 disseminate information and includes funding for BAME  
15 targeted outreach and consultation activities?

16 **A.** Yes.

17 **Q.** If we can, please, look at the Welsh Government's  
18 response.

19 So it's INQ000285930, and we're looking here at  
20 page 18.

21 Reflecting on your group's recommendation, the Welsh  
22 Government state that they have:

23 "... formed a cross-government group to develop  
24 a communications strategy which includes health and  
25 social services but also wider policy areas to ensure

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1 greater joined-up thinking."  
 2 Are you satisfied with the work carried out to date  
 3 by the Welsh Government to improve public health and  
 4 social care messaging?  
 5 **A.** It is definitely better than it was before, so from that  
 6 point of view I would say that there is an incremental  
 7 progress in this area.  
 8 **LADY HALLETT:** You understand that, do you, Professor? It  
 9 goes on:  
 10 "... form a cross-government group to develop  
 11 a communications strategy ..."  
 12 So all talking about communications, and then it  
 13 talks about:  
 14 "Following recently-completed insight work and  
 15 stakeholder channel mapping ..."  
 16 Doesn't sound like a very good communication in  
 17 itself, does it?  
 18 **A.** Yes.  
 19 **LADY HALLETT:** Anyway, what does that mean, "completed  
 20 insight work and stakeholder channel mapping", as far as  
 21 you understand it?  
 22 **A.** My Lady, I think this is something for the government  
 23 to ...  
 24 **LADY HALLETT:** Well ducked, Professor.  
 25 **MR POOLE:** Professor, if we can, please, look at page 19 of  
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1 times as likely as white British men to have jobs in  
 2 shutdown industries. And similarly, black African and  
 3 black Caribbean men are 50% more likely than white  
 4 British men to be in shutdown sectors.  
 5 Now, in your report you note that in relation to  
 6 key workers and those employed in occupations at higher  
 7 risk of Covid-19, the analysis of Welsh employees shows  
 8 that those from black, Asian and minority ethnic  
 9 backgrounds are overrepresented in healthcare and  
 10 social care; is that right?  
 11 **A.** Yes.  
 12 **Q.** Your report makes a number of recommendations as to how  
 13 the Welsh Government could mitigate the disproportionate  
 14 impact of Covid-19 and employment support schemes as  
 15 well on black, Asian and minority ethnic people in  
 16 Wales.  
 17 One of those recommendations is for the Welsh  
 18 Government to establish a social partnership-led job  
 19 matching redeployment scheme across Wales. What has  
 20 been the Welsh Government's response to this and to  
 21 other recommendations your group has made in this area?  
 22 **A.** I know that social partnership is an area that the Welsh  
 23 Government has been very keen to work on, and at the  
 24 time they talked about developing that area, and  
 25 I believe this is something that has been done and that  
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1 this same document but the second paragraph, so a bit  
 2 further on, the Welsh Government, in perhaps slightly  
 3 clearer language, cite the fact that:  
 4 "The ... Test, Trace and Protect ... programme has  
 5 developed a Black, Asian and Minority Ethnic Outreach  
 6 Plan ..."  
 7 This is obviously written in September 2020 and  
 8 updated later that year.  
 9 In your opinion, was the Welsh Government right to  
 10 hold out the test, trace, protect programme as  
 11 an example of an accessible public health messaging  
 12 programme targeting black, Asian and minority ethnic  
 13 communities?  
 14 **A.** Yes, I think there was quite a lot of emphasis on that  
 15 at the time, and I remember that there was an initiative  
 16 to engage people from minority ethnic backgrounds to  
 17 help in reaching the people that needed to be reached at  
 18 the time. So ...  
 19 **Q.** If I can move to another theme, that of security of  
 20 employment and income, and you make the point in your  
 21 report -- it's paragraph 59 -- that the Institute for  
 22 Fiscal Studies in its analysis for England and Wales  
 23 notes in particular that black, Asian and minority  
 24 ethnic people are more likely to be employed in shutdown  
 25 sectors. So, for example, Bangladeshi men are four  
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1 is being done. Whether that has been enough or was  
 2 enough at the time to mitigate the risks that were  
 3 identified, I think it's a different matter. But then  
 4 the time was limited to be able to judge that. But  
 5 I know that they were interested in doing that.  
 6 **Q.** I think my understanding is that since your group  
 7 reported, the Welsh Government has set up three regional  
 8 employment response groups. Are you aware of that?  
 9 **A.** I -- not without going back to my notes now, not  
 10 something I recall.  
 11 **Q.** If we can just look at the Welsh Government's response,  
 12 again, to your report, so it's INQ00285930, but this  
 13 time we're looking at the bottom of page 21, the Welsh  
 14 Government explains the aim of, as I've just referred  
 15 to, these three regional employment response groups.  
 16 Then over the page, these groups will "focus  
 17 specifically on the employability issues facing Black,  
 18 Asian and Minority Ethnic people".  
 19 In your view, does the setting up of these response  
 20 groups go some way to mitigating the disproportionate  
 21 impact of Covid-19 that you've identified in your report  
 22 or is this not enough or would you like to see something  
 23 different being done?  
 24 **A.** I think the number of black and minority ethnic people  
 25 that lost out from Covid-19 was very high and it's very  
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1 difficult to see how this on its own would have been  
 2 sufficient to have mitigated that loss.  
 3 **Q.** In the same section of this response, but a bit further  
 4 down, so page 22 now, in the second paragraph, the Welsh  
 5 Government referred to the fact that:  
 6 "Since 2016 [there has been someone appointed to]  
 7 a Champion role, [although] now called a Strategic  
 8 Equality and Diversity Lead ... to [increase] the  
 9 participation of individuals from protected groups on to  
 10 an apprenticeship."  
 11 And I believe the current Strategic Equality and  
 12 Diversity Lead was a member of your subgroup; is that  
 13 right?  
 14 **A.** Yes.  
 15 **Q.** The Welsh Government's response talks about equality,  
 16 diversity and inclusion strategy and a suite of actions  
 17 taken in conjunction with work-based learning providers  
 18 to support black, Asian and minority ethnic people. Is  
 19 this something that you have seen actually put in  
 20 practice since your group reported?  
 21 **A.** I can't say that I have followed this intimately, no.  
 22 **Q.** I'd like to move to another issue identified in your  
 23 report, which is the issue of living with race  
 24 inequality in Wales. You make the point at paragraph 19  
 25 of your report that:

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1 Wales?  
 2 **A.** Yes. Mental health issues are more likely to be  
 3 profound in -- they're more likely to be found in ethnic  
 4 minority communities and they're more likely -- the  
 5 consequences are more likely to be profound amongst  
 6 those groups, so it was a particular concern during  
 7 a pandemic like Covid that that would be exacerbated in  
 8 that sense.  
 9 **Q.** In terms of recommendations, the Welsh Government made  
 10 a commitment in March 2020 to develop a race equality  
 11 plan for Wales. Now, the Inquiry understands that  
 12 progress on that work paused in the early months of the  
 13 pandemic. Unsurprisingly, your report recommends that  
 14 work on developing that race equality plan should be  
 15 progressed as a priority?  
 16 **A.** Yes.  
 17 **Q.** And your report states that:  
 18 "The final Race Equality Plan needs to lead to [in  
 19 your words] a substantive and comprehensive Race  
 20 Equality Strategy for Wales."  
 21 **A.** Yes.  
 22 **Q.** Now, at the time that the Welsh Government responded to  
 23 your report in late 2020, what was said is that the aim  
 24 was to draft a race equality plan to go out to full  
 25 public consultation by the end of 2020 with a final plan

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1 "The ... pandemic has further exposed existing  
 2 racial inequalities in Wales."  
 3 And you refer to the Equality and Human Rights  
 4 Commission report "*Is Wales Fairer?*" which made some  
 5 deeply troubling findings. You highlight some of these  
 6 in your report, such as the fact that race was  
 7 a motivating factor in 68% of hate crimes reported and  
 8 recorded in Wales in 2018/19; is that right?  
 9 **A.** Yes, yes.  
 10 **Q.** From your research, and in particular your engagement  
 11 with people at a grassroots level that we heard about  
 12 earlier, would it be right to say that higher levels of  
 13 violence and abuse experienced by some black, Asian and  
 14 minority ethnic groups has led to a sense of isolation  
 15 and loneliness, perhaps a sense of not belonging?  
 16 **A.** Yes.  
 17 **Q.** Did your research suggest that those feelings of  
 18 isolation were exacerbated by Covid?  
 19 **A.** Yes.  
 20 **Q.** Your report also highlights the link between loneliness  
 21 and mental health problems, and the point is made at  
 22 paragraph 22 of your report that mental health provision  
 23 in Wales is not meeting demand. Is this a particular  
 24 issue that your group identified in respect of those  
 25 from black, Asian and minority ethnic communities in

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1 developed by the end of that Senedd term, which would  
 2 have been May 2021. I think it would be right that  
 3 consultation took longer than anticipated?  
 4 **A.** Yes.  
 5 **Q.** But is it right that by June 2022 the Welsh Government  
 6 were in a position to publish its "*Anti-racist Wales  
 7 Action Plan*".  
 8 **A.** Yes.  
 9 **Q.** If we can have up INQ000227788, there is the first page  
 10 of that plan.  
 11 And if we can go to page 6, please, you are  
 12 described in this plan as the co-chair, along with  
 13 Dr Andrew Goodall. Can you briefly explain your role in  
 14 the production of this plan?  
 15 **A.** I was invited to co-chair the group, the steering group,  
 16 that led the development of the plan, initially to  
 17 co-chair with the then permanent secretary,  
 18 Dame Shan Morgan, and then latterly Dr Andrew Goodall,  
 19 and I -- we led the group, the permanent secretary and  
 20 I led the group that developed the plan.  
 21 **Q.** If we can have a look, please, at page 23 of this plan,  
 22 which is, I think, the acknowledgements section.  
 23 Set out on this page is a long list of individuals  
 24 and groups that provided evidence and insight to help  
 25 produce the plan, and we see there the third bullet

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1 point references the Covid-19 black, Asian and minority  
2 ethnic socioeconomic and risk assessment subgroups, so  
3 they were the two subgroups that we have been talking  
4 about earlier.

5 Is it right to say that many of the recommendations  
6 that we have looked at from the socioeconomic subgroup  
7 report have been incorporated into this action plan?

8 **A.** The fundamental basis of the plan was to deal with those  
9 recommendations.

10 **Q.** And in terms of ensuring that the action plan is  
11 actually implemented, am I right in thinking there is  
12 an independent accountability group to oversee that?

13 **A.** Yes.

14 **Q.** You are the co-lead of this group alongside Dr Goodall;  
15 is that right?

16 **A.** Yes.

17 **Q.** I think as described in an appendix to this action plan,  
18 which we don't need to look at, the overarching purpose  
19 of that accountability group is to ensure progress  
20 towards the purpose of the plan by holding those  
21 responsible to account for what they do or don't  
22 deliver; is that right?

23 **A.** Yes.

24 **Q.** Does that accountability group meet with members of the  
25 Welsh Government?

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1 Wales. Because it's almost novel in its approach, it's  
2 having to deal with multiple complexities and having to  
3 deal with multiple particularities in terms of the  
4 constituencies, the stakeholders that are involved, and  
5 it's been difficult in some cases to try to reconcile  
6 some of those differences, but it is a work in progress  
7 in the sense that the people that are doing it are  
8 committed to getting it right. The First Minister, the  
9 Minister for Social Justice, other political parties in  
10 Wales, have signed up to this, and we are, in a sense,  
11 fortunate to be able to have that political centrality,  
12 and what we are now doing is trying to sell this to the  
13 wider population in Wales, and that is a difficult task,  
14 but it's work that we are determined to succeed in.

15 **Q.** So it may, as you say, take time, but you have political  
16 buy-in, and within this action plan the structure is  
17 there to address the issues that you've identified?

18 **A.** The structure is there to address the fundamental  
19 issues, because the fundamental problem is one of  
20 disproportionate outcomes that are defined or  
21 exacerbated by race and ethnicity, and if we can get  
22 that right, then what we will do is to bring ethnic  
23 minority people to the same level as everybody else.  
24 And there are other problems that other people are  
25 experiencing, but we will then all be at the same level

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1 **A.** Yes, there is -- there are regular meetings with the  
2 social justice minister and bilateral meetings with  
3 other ministers of state, and also the permanent -- the  
4 First Minister as well.

5 **Q.** Just taking a step back, if we can, looking at the  
6 report that we started looking at, so the report of your  
7 socioeconomic subgroup, particularly the recommendations  
8 in that report, and then the work that was carried out  
9 culminating in this anti-racist action plan in June  
10 2022, and obviously in your capacity as the co-lead of  
11 the accountability group, is this action plan being  
12 delivered in Wales?

13 **A.** It is a work in progress, I think is the best way for me  
14 to describe it.

15 And why do I say that? I say that because it is  
16 trying to address a problem that is intractable. One of  
17 your classic definitions of a wicked problem, which is  
18 racism, and something that has existed for many  
19 generations, and it is trying to address it in a way  
20 that is very different from the ways in which people  
21 have tried to address this in the past, and those ways  
22 people tried to address it in the past have failed to  
23 deliver any change.

24 So because it is almost novel in its approach --  
25 it's the only nation in the world that has tried this,

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1 experiencing those problems.

2 So those problems may not and are not necessarily  
3 going to go away, but at least we shouldn't then have  
4 worse outcomes within bad outcomes. So it's to bring  
5 everybody to the same level and then we can all  
6 experience the same problem or enjoy the same level of  
7 prosperity, whatever that may be.

8 **Q.** And in terms of the issues that you've identified in  
9 your report and that are identified in the action plan,  
10 in your opinion, is Wales in a better or worse position  
11 now than it was at the start of the pandemic?

12 **A.** I think Wales is definitely in a better position, better  
13 in the sense that we've at least recognised that racism  
14 is institutionalised in -- that's the understanding here  
15 in Wales and the acceptance here in Wales, something  
16 that is not the case in other parts of the country. So  
17 from that standpoint, I think we are in a better  
18 position to be able to recognise that there may be  
19 additional problems that may be linked to race and  
20 ethnicity that we would need to take account of if we  
21 were ever to be in this type of position in the future.  
22 Are we in the position that we will no longer have the  
23 problems? That's why I think it's a work in progress.  
24 Not at this point, I would not say, but I would hope  
25 that if the Anti-racist Wales Action Plan is to be

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1 implemented in full that we will be in a position in the  
 2 future. But at this point we are not.

3 **MR POOLE:** Thank you, Professor. I don't have any further  
 4 questions for you.

5 **LADY HALLETT:** I think Ms Heaven may have.

6 **Questions from MS HEAVEN**

7 **MS HEAVEN:** Good afternoon, Professor Ogbonna, I represent  
 8 the Covid-19 Bereaved Families for Justice Cymru.  
 9 I want to ask you some questions, please, about the  
 10 topic of access to PPE and RPE for black, Asian and  
 11 minority ethnic health and social care workers, which  
 12 you've already explained to CTI was an issue that you  
 13 identified early on. So I'm going to start at the very  
 14 first briefing of your group to the First Minister for  
 15 Wales, Mark Drakeford, and Welsh ministers, which -- and  
 16 this was the Covid-19 core group, which we know happened  
 17 on 20 May 2020.  
 18 But before I get that document up, just so that you  
 19 understand, we can see that you're not at that briefing,  
 20 but I'm going to see if you can assist us, please.  
 21 So if we could first get that document up. It's  
 22 INQ000221152, please, and I think it's page 3.  
 23 Just look at page 1 there. We can see, as I've  
 24 said, this is the Covid-19 core group meeting, 20 May,  
 25 and as we can see, as I say, you're not present, it's

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1 asked any questions about the lack of PPE and RPE in the  
 2 hospital setting in Wales and whether your group had  
 3 a view on this, being a significant risk factor to  
 4 black, Asian and minority ethnic health and care workers  
 5 contracting Covid-19, and indeed dying.  
 6 Now, if I just set a bit of context before I ask my  
 7 question, it might be suggested that this is a curious  
 8 omission because as we can see this is the end of May  
 9 and by this stage a number of doctors, nurses and other  
 10 health and social care workers of black, Asian and  
 11 minority ethnic backgrounds had lost their lives, and  
 12 of course we've seen from the letter that your group  
 13 sent in that you were raising this as a real concern in  
 14 the context of Wales.  
 15 Just to note, we know that the first reported death  
 16 of a health worker in Wales was 6 April, and that was  
 17 Jitendra Rathod, a heart surgeon at University Hospital  
 18 of Wales.  
 19 Now, my question is this: you were not at the  
 20 meeting but are you surprised that at this very first  
 21 discussion that your group had with the First Minister  
 22 for Wales, there was seemingly no mention by the  
 23 First Minister of Wales of the significant and  
 24 fundamental issue that many health and social care  
 25 workers in Wales, including black, Asian and minority

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1 Judge Ray Singh and Professor Singhal who are giving the  
 2 briefing there on that day.  
 3 So if we could go to page 3, please.  
 4 So this is where we start to see the update from  
 5 your group, and we can see there's a welcoming there.  
 6 If we look at paragraph 24 we can see there has been  
 7 an explanation that:  
 8 "The group [has] been working with stakeholders  
 9 representing BAME communities, expert advisers ..."  
 10 Then if we go on to page 4, please.  
 11 I know it's very small there, but we can see at  
 12 paragraph 25 there is discussion of the terms of  
 13 reference -- thank you very much -- which you've touched  
 14 upon.  
 15 If we look then at 26, we can see some background  
 16 information as to the two groups that we've heard about.  
 17 If we go on to paragraph 27, we can see reference to  
 18 the risk assessment tool that we've heard about.  
 19 Then if we go back to the main document, there are  
 20 a few more general paragraphs, and at the end there,  
 21 paragraph 31, the First Minister is thanking the group.  
 22 So what we can see from these minutes, appreciating  
 23 that you were not there, is that there's no discussion  
 24 in this meeting and indeed there's no evidence to  
 25 suggest that the First Minister for Wales, Mr Drakeford,

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1 ethnic health and social care workers, simply didn't  
 2 have access to PPE or RPE, let alone the fact that what  
 3 they did have wasn't appropriate. So the question is:  
 4 are you surprised that this didn't come up?

5 **A.** Without presuming to speak for the First Minister, what  
 6 I would say is that it could well be that he had relied  
 7 on the briefings he received previously, because -- I'm  
 8 not sure whether I mentioned this in my previous answer,  
 9 that one of the calls we had, one of the Zoom sessions  
 10 we had, people that work in healthcare and social care,  
 11 especially some nurses and doctors, were expressing  
 12 concern that PPEs were not being distributed to them  
 13 because they were locum workers, and the then Deputy  
 14 Minister and Chief Whip was on that call and she  
 15 instructed the senior civil servants that were on the  
 16 call to investigate that and to instruct all health  
 17 authorities to be fair in their distribution of PPEs and  
 18 to ensure that there was no element of racism within  
 19 that.  
 20 So whether they assumed that this was something they  
 21 had already resolved or not, I don't know, but I'm not  
 22 able to speak to that.

23 **Q.** Okay. Let me move on to the second question, then.  
 24 This is the Welsh Government response, and this is to  
 25 your report, which we know was June 2020, and the Welsh

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1 Government response was December 2020.  
 2 So this is INQ000285930, and it's page 11, please.  
 3 Now, this is the section of the report which deals  
 4 with the topic of PPE, and I'll come on to it in  
 5 a minute, but let me just set the context.  
 6 You have already explained to the Chair and Counsel  
 7 to the Inquiry that Jane Hutt had heard the complaints  
 8 about the lack of appropriate PPE first-hand in the Zoom  
 9 meetings. So the Welsh Government clearly knew there  
 10 was a problem in wave 1 around access to PPE and RPE.  
 11 However, if we look at this official response, and if we  
 12 just look at it now:  
 13 "Effective supplies of suitable quantities of PPE  
 14 are essential to protect the workforce in conditions  
 15 where the risk of COVID-19 infection cannot be mitigated  
 16 in other ways. The report of the Socio economic Sub  
 17 Group emphasised the need to ensure sufficient PPE was  
 18 available both now and for the future."  
 19 Then it goes on to explain some information about  
 20 action that's being taken.  
 21 We can see in this official Welsh Government  
 22 response that there would appear to be no acceptance or  
 23 recognition from the First Minister for Wales,  
 24 Mr Drakeford, because he authored and signed this  
 25 response, that the Welsh Government had fundamentally

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1 what --  
 2 **Q.** This was the public response from the Welsh Government.  
 3 **A.** Yes.  
 4 **Q.** It would have been nice to have seen some reflection on  
 5 PPE, wouldn't it, in there?  
 6 **A.** Perhaps maybe that should have been included in this  
 7 report, to reflect that there was a concern about this  
 8 and that that had been handled. But I didn't author the  
 9 report so I'm not able to comment.  
 10 **MS HEAVEN:** Of course, thank you very much.  
 11 Those are my questions, my Lady.  
 12 **LADY HALLETT:** Thank you, Ms Heaven.  
 13 You're a generous soul, Professor, I think. Thank  
 14 you very much for your help.  
 15 **THE WITNESS:** Thank you, my Lady.  
 16 **(The witness withdrew)**  
 17 **MR POOLE:** My Lady, we're next going to hear from  
 18 Professor Debbie Foster. We just need to do some  
 19 rearranging on the counsel bench.  
 20 **LADY HALLETT:** Okay.  
 21 **PROFESSOR DEBBIE FOSTER (affirmed)**  
 22 **Questions from COUNSEL TO THE INQUIRY**  
 23 **MS PAISLEY:** Could you commence, please, by giving your full  
 24 name.  
 25 **A.** Yes, Deborah Foster, or Debbie Foster I'm known as.

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1 failed black, Asian and minority ethnic health and  
 2 social care workers in Wales in wave 1 by simply not  
 3 providing access to any PPE and RPE, let alone  
 4 appropriately fitting PPE.  
 5 So it might be suggested that this response  
 6 therefore is weak and obfusatory on this issue. Do you  
 7 think this response from Mr Drakeford, on behalf of the  
 8 Welsh Government, on this really serious issue of access  
 9 to PPE and RPE, was adequate, bearing in mind what your  
 10 group had identified?  
 11 **A.** I hadn't interpreted it as such, maybe because I was in  
 12 it and was aware that there were multiple layers, so  
 13 there was often a problem of implementation, which  
 14 I think is a key thing in achieving racial equality.  
 15 A problem with implementation was the problem that was  
 16 caused by middle and lower level managers doing their  
 17 own things, which are often very different from what top  
 18 management may want to do.  
 19 So my understanding was that when that issue came up  
 20 the Deputy Minister was very strong and forthright in  
 21 instructing the senior civil servants, and they went  
 22 ahead and wrote to -- that was my understanding -- to  
 23 all the healthcare providers, emphasising their role in  
 24 this area. And whether or not then they should have  
 25 included that in this report is a different matter,

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1 **Q.** Thank you.  
 2 Professor Foster, thank you very much for attending  
 3 today and for assisting the Inquiry. As you give  
 4 evidence, please remember to keep your voice up, and if  
 5 you can speak into the microphone as we have  
 6 a stenographer who's taking a note for the transcript.  
 7 You have kindly provided a witness statement for  
 8 this module. We don't need to look at it at the moment,  
 9 but it can be found under reference INQ000274189. It's  
 10 dated 16 January 2024, and can you confirm you signed  
 11 that statement, please?  
 12 **A.** Yes, I confirm.  
 13 **Q.** Can you confirm that the contents of that statement are  
 14 true to the best of your knowledge and belief?  
 15 **A.** Yes.  
 16 **Q.** Thank you very much.  
 17 It's right that you are a professor of employment  
 18 relations and diversity at Cardiff Business School,  
 19 Cardiff University?  
 20 **A.** Yes.  
 21 **Q.** And you were asked to provide a witness statement to  
 22 this module of the Inquiry to outline the work you  
 23 undertook in respect of the report, *Locked Out:  
 24 Liberating Disabled People's lives and rights in Wales  
 25 beyond Covid-19.*

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1 A. Yes.

2 Q. If you're content, that's also known as the Locked Out  
3 report for short.

4 A. Yes.

5 Q. Can we begin, then, please, with some questions about  
6 how the Locked Out report came to be produced.

7 Now, whilst you were not an attendee, can you help  
8 us with this, please: the Welsh Government's Disability  
9 Equality Forum comprises disabled people and  
10 representatives from disabled people's organisations  
11 across Wales; is that correct?

12 A. That's correct.

13 Q. The chair throughout the pandemic was Jane Hutt MS, who  
14 is currently the Minister for Social Justice and  
15 Chief Whip?

16 A. Yes.

17 Q. Provided to you in advance of giving evidence today were  
18 the minutes of a meeting of the forum.

19 If we could have those on screen, please, it's  
20 INQ000281763.

21 And we can see this is dated 23 June 2020.

22 If we can, please, go to page 4, and paragraph 3.7,  
23 in the middle of the page, the following is noted:  
24 "The DMCW ..."

25 Which would be Jane Hutt; is that correct?

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1 A. Yeah.

2 Q. Is it significant that the decision of who to appoint as  
3 chair was deferred by the Welsh Government to  
4 Rhian Davies?

5 A. Yes, I think it is. To allow the forum itself to choose  
6 a chair to represent them is quite progressive. It also  
7 means that they gave up a certain amount of control.  
8 Unlike Professor Ogbonna, who is a colleague of mine at  
9 Cardiff Business School, I know that he was approached  
10 by the First Minister and the First Minister's office to  
11 produce a report, whereas in my case the choice was  
12 given to the forum itself of who they wished to  
13 represent them.

14 Q. Can we return briefly, please, to the forum itself.

15 If we could have your witness statement on screen,  
16 please, INQ000274189.

17 And it's at paragraph 82, which we can see there,  
18 and this is in respect of your attendance at the  
19 Disability Equality Forum, which we've just discussed,  
20 and you say:

21 "On reflection, it appears odd that I wasn't invited  
22 to DEF meetings while authoring the Report and acting as  
23 the nominal chair of the SG ..."

24 Just pausing there for a moment, SG is --

25 A. Steering group, yes.

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1 A. Yes.

2 Q. "... thanked members for their comments and agreed there  
3 is a need to consider the impact of Covid-19 on disabled  
4 people as a whole, bringing together the different  
5 sectors, to enhance the work towards recovery. The DMCW  
6 suggested issuing a position statement from the  
7 Disability Equality Forum in response to the evidence  
8 collated by the various organisations across Wales on  
9 the impact of Covid-19 on disabled people."

10 Then at the end we can see:

11 "This can be used to support discussions and  
12 decision making across Government."

13 So in effect, then, is that Jane Hutt announcing  
14 that work should commence on the production of what then  
15 became the Locked Out report?

16 A. Yes.

17 Q. And it's right that Jane Hutt asked Rhian Davies, who is  
18 chief executive of Disability Wales, and Jon Luxton, who  
19 is a special adviser on disability, to consider the  
20 practicalities of producing the report?

21 A. Yes.

22 Q. And it was followed that that you were approached by  
23 Rhian Davies because you were known to Disability Wales  
24 through your academic work and as someone who had  
25 previously served on advisory groups?

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1 Q. Which we'll come back on to in a moment.

2 "... and its chosen representative."

3 You go on to say:

4 "In the absence of any formal mechanism for me to  
5 raise matters with relevant Officials and Ministers  
6 connected to the evidence we were gathering this would  
7 have at least been a means for me to raise concerns."

8 You then talk about:

9 "The advantage of this was that no boundaries were  
10 imposed, when authoring the Report and, as the chosen  
11 representative of disabled people, I was able to build  
12 trust and genuinely coproduce it."

13 You then say:

14 "The disadvantage was that I had no formal mechanism  
15 through which I could communicate concerns about  
16 evidence under consideration with decision-makers in  
17 Welsh Government."

18 Did you query why you hadn't been invited to attend  
19 the forum, to your recollection?

20 A. No, I didn't officially query it. I mean, as I say, in  
21 retrospect, you know, it looks odd that I wasn't  
22 included on the forum. I was invited to a meeting to  
23 present the findings of the Locked Out report when they  
24 were first issued, but it -- I think in retrospect it  
25 would have been good to have had a mechanism through

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1 which I could have raised concerns. If it wasn't the  
2 Disability Equality Forum, then another means of raising  
3 a concern. At the moment with the Disability Rights  
4 Taskforce, which I know you haven't come on to yet, I do  
5 have a mechanism through which I can raise concerns.

6 **Q.** So did you feel then, when you were producing this  
7 report, you didn't have such a mechanism?

8 **A.** Yes, I did feel that, although I was aware that  
9 Jon Luxton, because he is the special adviser to the  
10 minister, would probably take back any concerns on our  
11 behalf. So there was an indirect mechanism.

12 **Q.** Just one final comment about this paragraph, you refer  
13 to yourself here as the nominal chair. Could you just  
14 explain to us what that means, please.

15 **A.** Yes. When I first was approached by Rhian Davies of  
16 Disability Wales, she asked me to chair this steering  
17 group and author the report, but as we did the  
18 meetings -- the meetings were conducted online, because  
19 it was during the pandemic, and as we did the meetings,  
20 it became apparent to me that I needed time to sit and  
21 make lots of notes as people were speaking, particularly  
22 about their lived experience. Because there was a lot  
23 going on in the meetings and they were quite intense,  
24 and so chairing the meetings was going to be difficult.

25 On top of that, I felt that it would be a good thing  
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1 to the research that you undertake, in your witness  
2 statement -- and we don't need to bring it up -- you  
3 explain:

4 "Disabled people are regarded as active agents in  
5 my" --

6 **A.** Yes.

7 **Q.** -- "research, in contrast to traditional 'expert'  
8 approaches where they have often been treated as passive  
9 recipients of others' perceptions and decisions, or as  
10 lacking capacity."

11 I think that's something you have just touched on,  
12 so can you please expand on how you sought to do that in  
13 terms of preparation of the Locked Out report.

14 **A.** Yes. I mean, I just saw us all as experts, really,  
15 everybody in the room was bringing something to the  
16 report in terms of, you know, we were all going through  
17 the pandemic and people were experiencing things there  
18 and then in terms of their lived experience. So I was  
19 an academic who could put people's words into a format  
20 that would be more agreeable, potentially, to  
21 politicians, and I would also bring some skills, some  
22 research skills, to that job as well, as a mainly  
23 qualitative researcher. And I just felt that to  
24 co-produce something, you needed to draw not just on  
25 quantitative evidence, statistics or even grey

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1 to redistribute power within the meetings to somebody  
2 else, rather than just myself, if we were genuinely  
3 going to co-produce something.

4 Rhian was an obvious person to nominate and she was  
5 nominated and elected by the rest of the steering group,  
6 because she also knew all the people in -- on the  
7 steering group by name and where they came from, which  
8 organisations they represented, and we were really  
9 anxious to get a representation of different impairment  
10 groups.

11 So, you know ... so because the pandemic affected  
12 different impairment groups in different ways, it was  
13 really important that there was some representation  
14 within there from those groups, and Rhian would know who  
15 to draw on, as we were discussing things. So it worked  
16 out a really good partnership.

17 And when I say co-production, co-production can mean  
18 different things in different contexts, and in this  
19 context it was we were co-producing a report as a group  
20 of disabled people, we weren't necessarily co-producing  
21 it with Welsh Government, although there were two Welsh  
22 Government officials helping us to do that by providing  
23 evidence.

24 **Q.** Just on the topic, then, of co-production, in terms of  
25 your own research expertise and what you seek to bring  
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1 literature that was being produced during the pandemic  
2 by different organisations and disabled people's  
3 organisations, but you also needed to hear voices of  
4 people and maybe their members, if they were  
5 representing a group.

6 And most of the people on the steering group were  
7 representing groups like groups with hearing  
8 impairments, sight impairments, learning disabilities,  
9 for example, and they could then go back to their groups  
10 and say "This is what we're discussing within the  
11 steering group, have we got any examples from our  
12 membership of things that are happening to people now  
13 that need to be brought to the attention of Welsh  
14 Government, and we can put those in the report".

15 So the creation of the evidence was ongoing, it was  
16 almost live, and that was quite unusual, but there were  
17 also ethical restrictions during the pandemic on how you  
18 could collect data as an academic anyway, and my  
19 university was saying we couldn't go out and interview  
20 people formally because there were problems -- you know,  
21 face-to-face interviews weren't possible, but even  
22 online interviews, it could be disruptive, you could be  
23 talking to somebody who had a loved one who was ill at  
24 the time and just contacting people at the time was  
25 a sensitive issue.

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1 So by bringing a group of people together to do this  
 2 report who could draw on their own resources, both  
 3 personal and their groups' resources, was really useful.  
 4 **Q.** And you've touched there upon the steering group. It's  
 5 right that that was set up and chosen -- membership was  
 6 chosen by the Disability Equality Forum --  
 7 **A.** Yes, it was.  
 8 **Q.** -- so there was control over who was in that group --  
 9 **A.** Yes.  
 10 **Q.** -- the Welsh Government didn't seek to tell you?  
 11 **A.** No.  
 12 **Q.** And that steering group met for the first time on  
 13 6 October 2020. We've touched upon the wide membership  
 14 of that group and co-production. Do you feel you were  
 15 given the freedom by the Welsh Government to genuinely  
 16 produce something that had been co-produced?  
 17 **A.** Yes.  
 18 **Q.** I want to now talk about the report itself, please, but  
 19 before we bring it up on screen, Jane Hutt made  
 20 a statement in the -- on 1 December 2020.  
 21 If we can have that on screen, please, INQ000350691.  
 22 This was to mark the International Day of Disabled  
 23 People. On page 2, please, and at the bottom:  
 24 "Since 2002, the Welsh Government has adopted the  
 25 Social Model of Disability. A model that recognises

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1 disable somebody or not. So the idea is that somebody  
 2 isn't necessarily disabled by their impairment, they are  
 3 usually disabled by the inability of society to  
 4 accommodate that impairment.  
 5 **Q.** On that note, then, can we please turn to the Locked Out  
 6 report, INQ000142176, page 18, please, and it's the last  
 7 paragraph on that page, and we can see here it says:  
 8 "Evidence we present in this report suggests  
 9 politicians, policy makers and professionals, have  
 10 hastily reverted to using a discredited medical model of  
 11 disability."  
 12 So was the finding that the Welsh Government,  
 13 contrary to what Jane Hutt may have said, that they were  
 14 not adhering to the social model but had adopted  
 15 a medical model?  
 16 **A.** Yes. I think that all governments did -- in the UK --  
 17 initially react by adopting a medical model, yes.  
 18 **Q.** In terms of what that meant for disabled people living  
 19 in Wales throughout the pandemic, what did it mean for  
 20 them in terms of how the Welsh Government used this  
 21 model to make its decisions?  
 22 **A.** Well, I mean, it meant that apart from the Disability  
 23 Equality Forum that disabled people were not seen as  
 24 a group that was going to -- needed to be consulted.  
 25 I mean, one of the things that the Locked Out report

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1 that people with impairments are in fact disabled by the  
 2 actions of our society, and not by their impairments."  
 3 So before we look to the report, can you please just  
 4 explain that model.  
 5 **A.** Yes, there are two sort of dominant models in disability  
 6 studies and the disability rights movement: there's the  
 7 medical model and the social model of disability. And  
 8 the medical model of disability has tended to dominate  
 9 in society more generally, but also in things like  
 10 government discourse, and the medical model defines  
 11 people by, in a sense, by what's wrong with them, what's  
 12 different about them, but different is often portrayed  
 13 as a deficit. So it's quite negative in its approach  
 14 and it's also related to a kind of charity model of  
 15 disability as well. The social model of disability was  
 16 developed, and it's sometimes called the individual  
 17 model of disability, and it says that instead of  
 18 focusing on somebody's medical condition or impairment  
 19 and, by implication, what's "wrong" with them, we should  
 20 be focused on the barriers in society, the much wider  
 21 barriers in society that do not allow people with  
 22 impairments, ie disabled people, to function as others  
 23 can and access what everybody else can in society.  
 24 So in that respect, you put the onus back onto  
 25 society and decisions within society as to whether you

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1 continually says is that if we had a society in which  
 2 disabled people were adequately represented as  
 3 decision-makers, in all aspects of our lives, including  
 4 political decision-making, then perhaps some of the  
 5 problems with the pandemic that disabled people  
 6 experienced wouldn't have happened in the first place,  
 7 because they would have been around the table, they  
 8 wouldn't have been seen as a "special" group, they would  
 9 have been actually integrated into decision-making, and  
 10 perhaps -- we wish -- that some of the decisions that  
 11 had been taken may have been better informed.  
 12 This included things like, you know, the wearing of  
 13 face masks, which disadvantaged people with hearing  
 14 impairments, the social distancing regulations which  
 15 were problematic for people with visual impairments,  
 16 and, you know, the locking up of quite a lot of people  
 17 with learning disabilities, particularly those who were  
 18 residential in institutions, and really the removal of  
 19 their right to independent living and their human  
 20 rights.  
 21 **Q.** I want to come on to a number of those topics, but just  
 22 before we do, since the publication of this report, have  
 23 you seen a change or did you see a change in the  
 24 attitude of the Welsh Government?  
 25 **A.** Yes. I think the thing is that the Welsh Government

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1 adopted the social model of disability quite some time  
2 ago, but our argument has been that that is not  
3 reflected in their legislation, so there are a number of  
4 relevant pieces of legislation that have been passed  
5 that -- I'm trying to remember, Social Services and  
6 Care Act? I can't actually remember the name of it.  
7 But there are a number of pieces of legislation that  
8 have been passed which did not use social model  
9 language, they used medical model language, and they  
10 defined disabled people in relation to their medical  
11 condition.

12 In relation to what's happened since that statement  
13 and since the report, we've had the Disability Rights  
14 Taskforce, and with that Welsh Government implemented  
15 something we recommended in the Locked Out report, that  
16 participants all undergo social model training and that  
17 social model training is contracted out to a disabled  
18 people's organisation, in this case it's been  
19 Disability Wales. And everyone that's participated in  
20 the taskforce, including ministers and officials, have  
21 been asked to undertake social model training -- or it's  
22 been made available to them. I don't think it's  
23 compulsory, but it has been made available to them.

24 **Q.** Can we then come back to some of the other points that  
25 you've just touched on, please. One finding of the

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1 I am going to, you know, for the record, say that  
2 Jane Hutt was excellent throughout the proceedings.  
3 That, from what my experience of her, she does  
4 understand the social models. And I think  
5 Mark Drakeford also understands the social model of  
6 disability. I wouldn't say that all Welsh Government  
7 officials do, and I haven't really had enough  
8 conversations with other ministers to know.

9 But I think that what worries me is that that means  
10 that understanding of some of these really basic issues  
11 that should have been understood really quite early on,  
12 are down to one or two people. They may have been very  
13 influential, and they may have been key politicians, but  
14 they couldn't be everywhere all the time. So I think  
15 we're talking about a whole culture that needs to be  
16 changed, and that takes a huge amount of time. It's  
17 something that we're trying to work on with the  
18 Disability Rights Taskforce.

19 But, you know, if we're looking forward rather than  
20 back, we would hope that some of the work we've done  
21 subsequently with Welsh Government would mean that these  
22 issues would be more to the fore of their minds than  
23 they were at the start of this pandemic.

24 **Q.** Can we then move on, and if we can please have  
25 INQ000142176 back on the screen, this time at page 22,

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1 report was that there was a poor public understanding  
2 that some disabled people would be unable to comply with  
3 certain NPIs, and you gave some examples, social  
4 distancing and face coverings being just two.

5 **A.** Yeah.

6 **Q.** And of course this meant that there were occasions where  
7 disabled people were challenged by members of the  
8 public, and unfortunately in some cases maybe abused by  
9 members of the public.

10 Did you find any evidence that the Welsh Government  
11 had actively considered that might be a consequence of  
12 these NPIs?

13 **A.** That's quite difficult to answer because I wasn't having  
14 conversations with officials and ministers at the time,  
15 so I -- it would all be second hand through, you know,  
16 what people in the steering group were saying had  
17 happened rather than -- because I didn't have that  
18 conduit in terms of having a direct line to discuss this  
19 with a specific official or minister.

20 **Q.** Perhaps a question you may be able to help us with is:  
21 do you think that there would have been ways to mitigate  
22 this? For example, better public health communications.

23 **A.** Yes, yes, I do, and I think the Welsh Government did  
24 discuss this in the Disability Equality Forum and there  
25 were attempts made to address these issues.

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1 and a topic considered in the report is the human rights  
2 of disabled people. There's one specific example  
3 I wanted to ask you about, which is the last paragraph.  
4 You'll be, I'm sure, very familiar. What was the issue  
5 that was being raised here, please?

6 **A.** The issue was that -- I mean, I'm not an expert on  
7 Coronavirus Act 2020 (Commencement No. 1) (Wales)  
8 Regulations 2020, but people did bring a number of  
9 concerns to the group that there was uneven access to  
10 services and -- dependent on where you lived in Wales,  
11 that there was concern about certain protections being  
12 withdrawn and that people were being neglected,  
13 particularly people receiving social care in their house  
14 on an individual basis, that there was a risk of abuse,  
15 and that Disability Wales had raised this with Welsh  
16 Government, and we were concerned that there had been  
17 a very slow response.

18 **Q.** And as you just acknowledged, Jane Hutt engaged well  
19 throughout the pandemic, and indeed you say that this  
20 particular issue about the suspension of this provision  
21 was raised with Jane Hutt, who committed to resolving  
22 the problem. I think you've just touched upon this, but  
23 was that done quickly enough?

24 **A.** I don't feel I'm very well informed on this, but from  
25 what people were telling me, no, it wasn't. But,

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1 you know, I think there are people who are better  
 2 informed than I am to be able to pass a judgement.  
 3 **Q.** Thank you.  
 4 Can we then please turn to page 29, and it's the  
 5 second to last paragraph, and a statistic I think we've  
 6 already heard a number of times so far in this Inquiry,  
 7 but equally alarming every time, is that:  
 8 "Data published in September 2020 ... shows that in  
 9 the period March to July ... 68%, or almost 7 in every  
 10 10 COVID related deaths in Wales were disabled people."  
 11 **A.** Yeah.  
 12 **Q.** As far as you are concerned, was there ever a feeling  
 13 amongst the group and those that you spoke to that the  
 14 Welsh Government had seen this as inevitable?  
 15 **A.** Oh, that's a difficult question. **(Pause)**  
 16 No, but -- but I want to caveat that in that I think  
 17 that there was more of a culture of inevitability coming  
 18 down from the UK Government around the whole discourse  
 19 of people with -- who were vulnerable because they had  
 20 pre-existing health conditions. There was a feeling  
 21 amongst the group that disabled people were generally  
 22 seen throughout Covid as dispensable, that it was almost  
 23 inevitable that because they had pre-existing health  
 24 conditions they would be more vulnerable to Covid and  
 25 therefore they would die.

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1 itself, disabled people were also suffering as a result  
 2 of reduced access to non-Covid services. In your view,  
 3 is that something that was avoidable?  
 4 **A.** I mean, I'm not a medic and I wasn't working in the  
 5 health service at the time, but I think that a decision  
 6 should have been taken about the maintenance of some  
 7 non-Covid services, particularly rehabilitation  
 8 services, that were completely shut down from what we  
 9 could gather.  
 10 This example here is Fight for Sight, and there was  
 11 Andrea, who came along from ... I was going to say  
 12 "blind dogs", because she always calls it "blind dogs".  
 13 **LADY HALLETT:** Guide Dogs for the blind?  
 14 **A.** Guide Dogs for the blind. She always calls it "blind  
 15 dogs", so that's kind of stuck in my head. And she's  
 16 sight impaired and she continually brought up the issue  
 17 of people not being allowed to go to rehabilitative  
 18 appointments and the fact that a number of people that  
 19 she was aware of had actually lost their sight  
 20 completely as a consequence of that.  
 21 So these were essential appointments and essential  
 22 medical interventions, but they were not about Covid.  
 23 Yeah.  
 24 **MS PAISLEY:** Finally, then, on the report, please, can we  
 25 please look at page 27 and the fourth paragraph from the

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1 And I know when this statistic came out it was  
 2 really quite shocking, and I remember the meeting that  
 3 it was brought to, the statistician from Welsh  
 4 Government brought the statistic to the meeting, and  
 5 there was a lot of discussion about why might it be so  
 6 high, and latterly we learnt that it was particularly  
 7 high in Wales. And I think that that has a lot to do  
 8 with the historical and socioeconomic profile in Wales,  
 9 of poverty and deprivation, and, you know, I ... I mean,  
 10 I just feel that what we wanted to convey in the  
 11 Locked Out report was a really clear message that it was  
 12 not inevitable that disabled people were necessarily  
 13 going to die in larger numbers than other groups of the  
 14 population. There were things that could and should be  
 15 done, and there were lessons to be learnt for the  
 16 future.  
 17 **Q.** Perhaps on that same topic, page 34 of the report, if we  
 18 could have that, please, and it's the top paragraph:  
 19 "Concerns have been raised about the access of  
 20 long-term users of NHS services for non-Covid-related  
 21 health conditions in Wales ..."  
 22 So perhaps directly relevant to what we were just  
 23 talking about.  
 24 **A.** Mm.  
 25 **Q.** Whilst suffering from the direct harm of the virus

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1 bottom. This is in respect of equality impact  
 2 assessments, more of which to come, but:  
 3 "The use of Equality Impact Assessments ... as  
 4 an available tool during the pandemic have been  
 5 conspicuously absent. We call on the Welsh Government  
 6 to ensure that EIAs are properly used and are not just  
 7 consultation exercises, but opportunities to genuinely  
 8 co-produce action plans and evaluations with people and  
 9 people with other protected characteristics."  
 10 So first of all you say they were absent in the  
 11 report.  
 12 **A.** Mm-hm.  
 13 **Q.** What's the importance of those impact assessments being  
 14 undertaken?  
 15 **A.** Well, I think had they been undertaken, some of the  
 16 issues that we raised in the report would have been  
 17 discovered and they would have been apparent.  
 18 The whole point of equality impact assessments is to  
 19 ensure that you consult with the groups with protected  
 20 characteristics that the Equality Act specifies, and  
 21 I think that increasingly equality impact assessments  
 22 over time have just become a bit of a tick box exercise.  
 23 And there has been evidence of this. Even the Equality  
 24 and Human Rights Commission I think have reported that  
 25 equality impact assessments have lost some of their --

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1 their importance. And I think that they shouldn't just  
2 be consultation exercises, but originally -- because  
3 I remember taking part in the very first equality impact  
4 assessments in the public sector as a disabled people  
5 person within the university, and originally there were  
6 some really, you know, in-depth consultation exercises  
7 with staff and key personnel with protected  
8 characteristics, but they'd become much more diluted in  
9 recent years.

10 **Q.** Can we then please move on to the publication of the  
11 report, and it's right that a meeting took place between  
12 members of the steering group with the First Minister,  
13 Mark Drakeford, on 18 March 2021. Can you recall, is  
14 that the first time that the group had met with the  
15 First Minister in respect of the reports?

16 **A.** Yes, it was.

17 **Q.** Was that quickly enough?

18 **A.** No, well, we waited some time before the meeting and we  
19 had a period of time in which we -- to be quite honest,  
20 we thought perhaps we'd been forgotten completely.  
21 Either that or the report was too honest and too hard  
22 hitting that Welsh Government didn't know what to do  
23 with it. Now, both of those are speculations, because  
24 we have no idea what was going on behind the scenes.  
25 But it didn't feel quick enough, no.

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1 vision of what it wanted to achieve, which was that it  
2 wanted to take the recommendations from the Locked Out  
3 report and the chapters within the Locked Out report and  
4 really interrogate those in much greater depth. And any  
5 other issues that we weren't able to cover. Because the  
6 original report was written in quite a short period of  
7 time, I think it was about three or four months, and so  
8 we were also aware that we hadn't covered some issues,  
9 for example education, children and young people,  
10 justice, in any great depth.

11 **Q.** So were there any tensions between the Welsh Government  
12 and the steering group that you can recall?

13 **A.** Yes, there were, and there were a lot of conversations  
14 amongst the steering group. We had a number of online  
15 meetings saying "Where do we go from here? What do we  
16 do? What if they don't publish it? We've done all this  
17 work and will anyone ever see it?" This kind of thing.  
18 And I think there was a feeling within the steering  
19 group also that if Welsh Government didn't publish it  
20 then we would publish it independently.

21 **Q.** So the taskforce was formally constituted in  
22 November 2020 --

23 **LADY HALLETT:** Ms Paisley, I'm sorry to interrupt. Are you  
24 going on to slightly different topic?

25 **MS PAISLEY:** My Lady, I have one final question on this

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1 **Q.** But in terms of the publication, there was a delay?

2 **A.** Yes, there was a delay.

3 **Q.** Do you feel you've ever been offered a reason for that?

4 **A.** Not a proper explanation, no.

5 **Q.** The Welsh Government on the same day that they published  
6 the report, which was 2 July 2021, they also published  
7 their response to the report, which I won't ask you to  
8 look at now, but it's right that one of the things the  
9 First Minister committed to was establishing  
10 a taskforce. If we can turn then, please, to the  
11 Disability Rights Taskforce. To what extent did the  
12 steering group who had been involved throughout  
13 production of the report influence the approach that  
14 would be taken by the taskforce?

15 **A.** Yes. Well, originally we thought we were being asked to  
16 put forward some terms of reference for the taskforce,  
17 and we did have discussions as a steering group about  
18 that, and we did make some suggestions. But after  
19 a number of meetings we felt that the vision that we had  
20 was a little bit more developed and possibly more  
21 ambitious than the vision that Welsh Government had, and  
22 there was a little bit of conflict backwards and  
23 forwards as to what they saw this Disability Rights  
24 Taskforce wanting to achieve.

25 I felt that the steering group had a very clear

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1 topic and then it might be a convenient moment.

2 **LADY HALLETT:** Are you okay to come back to this afternoon?

3 **THE WITNESS:** Yes.

4 **LADY HALLETT:** I'm sorry, it's just that something has  
5 arisen that we need to sort out over lunch, so if  
6 Ms Paisley can just deal with this last matter and  
7 then ...

8 **MS PAISLEY:** Okay.

9 Just in respect, then, of the taskforce being  
10 constituted in November 2021, it's right you were the  
11 co-chair --

12 **A.** Yes, I am.

13 **Q.** -- of the taskforce, and just generally speaking do you  
14 believe engagement with Welsh Government officials on  
15 the taskforce has been open and constructive?

16 **A.** It's been really good, yes, it's been excellent.

17 **MS PAISLEY:** My Lady, I would then be moving on to a new  
18 topic.

19 **LADY HALLETT:** I shouldn't have interrupted when I did,  
20 should I?

21 Thank you very much, if you could be back for 1.45,  
22 please.

23 **THE WITNESS:** Ah, okay.

24 **LADY HALLETT:** Thank you.

25 **(12.45 pm)**

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**(The short adjournment)**

1

2 (1.45 pm)

3 **LADY HALLETT:** Ms Paisley.4 **MS PAISLEY:** Thank you for returning, Professor.5 Just before I move on to my final two topics, just  
6 two questions that have arisen, please.7 Firstly, you say prior to completion of the report  
8 you had an indirect mechanism for raising concerns when  
9 we were talking about whether you were an attendee of  
10 the equality forum, and you say that you could raise  
11 matters through a special adviser. Did you ever have  
12 the need to raise any concerns, and if so were they  
13 acted upon?14 **A.** When I say I had an indirect, he didn't put himself in  
15 the position of -- he didn't explicitly say "You can  
16 raise concerns with me". I think, yeah -- I mean, if  
17 concerns came up from the group, yes, we raised them  
18 with him and asked him to convey them back to Jane Hutt,  
19 but I didn't -- I don't recall ever having specifically  
20 asked him to raise something on my behalf.21 **Q.** Then the second question: you've told us it's important  
22 to hear not just data and figures but also hear the  
23 lived experiences of people. Do you feel that that  
24 evidence was obtained and passed to the Welsh  
25 Government, and as far as you are concerned, did they

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1 that they raised, but the problems were much lower down,  
2 at the service provision level. So local authorities,  
3 health boards, really the delivery of services was more  
4 of a problem than Welsh Government itself. So there's  
5 something that we keep referring to during the taskforce  
6 and the Locked Out report which was the implementation  
7 gap. And Jane Hutt has taken that on board and often  
8 does refer to the implementation gap, and the need for  
9 us to think about how some of the changes that are  
10 taking place within Welsh Government at that level are  
11 being cascaded much further down to public service  
12 providers. That's -- that's the area we're really  
13 worried about, that the message possibly doesn't get  
14 down to those people providing services on a day-to-day  
15 basis, face-to-face, with disabled people and their  
16 organisations.17 So, you know, I know that we're having an Inquiry  
18 about the actions of the Welsh Government, but that  
19 communication between Welsh Government and other  
20 agencies it funds and it also has some regulatory powers  
21 over, I think are just as important here to consider.22 **Q.** And as far as you are concerned that is something you  
23 think is being addressed?24 **A.** I don't have evidence for that, to be quite honest.  
25 I have evidence much more at a strategic level that

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1 take it on board and act upon it?

2 **A.** Yes, I do feel that that was the case, and it's been  
3 quite an experiment, I think, for Welsh Government, but  
4 it's been one that I'd like to see repeated elsewhere  
5 because I think it's been very, very productive.6 **Q.** The final topics then I want to ask you about are the  
7 actions taken since the report.8 If we can, please, go to the Welsh Government's  
9 response, which is INQ000282168, and on page 5, please.10 There's a list of bullet points there, and I wonder  
11 if you can help us. Have those actions been taken or  
12 committed to, as far as you can help us with that?13 **A.** Well, some of them have been already taken, and some of  
14 them are commitments.

15 So establishing a taskforce, yes, we've got that.

16 Introducing the socioeconomic duty, that came into  
17 force in March 2021. And that also says:18 "... tackling inequality at the heart of  
19 decision-making. The guidance stresses the need for  
20 public bodies to consider lived experience when making  
21 strategic decisions."22 I think one of the issues that I want to stress here  
23 is that a lot of people came to the steering group and  
24 expressed their opinions through the steering group that  
25 Welsh Government did respond to a number of concerns

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1 disabled people are being involved in the taskforce, in  
2 decision-making, in policymaking and policy ideas.  
3 I don't see evidence that all this is cascading down.  
4 I mean, okay, we've taken part in some social model  
5 training with inspectorates, the care inspectorate,  
6 for example, in Wales, and I've taken part in that,  
7 which is a really good initiative, but I do worry about  
8 this implementation gap and the implementation gap is  
9 where most disabled people on a day-to-day basis  
10 experience public services. You know, whether --  
11 whether it's easy to access them, easy to get  
12 information, easy to get people to advocate on their  
13 behalf when they use public services, because a lot of  
14 disabled people won't use them directly but they may  
15 need somebody to intervene on their behalf in using  
16 them. All that sort of nitty gritty day -- you know,  
17 day in, day out grinding people down is what we often  
18 hear back as feedback, that there's a lot of good  
19 policies, there's a lot of good speak on the websites  
20 and, you know, people saying the right things, but is it  
21 the experience on a day-to-day level that people are  
22 getting what they need to live a life that is fulfilling  
23 and without the barriers that they shouldn't really be  
24 encountering.25 **Q.** I think if we can take that extract down, and I don't

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1 propose to take you to it, but some higher level points  
2 that are recommended that the Welsh Government can take.  
3 The first is, to further protect and enhance the rights  
4 of disabled people, the government has committed to  
5 incorporation of the United Nations convention on the  
6 rights of disabled people into Welsh law during the  
7 current Senedd term.

8 Can you help us with whether that's happened?

9 **A.** Well, no, it hasn't happened, because I think it would  
10 be a very lengthy process, but they have set up  
11 a committee to look into the feasibility of it  
12 happening, and the problems that might be related to  
13 incorporating that into Welsh law.

14 I think the concern around that is the time that  
15 that's taking, and it is a very complex situation, it's  
16 a complex thing to do if they do incorporate it into  
17 Welsh law, but I think that the fear has been that a lot  
18 of the things that we thought maybe would be resolved  
19 within this Senedd term may not be, and we are also  
20 losing a First Minister that was very dedicated to the  
21 setting up of the taskforce and some of the provisions  
22 that went within it.

23 I mean, Welsh Labour committed to that incorporation  
24 of the --

25 **LADY HALLETT:** I think we need to be careful here: (a)  
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1 argument would be that having somebody dedicated to that  
2 role, a bit like the Older People's Commissioner --  
3 I mean, if it was a minister or a commissioner,  
4 you know, it could be one or the other. The Older  
5 People's Commissioner, Children's Commissioner we have  
6 in Wales, and they have the opportunity to be much more  
7 proactive rather than reactive to what's required of  
8 that particular population. And I think what was  
9 lacking in the pandemic was the proactivity. There was  
10 a lot of reactivity, but not as much proactive  
11 decision-making.

12 **Q.** Moving then on, finally, you discuss in your statement  
13 some of the lessons that could be learned for a future  
14 pandemic, and I think we've probably just touched upon  
15 a few there. So, firstly, that consultation with  
16 disabled people was too infrequent and reactive. Is  
17 there an easy way that that could have been solved?

18 **A.** Well, if there was a minister or commissioner, that  
19 might have been one reason for doing that. I think --  
20 I think the Disability Equality Forum has strengths. It  
21 didn't meet regularly enough. Its strength is that it's  
22 made up of disabled people and their organisations, so  
23 you've got, you know, a good deal of representation  
24 there. But you've got a very enthusiastic minister with  
25 that portfolio in Jane Hutt. You don't know -- I mean,  
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1 I think we may be straying beyond the pandemic, and (b)  
2 we need to be careful because I know what's going on in  
3 Welsh politics at the moment and I think we need to be  
4 very careful.

5 **A.** Okay.

6 **LADY HALLETT:** But, I'm sorry, I appreciate it's a really  
7 important topic, and you're an excellent advocate for it  
8 if I may say so, but we need to stick with the pandemic,  
9 I'm afraid.

10 **A.** Okay, my Lady.

11 **MS PAISLEY:** Another recommendation, and if we can focus on  
12 how this would have assisted over the pandemic perhaps,  
13 is the appointment of a minister for disabled people.

14 **A.** Yeah.

15 **Q.** How would that have helped over the pandemic?

16 **A.** I think, as I said previously, having people round the  
17 table who are representing -- either representing  
18 disabled people but, more preferably, disabled people  
19 themselves as key decision-makers. I mean, if a post  
20 were created as a Minister for Disabled People, it  
21 wouldn't necessarily be a disabled person, but one would  
22 hope that they would be in touch with all the  
23 organisations much more regularly than the Disability  
24 Equality Forum of Welsh Government because, you know,  
25 they're quite infrequent meetings really. I think the  
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1 what worries me about the whole edifice of the  
2 Disability Rights Taskforce is, you know, if there isn't  
3 a Jane Hutt and there isn't a Mark Drakeford, does that  
4 then continue and does it have the same impact as was  
5 intended when it was first set up? I'm afraid I've  
6 strayed into politics a little bit.

7 **LADY HALLETT:** I think we have to stop this --

8 **A.** Yes, okay, thank you.

9 **LADY HALLETT:** -- I really have to be extremely careful.  
10 I'm sorry.

11 **MS PAISLEY:** Thank you.

12 One final point, then, you talked about medical  
13 evidence was significant, of course over the pandemic,  
14 but you say that social scientists also have a role to  
15 play, and should be consulted. Can you explain briefly  
16 how that would have assisted, had there been more  
17 consultation with social scientists, please.

18 **A.** Yes, I think that, I mean, it's almost inevitable that  
19 if there's a virus it's seen as a medical problem, and  
20 obviously we didn't know anything about the virus and we  
21 needed that kind of evidence. But there are other types  
22 of evidence I think we could have drawn on, including,  
23 you know, social scientists and behaviourists,  
24 particularly in recommending a whole -- whole array of  
25 different restrictions, social restrictions on people  
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1 which, you know, were brought in to stop a virus but  
 2 nobody really thought out what the consequences might be  
 3 in terms of people's behaviour, in the limitations on  
 4 their ability to live independently. You know, in  
 5 the -- in relation to disabled people, for example,  
 6 you know, the social distancing and not being able to  
 7 use public transport without being accompanied by  
 8 somebody was going to be a problem for quite a large  
 9 proportion of that population, not all but some disabled  
 10 people, and I think that we would have had more of  
 11 a multidimensional approach of thinking through these  
 12 issues rather than reducing everything to a medical  
 13 model. We would have had much more of a holistic social  
 14 model of -- well, going back to the social model of  
 15 disability, and full circle really.

16 **MS PAISLEY:** Thank you very much, Professor. I don't have  
 17 any further questions for you, and thank you for giving  
 18 evidence today.

19 **LADY HALLETT:** Thank you very much for your help, Professor,  
 20 I'm very grateful to you, and I'm sorry we kept you over  
 21 lunch.

22 **THE WITNESS:** Okay. Thank you.

23 **(The witness withdrew)**

24 **LADY HALLETT:** Ms Hitchman.

25 **MS HITCHMAN:** My Lady, may I call Helena Herklots CBE.  
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1 **A.** That's correct.

2 **Q.** There are five topics I would like to explore with you  
 3 this afternoon, the first is your role as the Older  
 4 People's Commissioner, the second is your engagement  
 5 with the Welsh Government, third is care homes, fourth  
 6 is your report entitled "*Leave no-one behind*", and,  
 7 fifth, your joint working with the Equality and Human  
 8 Rights Commission, and by way of conclusion we'll look  
 9 briefly at the lessons learned that you've set out in  
 10 your report -- in your witness statement.

11 So I want to ask you some questions about the role  
 12 of the Older People's Commissioner. The Commissioner is  
 13 an independent statutory role with the remit to protect  
 14 and promote the rights of older people in Wales; is that  
 15 right?

16 **A.** That's correct.

17 **Q.** And the role was established by Commissioner for Older  
 18 People (Wales) Act 2006, and importantly that defines  
 19 "older person" as a person aged 60 or over. Is that  
 20 right?

21 **A.** That's correct.

22 **Q.** Please can you provide a general overview of the role  
 23 and functions of the Older People's Commissioner?

24 **A.** So the key role is to protect and promote the rights of  
 25 everyone over the age of 60 in Wales, a very diverse  
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1 **MS HELENA HERKLOTS (sworn)**

2 **Questions from COUNSEL TO THE INQUIRY**

3 **LADY HALLETT:** Thank you.

4 If we could be careful about moving around when  
 5 people are taking the oath, I'd be really grateful.  
 6 Thank you. It's finished now. Just for the future.  
 7 Sorry to be pernickety, it's too many years in the  
 8 courts.

9 **MS HITCHMAN:** Could you commence, please, by giving your  
 10 full name.

11 **A.** Helena Rebecca Herklots.

12 **Q.** Thank you for attending today, Commissioner, and for  
 13 assisting the Inquiry. As you give your evidence,  
 14 please remember to keep your voice up and speak slowly  
 15 so that the stenographer can hear you for the  
 16 transcript.

17 Your witness statement for this module is at  
 18 INQ000276281. Are the contents of this statement true  
 19 and accurate to the best of your knowledge and belief?

20 **A.** Yes, they are.

21 **Q.** You are the Older People's Commissioner for Wales and  
 22 you have held this position since 2018. You were  
 23 therefore the Older People's Commissioner during the  
 24 period with which we are concerned, namely January 2020  
 25 to May 2022; is that correct?  
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1 group of older people, and I've got a number of  
 2 functions that I'm required to carry out. So that's  
 3 about representing the interests of older people and  
 4 safeguarding those interests, scrutinising the actions  
 5 of public bodies, so bodies such as Welsh Government,  
 6 health boards and local authorities. I'm able to  
 7 provide direct assistance and advice to individual older  
 8 people and to keep under review the effectiveness and  
 9 adequacy of the law as it relates to older people as  
 10 well.

11 **Q.** Thank you, Commissioner.

12 The commissioner also has legal powers which are  
 13 limited to the areas over which the Welsh Government has  
 14 competency. Please could you provide an overview of  
 15 those legal powers.

16 **A.** So I'm able to scrutinise public bodies, so to look at  
 17 the way in which they discharge their functions or fail  
 18 to discharge their functions as that affects older  
 19 people. I have the legal power to set out and produce  
 20 guidance for public bodies that they have to give regard  
 21 to, so report to me on. I'm able to help individual  
 22 older people, providing advice and assistance and  
 23 supporting them in cases or complaints, for example.  
 24 And I can carry out research and publish research  
 25 drawing on the experiences of older people.  
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1 **Q.** Aside from those legal powers, you explain in your  
2 witness statement that the commissioner is able to  
3 consider and make representations to the Welsh  
4 ministers, the First Minister and the Counsel General on  
5 any matter relating to the interests of older people in  
6 Wales, and this can include non-devolved as well as  
7 devolved matters.

8 So the scope of your legal powers doesn't prevent  
9 you from making general representations to the Welsh  
10 Government about the interests of older people,  
11 notwithstanding that they are not within the  
12 competencies or devolved responsibilities of the Welsh  
13 Government; is that right?

14 **A.** That's correct. And it's important, because it means  
15 that I can make representations, for example, on issues  
16 of poverty and income for older people, which is  
17 a reserved matter to the UK Government.

18 **Q.** Thank you.

19 Turning now to look at your engagement with the  
20 Welsh Government during the pandemic, I want to start  
21 first by looking at the meetings that you had with the  
22 Welsh Government. Is it right that, prior to the  
23 pandemic, you already had regularly established meetings  
24 with the Welsh Government, including quarterly meetings  
25 with Julie Morgan, Deputy Minister for Health And Social

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1 restrictions on older people, and particularly issues  
2 around isolation and loneliness, so she sought to engage  
3 in discussion very early with that.

4 I then had weekly meetings generally with the Deputy  
5 Minister for some months through 2020 and also had  
6 weekly meetings with the deputy director general for  
7 health and social services, Albert Heaney. The first  
8 few of those meetings were both myself and the  
9 Children's Commissioner.

10 **Q.** In view of all of that, to what extent do you consider  
11 that you had sufficient opportunity to meet and engage  
12 with the Welsh Government in order to raise your  
13 concerns about the impact of the pandemic on older  
14 people?

15 **A.** So I felt at that stage that I had the opportunities  
16 that I needed through those two key people, through  
17 Julie Morgan and through Albert Heaney, and that meant  
18 that I was able to raise the issues that older people  
19 were raising with me and the concerns that I was seeing  
20 around, particularly early on, the issue about the  
21 rights of older people in terms of what was happening  
22 generally in society for older people at that time.

23 **Q.** Thank you.

24 I want to turn to look at some of the other  
25 structures that were in place during the pandemic. You

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1 Services, and an annual meeting with the First Minister,  
2 Mark Drakeford?

3 **A.** That's correct.

4 **Q.** You also had meetings with other ministers as and when  
5 the need arose?

6 **A.** Yes.

7 **Q.** In terms of officials, your key link was Albert Heaney,  
8 the deputy director for health and social services, and  
9 you also met with the director for health and social  
10 services, Dr Andrew Goodall, every six months; is that  
11 right?

12 **A.** That's correct.

13 **Q.** Turning to the beginning of the pandemic, you say in  
14 your witness statement that the Welsh Government was  
15 proactive at keeping you informed about the pandemic and  
16 the Welsh Government's response to it, and it gave you  
17 opportunities to raise issues with it at that time.

18 We've looked at the regular pattern of engagement  
19 you had with the Welsh Government prior to the pandemic.  
20 Did the frequency of that engagement increase or change  
21 in any way over the course of the pandemic?

22 **A.** It did, yes. So from March the Welsh Government, so the  
23 Deputy Minister for Health and Social Services,  
24 Julie Morgan, wanted to reach out early on. She was  
25 expressing concern about the impact of the lockdown

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1 explain in your statement that one of the more positive  
2 aspects of the Welsh Government's approach during the  
3 pandemic was how it set up structures and working groups  
4 to bring people together to share information on what  
5 was happening, pool ideas and expertise, and work  
6 together to find ways forward.

7 Please could you give a brief overview of those  
8 structures and working groups.

9 **A.** So there were quite a lot of working groups, and so it  
10 was either myself or members of my team that would  
11 attend those, sometimes in an observer capacity, given  
12 my independent role. They varied from groups which were  
13 primarily about sharing information and Welsh Government  
14 listening to issues that organisations were raising, to  
15 groups that were more about taking action and discussing  
16 how to take that action. So it varied, for example,  
17 from the vaccination programme board -- which was  
18 extremely effective, in my view, I was able to meet with  
19 the person leading that, a member of my team attended  
20 it, and we felt that issues that we raised were listened  
21 to and acted on -- and then wider meetings such as the  
22 Shadow Social Partnership Council, which is a very large  
23 meeting, essentially that was much more about being kept  
24 in touch with things.

25 So there was a range of different groups. Some of

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1 them lasted throughout the pandemic and some of them  
2 were shorter term.

3 **Q.** And in general terms, how beneficial did you find those  
4 groups to be?

5 **A.** It varied, I would say. It was always helpful to try to  
6 use those groups to stay on top of what was happening,  
7 things were changing so quickly and the impact on older  
8 people was so significant so early that it felt  
9 important to try to get into those groups and raise what  
10 was happening, as well as to get information that me and  
11 my team could then share with older people about what  
12 was happening.

13 I think, sometimes, some of the groups it wasn't so  
14 clear maybe what the terms of reference were and exactly  
15 to what extent they were decision-making or not, but  
16 most of them had some relevance and some use, I would  
17 say.

18 **Q.** You called for the Welsh Government to create a new post  
19 of Chief Social Care Officer, which the Welsh Government  
20 did in fact introduce in June 2021. To what extent has  
21 that role, the existence of that role, benefitted your  
22 ability to advocate for the interests of older people?

23 **A.** I called for the role because this was part of my  
24 assessment that social care was not seen as on parity  
25 with the health service and needed to be, and that was

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1 **Q.** Thank you, Commissioner.

2 I want to turn now to discuss care homes and those  
3 living and working in the care sector.

4 I want to begin by looking at a letter that you sent  
5 to Julie Morgan, Deputy Minister for Health and Social  
6 Services, on 14 April 2020.

7 And this is INQ000184935.

8 You explain in this letter that this is further to  
9 a meeting that you had with Ms Morgan on 9 April 2020,  
10 and you explain that at that meeting you:

11 "... raised concerns about the situation for  
12 residents and staff in care homes, and the anxieties ...  
13 felt by their loved ones."

14 You go on to note that the Minister for Health and  
15 Social Services had announced that day that there had  
16 been confirmed or suspected cases in nearly a third of  
17 Wales' care homes.

18 You then ask the Welsh Government to take urgent  
19 action in a number of areas and I want to explore a few  
20 of those requests with you.

21 First, and it's the first bullet point there, you  
22 ask for the Welsh Government to take action to ensure  
23 that PPE is delivered effectively and consistently to  
24 care homes and that care homes have adequate supplies of  
25 infection control measures.

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1 about the status of the profession, the support for  
2 people working in domiciliary care and care homes and  
3 the need to much improve that recognition.

4 I felt having a post equivalent, if you like, to the  
5 Chief Medical Officer role or Chief Nursing Officer role  
6 would provide some of that. So Albert Heaney, who I was  
7 working with, when he was in his deputy director general  
8 role, was appointed to that role. I wouldn't say that  
9 had had a significant difference in terms of the  
10 discussions that we had or the actions that then flowed  
11 from those discussions.

12 **Q.** Thank you.

13 On a similar note, you've also made calls for  
14 a clear designation of older people in a minister's  
15 title. In your view, why would this be beneficial?

16 **A.** My experience was that the Deputy Minister for Social  
17 Services was very attuned to the issues that I was  
18 raising, and took them seriously. What wasn't always  
19 clear was the extent to which that then fed through into  
20 other ministerial remits and into the Cabinet and into  
21 decision-making. And I feel -- I felt then and I feel  
22 now -- that it's important to have someone around the  
23 Cabinet table who has a responsibility to be raising  
24 issues that will impact on older people and to make sure  
25 that decision-making has that voice in the room.

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1 You wrote this letter on 14 April 2020, so at  
2 an early stage of the pandemic. At that point, what was  
3 your understanding of the accessibility of PPE in  
4 care homes?

5 **A.** So at that point I was having some dialogue with  
6 care home owners, I was hearing from care home staff and  
7 also family and friends of people living in care homes.  
8 What I was hearing in relation to PPE is that the supply  
9 was inconsistent. So some homes had the PPE that they  
10 needed, but others were really struggling to get it,  
11 trying to purchase it directly themselves, or struggling  
12 to secure it from the distribution mechanisms that were  
13 then in place.

14 So it was causing quite a lot of homes a lot of  
15 anxiety and stress about not having the PPE that they  
16 needed. And I think also they were concerned about, if  
17 they did have it, whether that supply would continue  
18 consistently for the time that they needed it.

19 **Q.** You move on, in the second bullet point, to ask the  
20 Welsh Government to ensure that testing is available for  
21 residents showing symptoms of Covid-19. Again,  
22 similarly, at this stage of the pandemic what issues  
23 were you seeing in respect of testing?

24 **A.** Well, this was such a major issue, that older people  
25 were being discharged into care homes without -- from

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1 hospital without testing, and people within care homes  
 2 were not being tested, and the feedback I was hearing  
 3 and also seeing in relation, sadly, to the number of  
 4 older people that were losing their lives in care homes,  
 5 was that testing was an essential part of protecting  
 6 people. And at that time there wasn't the testing that  
 7 was being made available, and I felt it was urgent for  
 8 improvements to be made in that in particular.

9 **Q.** Thank you.

10 Then the third bullet point relates to access to NHS  
 11 services and treatment and asks the Welsh Government to  
 12 ensure that there are no blanket policies excluding  
 13 care homes from receiving hospital treatment.

14 Again, if you could just talk about what evidence  
 15 you were seeing at that point as to the implementation  
 16 of those blanket policies.

17 **A.** So what I was hearing and what we knew is that health  
 18 professionals had stopped visiting care homes, so GPs,  
 19 for example, had largely stopped visiting care homes, so  
 20 that was leaving care homes without that medical support  
 21 that they needed, it meant that residents weren't seeing  
 22 health professionals. But there were also some concerns  
 23 that I was hearing about access to hospital treatment,  
 24 so, for example, if someone fell ill in a care home  
 25 whether they would be getting access to hospital

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1 **Q.** Just on --

2 **LADY HALLETT:** I'm sorry to interrupt. When are you talking  
 3 about -- as far as the people dying in care homes and  
 4 their deaths not being counted, is that at the  
 5 beginning?

6 **A.** Right at the beginning, yes, in sort of March/April  
 7 time, yes.

8 **LADY HALLETT:** So the figures would be skewed, because  
 9 no one was --

10 **A.** Yes, it was -- when the deaths from Covid-19 were  
 11 starting to be published, initially people dying in  
 12 care homes weren't included in that data.

13 **LADY HALLETT:** Do you know why they weren't being counted?  
 14 Was it because Covid didn't feature on the death  
 15 certificate or ...?

16 **A.** I don't know, actually, I don't know why.

17 **LADY HALLETT:** Thank you.  
 18 Sorry to interrupt.

19 **MS HITCHMAN:** Not at all.  
 20 Aside from the sort of data collection point, what  
 21 impact do you think that lack of inclusion of the deaths  
 22 of older people in care homes had on the people that you  
 23 represent?

24 **A.** Well, I think there was so much that was happening for  
 25 older people at the time, and quite a lot of that was

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1 treatment, and I was concerned whether there was any  
 2 blanket policy in place. So I was really looking for  
 3 assurance that that wasn't the case and that older  
 4 people in care homes would not somehow be seen as less  
 5 in need of healthcare or medical treatment because they  
 6 were living in a care home.

7 **Q.** Thank you.

8 If we turn over the page to the final bullet point,  
 9 you ask here that the Welsh Government ensures that  
 10 information is captured and published about the levels  
 11 of infections and deaths.

12 Were you aware of problems at this stage with the  
 13 collection and sharing of data?

14 **A.** I think what -- what struck me really early on is that  
 15 people who were dying in care homes from Covid-19, those  
 16 deaths weren't even being counted, and I thought that  
 17 was extraordinary and -- I found it then, still find it  
 18 very distressing, actually, that that was the case. But  
 19 more widely, there wasn't the data really about levels  
 20 of infection and levels of people dying, and therefore  
 21 it's much more difficult to, you know, assess what needs  
 22 to be done, assess where the resource needs to go. And  
 23 this issue of inadequate data covered a number of  
 24 different areas throughout the pandemic, I would say,  
 25 but was very stark at that time.

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1 causing a lot of distress, and what I was hearing from  
 2 older people was that they were -- some, not all, but  
 3 some were feeling that their lives weren't valued, that  
 4 they weren't important, and that -- those feelings were  
 5 compounded by things like the issuing of the letter from  
 6 a GP surgery in Bridgend about DNACPR, which caused huge  
 7 distress. So there was a number of different things  
 8 happened which, cumulatively, older people who were  
 9 talking to me or talking to other older people which was  
 10 being reported to me, there was certainly feeling  
 11 that -- that sense of, yeah, just not being valued.

12 **Q.** Thank you. And just for the transcript, DNACPR is Do  
 13 Not Administer --

14 **A.** Do Not Attempt.

15 **Q.** Do Not Attempt CPR, yes, thank you.

16 Your letter raises a number of issues across very  
 17 disparate areas. In your view, to what extent could  
 18 these issues have been foreseen by the Welsh Government  
 19 prior to them arising in people's lived experiences?

20 **A.** I think a number of them could be foreseen. So if  
 21 I take the issue of access to healthcare, then older  
 22 people in care homes should have that access to  
 23 healthcare, and issues about how that can continue  
 24 should have been considered.

25 I would have thought issues about infection control

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1 and prevention were important to be considered as well.

2 There were also issues around people's access to  
3 loved ones, to visiting and how that could happen.

4 So of course there was a lot hitting the government  
5 at this time and a lot for it to consider, but given  
6 what we knew about Covid-19 and the vulnerability,  
7 therefore, of older people living in care homes, I felt  
8 that that should be such a high priority for action and  
9 for consideration of how to protect and support people  
10 living and working in care homes at the time.

11 **Q.** You called in your letter for the Welsh Government to  
12 announce a specific plan of action to minimise the  
13 spread of Covid-19 in care homes, based on the measures  
14 that you set out above. Please can you explain why you  
15 advocated for this action plan.

16 **A.** I did it for a number of reasons. I was struggling to  
17 see how the work to help older people living in  
18 care homes and those working in them, how that was being  
19 led and co-ordinated. So if I was struggling to see it,  
20 it was going to be even more difficult for people in  
21 care homes and families and friends to actually see what  
22 was happening. So part of it was to make clear to the  
23 public and particularly people living in care homes and  
24 those who had loved ones in care homes that Welsh  
25 Government recognised what was happening and was

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1 by the notion that working on an action plan, producing  
2 an action plan, bringing the work together, would add no  
3 value, at a time when people were dying in care homes  
4 where families were distraught. I just thought the  
5 response was inadequate.

6 **Q.** I want to turn now to look at the extent to which the  
7 concerns that you set out in your earlier letter were  
8 addressed and actioned in the months that followed.

9 If we could, please, have up on screen INQ000181725.

10 This is a report by you titled "*Care Home Voices:  
11 A snapshot of life in care homes in Wales during  
12 Covid-19*", and I would just like to take you through  
13 a few parts of this report.

14 The report was based on over 120 responses received  
15 between 14 May and 5 June 2020; is that right?

16 **A.** Yes.

17 **Q.** So if we turn to page 7, first of all, this section is  
18 titled "Keeping care homes safe", and towards the bottom  
19 of the page you state as:

20 "In early April, the Welsh Government announced it  
21 had procured 5 million 'pieces' of PPE that would be  
22 distributed to local authorities throughout Wales, which  
23 I welcomed, and some care home managers reported that  
24 they had managed to source consistent supplies of PPE,  
25 with support from the wider 'system', and had remained

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1 bringing all the different elements together to take  
2 action.

3 I also felt that there needed to be an urgency and  
4 focus, that I couldn't see at the time, and that's why  
5 I asked the Deputy Minister to sort of personally lead  
6 and set out an action plan so that it could drive faster  
7 progress, faster action to protect older people. I was  
8 worried that without that, the various different groups  
9 that there were, I couldn't see how that was going to  
10 drive the action that was needed as quickly as possible.

11 **Q.** Thank you.

12 Just staying on that topic of an action plan,  
13 Ms Morgan responded to your letter on 21 April 2020.

14 If we could bring that up, please, it's  
15 INQ000184940.

16 In response to your request for an action plan, the  
17 letter said that Ms Morgan was:

18 "... not convinced that an additional plan of action  
19 over and above those arrangements ..."

20 And she sets out some other arrangements above:

21 "... will add value here but we will certainly  
22 report on progress via the Social care Sub-group."

23 What was your view as to the adequacy of that  
24 response?

25 **A.** I thought it was inadequate, and I was angered actually

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1 well stocked."

2 If we then turn over the page to page 8, you state  
3 here:

4 "Other responses, however, highlighted the  
5 difficulties and frustrations that [care] homes had  
6 faced in trying to access PPE, and the length of time it  
7 took to obtain this vital equipment."

8 Is it fair to say, then, that by June 2020, the date  
9 that you wrote this report, access to PPE was patchy  
10 with some care homes able to access it more readily than  
11 others?

12 **A.** Yes, I think that is fair, based on what I was hearing.  
13 So I wasn't hearing from everybody but, based on what  
14 I was hearing, my sense was that there had been  
15 improvements but it was still patchy.

16 **Q.** Thank you.

17 Turning now to page 10, which concerns testing, you  
18 note at the top that the Welsh Government's testing  
19 policy was heavily scrutinised and, following calls from  
20 yourself and others, testing was made available to all  
21 care home residents and staff. However, it appears from  
22 your report that, from the information you were hearing,  
23 access to testing was not quite that easy. You state  
24 later on this page that:

25 "Responses also indicated that despite changes in

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1 testing policy, homes still experienced difficulties in  
 2 accessing testing for residents and staff."  
 3 So, again, would it be fair to say that there was  
 4 a mixed picture from the information you were hearing  
 5 about the efficacy of that change in policy?  
 6 **A.** Yes, there was, yes.  
 7 **Q.** What effect did that have on the older people for whom  
 8 you advocate?  
 9 **A.** It was an incredibly worrying time for people in  
 10 care homes and I think actually the quote at the top of  
 11 the page says it all, about the gentleman who said,  
 12 you know, "why wasn't Joyce important enough to have  
 13 a test". It felt very personal, of course, to people  
 14 who were at risk who were seeing, you know, other  
 15 residents fall ill and die, who were seeing loved ones  
 16 die, that the testing just wasn't -- wasn't there  
 17 consistently or quickly enough.  
 18 And it created a lot of anxiety for people in  
 19 care homes. For the staff as well, so staff reported  
 20 feeling scared about being at work. And of course for  
 21 family and friends, who often have gone through a very  
 22 emotional process when a loved one moves into  
 23 a care home, and were now distant from them and worried  
 24 about what was happening.  
 25 **Q.** Thank you.

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1 supporting residents to do video calls or share updates  
 2 online via email or Facebook."  
 3 In your view, to what extent was the social impact  
 4 of lockdown on older people, whether in the care sector  
 5 or elsewhere, sufficiently considered by the Welsh  
 6 Government in its decision-making?  
 7 **A.** I think in the decision-making that the Deputy Minister  
 8 for Social Services, Julie Morgan, was making, I think  
 9 she did consider it, so she was very attuned, I think,  
 10 to the emotional impact, had raised issues with me early  
 11 in the pandemic.  
 12 What I'm less clear about and certain about is the  
 13 extent to which Welsh Government more generally  
 14 considered -- considered that. And in relation  
 15 specifically to visiting, this was partly about Welsh  
 16 Government but it was also partly about Public Health  
 17 Wales and their advice on visiting, for example.  
 18 So there were a number of different organisations,  
 19 different bodies, who had a role in these things. But  
 20 overall I think I felt that some of the impacts on older  
 21 people, particularly in relation actually to their  
 22 mental health, were not always well understood or taken  
 23 account of. I think there was a better recognition of  
 24 physical health but maybe not so much of the levels of  
 25 anxiety and depression and stress that older people were

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1 Relatedly, to what extent were changes made to the  
 2 capture of data, going back to the point we discussed  
 3 earlier about inclusion of the deaths of those in  
 4 care homes?  
 5 **A.** So the data did improve, and I can't recall when the  
 6 data changed, but it did change, and we would then see  
 7 every week how many older people were dying as a result  
 8 of Covid in care homes.  
 9 **Q.** Thank you.  
 10 I just want to look at one further section of this  
 11 report, which relates to a topic that you did not raise  
 12 in your letter to Ms Morgan, but which does feature  
 13 heavily in your witness statement, and that's connection  
 14 with loved ones.  
 15 If we could turn to page 15, you note at the top of  
 16 this page that many older people had not seen their  
 17 family and friends at all for prolonged periods and had  
 18 concerns about the impact that lockdown could be having  
 19 on their wellbeing.  
 20 If we turn over the page to page 16, there is  
 21 a slightly more positive point that you note, which is  
 22 that:  
 23 "On the whole, however, the responses we received  
 24 indicate that people were able to stay connected with  
 25 their loved ones in care homes, with care home staff

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1 experiencing.  
 2 **Q.** Thank you.  
 3 Just finally on this report, I'd like to turn to  
 4 your conclusions at page 22. I won't take you through  
 5 all of this, but just to go through it reasonably  
 6 quickly, you note in the third paragraph that there was  
 7 a significant disconnect between what was being promised  
 8 at policy level and what was being delivered on the  
 9 ground. Then you go on to state in the fourth paragraph  
 10 that many of the issues and challenges that had been  
 11 shared with you could have potentially been avoided  
 12 through more effective planning and engagement with  
 13 care homes at an earlier stage and the provision of  
 14 clear practical information and guidance.  
 15 Then just over the page at page 23, you provide  
 16 various suggestions of immediate actions that could be  
 17 taken, and one of those I would like to pick up on,  
 18 which is the Welsh Government action plan for  
 19 care homes. This is something for which you had been  
 20 calling, as we've been through, from as early as  
 21 April 2020, as we have just seen.  
 22 At this point, several months into the pandemic, why  
 23 did you think that this remained so important?  
 24 **A.** Because ... because people living in care homes, those  
 25 working in care homes and those who had loved ones in

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1 care homes were still going through agonies in terms of  
2 what was happening, and I still felt that there was more  
3 that needed to be done. There needed to be, you know,  
4 clear co-ordination on that.

5 And two of the things I think would have been  
6 helpful is being clear about accountabilities, who was  
7 doing what in relation to the decisions, and clearer  
8 about timescales as well. Some of the feedback I had  
9 from older people that stuck with me was, you know, not  
10 being able to see the light at the end of the tunnel:  
11 "When could this change? When might we be able to see  
12 people? When might we be able to go out from the home  
13 again?" And I felt it would also, importantly, indicate  
14 to older people and their families the seriousness with  
15 which Welsh Government was taking the situation.

16 And finally, the issue about consistent and clear  
17 information, so people working in care homes,  
18 particularly managers, were saying they were still  
19 getting a lot of different guidance and changes and that  
20 was very difficult for them to manage and deal with.

21 **Q.** Thank you.

22 An action plan was eventually published on  
23 30 July 2020. In the interests of time, we won't turn  
24 to that plan now, but you explain in your statement that  
25 you were disappointed that it had taken so long for that

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1 **Q.** Thank you.

2 I want to turn now to look at one of several reports  
3 that you produced during the pandemic, the Leave no-one  
4 behind report.

5 If we could have that up, it's INQ000184908.

6 This report was based on information and  
7 experience -- sorry, information, experiences and ideas  
8 captured at 16 online engagement sessions that you had  
9 held with older people and those who work with and  
10 support they were across Wales; is that right?

11 **A.** That's correct.

12 **Q.** If we could turn in page 10, please, we can see  
13 a quotation from an older person:

14 "We are all feeling that if we do get ill, as older  
15 people, whether we will get the treatment that we  
16 deserve, or if we would be seen as 'dying soon', and if  
17 that would result in poorer treatment."

18 To what extent was that a common theme in your  
19 interactions with older people during the pandemic?

20 **A.** It did come up quite a lot. I think the issue I touched  
21 on earlier about Do Not Attempt CPR, and particularly  
22 that letter, which of course got a lot of publicity --  
23 we heard from other older people who --

24 **LADY HALLETT:** Could you tell me about the letter? I'm  
25 terribly sorry.

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1 plan to be developed and announced. As we've already  
2 discussed, Ms Morgan initially rejected your proposal,  
3 as it was felt that it would add no value. In your  
4 view, did that action plan have the value that you  
5 expected it to have when it was implemented?

6 **A.** I think it would have had greater value had it been done  
7 earlier, and it was -- I was pleased that they had  
8 published it. It wasn't as comprehensive and clear as  
9 maybe I would have liked in relation to those two issues  
10 of accountability and timescales, but it was a step  
11 forward, and it felt an important step forward at the  
12 time.

13 **Q.** We have been through a handful of examples of you  
14 providing your views to the Welsh Government. To what  
15 extent did the Welsh Government proactively solicit your  
16 input as to the risks that would be faced by care home  
17 residents?

18 **A.** It was a topic of discussion in my regular meetings. It  
19 wasn't always easy to say who initiated that discussion,  
20 but I would say that the Deputy Minister would, on  
21 an ongoing basis, be keen to hear feedback from me about  
22 what older people were experiencing.

23 We discussed the Care Home Voices report, and she  
24 was keen to discuss that, and to hear about what people  
25 were experiencing in care homes at that time.

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1 **A.** Sorry.

2 **LADY HALLETT:** Sorry, no, no, please just tell me about the  
3 letter.

4 **A.** So this was the letter that came out from a GP surgery,  
5 I think in very early April, that was sent out to  
6 a number of its older patients and people living with  
7 frailty, saying that it wanted to complete a Do Not  
8 Attempt CPR form for them, and it went on to say that if  
9 they were, fell ill or needed treatment, essentially  
10 that they shouldn't call 999. And it also went on to  
11 say that scarce resources would be directed to those who  
12 were young and fit and more able to benefit.

13 So it very starkly set out how older people were  
14 being viewed at that time.

15 I of course raised that, and there was an apology  
16 issued by the surgery, but, you know, that stayed with  
17 people, that feeling stayed with people.

18 **LADY HALLETT:** I'm not surprised.

19 **A.** And when that happened, my advice and assistance team  
20 then got quite a lot of calls from older people and  
21 their families saying, "Actually we've seen that our  
22 loved one has a Do Not Attempt CPR form, but we knew  
23 nothing about it", and my concern then was that it  
24 really broke the trust that some older people had with  
25 the NHS, and this quote speaks to that, really, that

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1 they felt that maybe they wouldn't get the treatment  
2 that they needed.

3 And the other thing that was happening at the same  
4 time was that the messaging about protect the NHS  
5 I think was having a damaging effect on some older  
6 people as well, who felt that they shouldn't approach  
7 even when they were ill, so that it deterred them from  
8 seeking help when I think they should have done. And  
9 all these -- all of these things people were  
10 experiencing, and I think particularly for people living  
11 on their own, it was frightening.

12 **LADY HALLETT:** Sorry to interrupt.

13 **MS HITCHMAN:** Just to pick up on that point you raise,  
14 Commissioner, about dissuading older people from  
15 utilising the NHS, if we could turn to page 12, please,  
16 and reference is made here to one of the earlier steps  
17 taken by the Welsh Government in response to the first  
18 wave, and it says at the top:

19 "All 'non-urgent' surgery and outpatient  
20 appointments were suspended in March and many older  
21 people, afraid of the risk of contracting Covid-19, have  
22 stayed away from GP surgeries and hospitals. This means  
23 that many older people throughout Wales will not have  
24 been able to access the healthcare services and support  
25 they need."

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1 makes many feel discriminated against as they don't get  
2 vital information."

3 The topic of disconnection and lack of communication  
4 is one that recurs throughout your witness statement,  
5 and we've already touched upon connection with loved  
6 ones, but I want to look now at access to information,  
7 including public health information.

8 You explain in your witness statement that around  
9 a third of those over the age of 75 were not online.  
10 How accessible was the messaging about the pandemic to  
11 this group?

12 **A.** Well, people who were not online, it was much, much more  
13 difficult, not just to get information but to check out  
14 whether that was the correct information. We all often,  
15 if we are online, will use different search engines to  
16 verify information. If you're not, it's very difficult  
17 to check it out.

18 There was also a move very quickly by public bodies  
19 to do more through online media, information, advice,  
20 information about how to contact the health service, all  
21 of that, and I don't think there was at that time  
22 a sufficient recognition of the challenges if you were  
23 not online.

24 It made other forms of communication particularly  
25 important. So, for example, the daily press conferences

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1 To what extent do you believe that the impact of  
2 harms from non-Covid illnesses and health-related  
3 problems were considered in the early days of the  
4 pandemic?

5 **A.** It's difficult for me to assess that, really, but the  
6 issue of the way in which communications were done and  
7 the potential deterrent effect of that I don't think was  
8 considered, and throughout the pandemic one of the  
9 issues I raised with Welsh Government and others was the  
10 importance of communicating appropriately with older  
11 people, who I think were more likely to deter themselves  
12 from approaching the NHS and elsewhere for help, and  
13 I actually wanted messages that would encourage people  
14 to come forward if they needed help and support. So  
15 I think there wasn't probably as much recognition as  
16 there needed to be of that impact.

17 **Q.** Thank you.

18 Just to pick up on the point you've raised about  
19 communication with older people, if we could turn to  
20 page 22, please, there's a quotation here from an older  
21 person which reads:

22 "So many feel disconnected, mainly because so many  
23 don't use social media. As many times as my Group have  
24 been shown even basic use of tablets, phones, they don't  
25 feel confident to use them when alone. This of course

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1 that Welsh Government was having, the use of television  
2 and radio in terms of media, and one of the reasons why  
3 I went on the media quite a few times was to help in  
4 getting that information out to older people.

5 But it was very, very difficult if you were not  
6 online to stay in touch with what was happening, to find  
7 out more information or to know how to navigate what was  
8 a rapidly changing world.

9 **Q.** Thank you.

10 Finally, I want to look very briefly at your  
11 co-operation with the Equality and Human Rights  
12 Commission.

13 Early in the pandemic, you had established  
14 an informal UK network of older people's organisations  
15 which was for leaders of older people's organisations  
16 across the UK; is that right?

17 **A.** That's correct.

18 **Q.** The network wrote to the chief executive of the EHRC on  
19 16 April 2020 setting out various concerns about the  
20 issues affecting older people. We can't look at all of  
21 your engagement with the EHRC today, but would it be  
22 fair to say that you and the EHRC worked closely  
23 together during the pandemic to address those points?

24 **A.** So I worked closely with the EHRC in Wales, very  
25 closely, particularly from sort of late April, May

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1 onwards 2020. In relation to EHRC that has the remit  
2 across Great Britain, we had some engagement early on.  
3 Myself and the other leaders of organisations across the  
4 UK, older people's organisations, really wanted the EHRC  
5 to take further action because of the threats that we  
6 were seeing to older people's rights, and they did issue  
7 a helpful statement, but at the GB level, if I could put  
8 it like that, they weren't undertaking so much action.  
9 Within Wales I was able to work very closely with the  
10 head of EHRC Wales.

11 **Q.** Thank you.

12 You and the head of the EHRC in Wales agreed  
13 an unpublished joint summary of the work you had  
14 undertaken to scrutinise the Welsh Government between  
15 April and December 2020. That summary is in your  
16 witness statement at paragraph 11.54.

17 We won't go through all of these now, but just to  
18 pick up on the first one, you say that:

19 "There were shortcomings in the Welsh Government's  
20 decision-making processes with regards to equality and  
21 human rights considerations during the first months of  
22 the pandemic. This includes an absence of Equality  
23 Impact Assessments as legally required by the Public  
24 Sector Equality Duty."

25 Could you briefly speak to what those shortcomings  
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1 health and social care, and I wonder if you could  
2 conclude by talking briefly about what actions could be  
3 taken, whether by the Welsh Government or other public  
4 bodies, to protect and promote older people's rights in  
5 the event of a future pandemic.

6 **A.** So there had been some work under way, first of all,  
7 over the last couple of years in particular, and I think  
8 some of the policy direction is correct. So,  
9 for example, within health policy care closer to home,  
10 a focus on supporting people living with frailty. On --  
11 in relation to social care, there has been welcome  
12 measures taken to improve the wages of people working in  
13 social care, to improve data collection.

14 Overall, however, I still feel that there isn't  
15 an adequate focus on enabling us all to age well and  
16 healthily, on providing support in relation to mental  
17 health support and rehabilitation support for older  
18 people. And many older people are still living with the  
19 consequences of the pandemic, for their physical and  
20 mental health, the isolation that they've experienced,  
21 and also, following the pandemic, the impact of the cost  
22 of living crisis and the pressures on health and care.  
23 So what I'm hearing from older people is actually some  
24 of them are facing their toughest times now.

25 **MS HITCHMAN:** Thank you, Commissioner.

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1 were?

2 **A.** Together with the EHRC, we wanted to assess whether  
3 Welsh Government was undertaking equality impact  
4 assessments and effectively considering the issues of  
5 the rights of older people. We asked for evidence to  
6 that effect, and the evidence that we received in early  
7 November didn't demonstrate to us that those equality  
8 impact assessments were being carried out. The  
9 rationale given was that, at that time, they were having  
10 to make very fast decisions and therefore it wasn't  
11 always possible in every case to carry out equality  
12 impact assessments.

13 But of great concern to me was that that information  
14 went on to say that intuitively they knew the action  
15 that was needed, and I was particularly concerned that  
16 they were relying on intuition rather than actually  
17 assessing what the impact would be on older people  
18 of course but on all groups with protected  
19 characteristics.

20 **Q.** Thank you.

21 Turning finally to the future, you've set out in  
22 your statement a host of lessons learned and  
23 recommendations, and we've touched on some of these  
24 already today in your evidence. I want to just focus on  
25 one area that you raise in your statement, which is  
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1 My Lady, I have no further questions.

2 **LADY HALLETT:** Right. I think we do have some Rule 10  
3 questions. Who is it? Oh, it's you, Mr Straw, I'm so  
4 sorry. I was looking at Ms Gowman, I wondered if it was  
5 her.

6 Mr Straw.

#### 7 Questions from MR STRAW KC

8 **MR STRAW:** Thank you.

9 Good afternoon, Commissioner, I represent  
10 John's Campaign and Care Rights UK.

11 You mentioned earlier that because of the known  
12 vulnerability of people in care homes to Covid they  
13 should have been a high priority to the Welsh  
14 Government.

15 Is it your view that they were not given  
16 a sufficiently high priority?

17 **A.** It is my view, yes, and that's why I wanted to see that  
18 action plan, to make sure that they were given the  
19 priority that they needed.

20 **Q.** Your reports, your position paper on care homes and your  
21 witness statement draw attention to the serious harm of  
22 restrictions on visits to people needing care, and  
23 you've said that initial decisions on visiting did not  
24 take into account the harm that lack of visits caused.  
25 Is that correct?

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1 A. Yes, that's correct.

2 Q. You also recommended that the restrictions should be  
3 eased and you set out how that could or should be done,  
4 for example, making a family member a designated visitor  
5 with key worker status so that they can access prior  
6 testing, PPE and so on.

7 Did you raise those concerns and make those  
8 recommendations to the Welsh Government?

9 A. Yes. So, I was able to do that both in my meetings with  
10 the Deputy Minister for Social Services, we discussed  
11 visiting a lot over a number of months, and then myself  
12 initially and then members of my team were part of the  
13 group of different organisations that was working to  
14 improve access into care homes and to improve visiting  
15 arrangements in care homes.

16 Q. Now, we know that bans on visits were maintained for  
17 much of the time until May 2021, and considerable  
18 restrictions remained thereafter. Do you consider that  
19 core decision-makers made prompt and appropriate changes  
20 in response to the concerns that you'd been raising?

21 A. I think it varied throughout that time, and the issue --  
22 there was part of an issue about making prompt decisions  
23 but making sure the implementation would work.

24 So if I could explain what I mean by that, if  
25 guidance suddenly changed and issued but people who had

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1 Q. Part of your Care Homes Voices report was read out  
2 earlier, where you indicated that there was  
3 a significant disconnect between what government  
4 discussed and what it delivered. That report also noted  
5 you had serious concerns that older people's rights  
6 weren't being sufficiently protected. Could you explain  
7 in more detail what you meant by that.

8 A. So in relation to older people's rights fundamentally,  
9 right to life and right to private and family life, so  
10 the ability to maintain those connections with the  
11 people that mattered most, so that was a key concern.  
12 Could you repeat the first part of your question,  
13 please?

14 Q. Yes. So there were perhaps two aspects to the care home  
15 voices report: one, this disconnect --

16 A. Yes.

17 Q. -- between what government discussed and what it did on  
18 the ground; and then the second, about older people's  
19 rights.

20 A. I think, to the first point, it was an issue of  
21 implementation. So when the policy changed or was  
22 announced there was a lot of work that needed to happen  
23 in terms of implementing that. That was by, you know,  
24 individual care homes. It was important to get the  
25 information out to older people and families and friends

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1 to implement that guidance hadn't fed into it, made sure  
2 it would work, then it was unlikely to have had the  
3 impact that it wanted. So I think there was a very real  
4 tension between moving quickly in order to enable safe  
5 visiting and doing it in a way that would mean every  
6 care home would be enabling safe visiting.

7 Q. To take a specific example, you've noted that the  
8 suspension of outdoor visits in September 2020 --

9 A. Yes.

10 Q. -- may have been a disproportionate response which would  
11 have been very damaging. Did you consider that core  
12 decision-makers had properly taken into account the  
13 concerns that you had raised earlier than that about  
14 restrictions on visits?

15 A. So, as I said, it was definitely an ongoing discussion  
16 that was happening with the Deputy Minister, and I would  
17 say she did understand that.

18 I think part of the challenge on visiting was it  
19 wasn't always clear who the key decision-makers were,  
20 particularly between Welsh Government, Public Health  
21 Wales and then the local teams that were making those  
22 decisions and care homes. And that issue of  
23 fragmentation and lack of clarity about where the  
24 decisions lay was deeply frustrating but also, I think,  
25 did delay progress on enabling safe visiting.

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1 who wanted to visit. So sometimes there was a gap  
2 between a policy announcement to say "This is now how  
3 visiting should be" and what families and friends were  
4 experiencing. And that may also have been because there  
5 were local outbreaks that meant that homes were having  
6 to isolate or reduce visiting again. So that's why it  
7 was a very mixed picture.

8 One of the things I did as a result of that was to  
9 invite people to get in touch with me if they were  
10 facing those difficulties in their local engagement so  
11 that I could look to see whether this was something that  
12 was just, you know, one home maybe for a particular  
13 reason or whether systemically things weren't moving as  
14 quickly as they should have been.

15 Q. Final issue, at paragraph 3.26 of your statement you  
16 draw attention to "the fact that social workers were not  
17 being recognised as key workers in the same way as NHS  
18 workers", and earlier in your questions you raised the  
19 lack of parity between social care and the health  
20 service. In what ways was there a lack of parity  
21 between social care and the health service?

22 A. Well, I felt that social care was definitely seen as  
23 secondary to the health service, in a number of  
24 different ways. If you look at the way in which --  
25 you know, the wage levels in relation to health and

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1 social care, for example, the way in which society talks  
2 about social care, it doesn't feature in the way that  
3 people talk about the NHS, the huge focus on hospitals,  
4 understandably, but I think it meant that care homes  
5 were sometimes viewed as places primarily there to  
6 accept people who were being discharged from hospital  
7 rather than as people's homes.

8 **MR STRAW:** Thank you very much, those are all my questions.

9 **LADY HALLETT:** Now it's Ms Gowman.  
10 Thank you, Mr Straw.

11 **Questions from MS GOWMAN**

12 **MS GOWMAN:** I ask questions on behalf of Covid-19 Bereaved  
13 Families for Justice Cymru.

14 You agreed in response to questions from Ms Hitchman  
15 that certain issues which arose during the pandemic  
16 could have been foreseen by the Welsh Government prior  
17 to them arising in lived experience. We know that the  
18 threat of a widespread respiratory virus was emerging in  
19 January and February 2020. Do you agree that  
20 decision-makers responsible for responding should have  
21 recognised at that very early stage that older people  
22 were particularly vulnerable to what might be coming?

23 **A.** So I wasn't engaged on this issue with Welsh Government  
24 in January and February, they weren't raising it with  
25 me, so I think that indicated that at that time maybe

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1 **Q.** And given the Welsh Government knew it was a respiratory  
2 virus, should -- I would suggest, and I think you'd  
3 agree, have anticipated the factors that you've just  
4 outlined -- it -- should the engagement of Welsh  
5 Government with you have come prior to March 2020?

6 **A.** I think -- if I look back I think it would have been  
7 helpful to have had earlier discussions. I think me and  
8 my team, like everyone else, was beginning to see what  
9 was happening in Europe, particularly in Italy, and we  
10 were at that time considering what might this mean.

11 I -- as I said earlier, I very much welcomed the rapid  
12 engagement that started from March, but if I look back,  
13 on reflection, it probably would have been helpful if  
14 that had happened earlier.

15 **Q.** Am I right in saying that the engagement in March came  
16 after the first lockdown was announced?

17 **A.** I'm afraid I can't recall.

18 **Q.** My second topic and my last topic is support given to  
19 the elderly in respect of bereavement. Did your work as  
20 the Older People's Commissioner for Wales include  
21 consideration of the position of older people suffering  
22 bereavement, for example after the loss of their spouse  
23 or partner in the pandemic?

24 **A.** It wasn't a focus of my work at that time. We were  
25 trying to deal with a huge amount of different issues

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1 they weren't giving it that focus. They started to  
2 engage with me on the issue, I think, in March.

3 **Q.** I think that perhaps answers my next question, but it's  
4 right, isn't it, that a respiratory virus, to follow up  
5 on what you say, would have impacted disproportionately  
6 on the older generation; do you agree with that?

7 **A.** I'm not a medic, but from what I know, yes, I agree with  
8 that.

9 **Q.** So some of the factors that should have been featuring  
10 in decision-making at that point, in January and  
11 February, should have included such things as the  
12 elderly's vulnerability to respiratory infection,  
13 comorbidities and dependence on health and social care,  
14 and the potential for unfair rationing of services; do  
15 you agree?

16 **A.** I agree in relation to older people with comorbidity, so  
17 this is a major thing that can happen as we get -- as we  
18 age, that we can get a number of different conditions  
19 that can make us vulnerable. And I would also highlight  
20 issues around isolation and need for care and support.

21 And I'd probably add in, actually, the vast numbers  
22 of older people who are unpaid carers, so caring for  
23 a loved one, perhaps for a partner with dementia,  
24 for example, where they were very, very reliant on  
25 health and care but also quite vulnerable themselves.

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1 that were impacting on older people, and I knew that  
2 organisations such as Marie Curie and others were doing  
3 very good work on this. We of course dealt with  
4 individual issues that came forward, but it wasn't  
5 something that I had capacity to cover.

6 **Q.** Were you aware of any steps taken by the Welsh  
7 Government and its partner agencies to explore what  
8 further support could be given to older people in that  
9 situation, if you didn't have capacity yourself?

10 **A.** I don't recall. I know -- I think there was work on  
11 bereavement, there was certainly work going on at the UK  
12 level that I was hearing about, but I just can't recall.  
13 I don't know what was happening in Wales at that time.

14 **Q.** Would you have expected to have been aware if there was  
15 a large body of work being done on that issue?

16 **A.** I think if there had have been a large body of work  
17 I might have been aware, but there was a lot -- a lot --  
18 happening, so I wouldn't -- I wouldn't assert that.

19 **Q.** And if you weren't aware, does that suggest that perhaps  
20 any work that was being done was either non-existent or  
21 inadequate?

22 **A.** I don't -- I don't know.

23 **MS GOWMAN:** Thank you. Those are my questions.  
24 Thank you, my Lady.

25 **LADY HALLETT:** Thank you, Ms Gowman. I liked your question

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1 at the end, slipping in the leading question.  
 2 **MS GOWMAN:** Yes, my Lady, it was tacked on --  
 3 **LADY HALLETT:** No, you're perfectly entitled to, there's no  
 4 criticism.  
 5 **MS GOWMAN:** It was tacked on to the end of the permitted  
 6 questions, but I accept that --  
 7 **LADY HALLETT:** No, that's fine.  
 8 **MS GOWMAN:** -- it was slightly cheeky. Thank you, my Lady.  
 9 **LADY HALLETT:** No, it's fine.  
 10 Thank you very much indeed, I'm extremely grateful  
 11 for your help. If I may say so, as an outsider, the  
 12 older people of Wales are lucky to have you as their  
 13 commissioner.  
 14 **THE WITNESS:** Well, can I just thank my team as well and put  
 15 that on record. Thank you.  
 16 **(The witness withdrew)**  
 17 **LADY HALLETT:** Right, shall we break now? I shall return at  
 18 3.15.  
 19 **(3.01 pm)**  
 20 **(A short break)**  
 21 **(3.15 pm)**  
 22 **LADY HALLETT:** Yes, Ms Cowen.  
 23 **MS COWEN:** My Lady, may I please call Professor Sally  
 24 Holland.  
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1 **A.** That's correct.  
 2 **Q.** Ms Rocio Cifuentes assumed the post of Children's  
 3 Commissioner for Wales in April of 2022, so you were  
 4 therefore the Children's Commissioner for Wales during  
 5 the majority of the period with which this Inquiry is  
 6 concerned, namely January 2020 to May of 2022; is that  
 7 right?  
 8 **A.** That is correct.  
 9 **Q.** Thank you.  
 10 I'm now going to ask you some questions about your  
 11 office as the Children's Commissioner for Wales.  
 12 As regards the office of the Children's  
 13 Commissioner for Wales, this is a statutory office, the  
 14 principal aim of which is to safeguard and promote the  
 15 rights and welfare of children in Wales; is that right?  
 16 **A.** Yes, that is correct.  
 17 **Q.** You set out the Commissioner's powers in your witness  
 18 statement. These powers include the power to provide  
 19 assistance to a child in certain circumstances, and the  
 20 power to make representations to the Welsh Government  
 21 about any matters affecting the rights and welfare of  
 22 children. The Commissioner's powers relate to the  
 23 functions devolved to the Welsh Government and devolved  
 24 to public bodies in Wales. Is that correct?  
 25 **A.** Yes, that is correct.

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1 **PROFESSOR SALLY HOLLAND (affirmed)**  
 2 **Questions from COUNSEL TO THE INQUIRY**  
 3 **MS COWEN:** Professor, could you please state your full name  
 4 to the Inquiry.  
 5 **A.** My name is Professor Sally Holland.  
 6 **Q.** Thank you.  
 7 Thank you for attending today and thank you for  
 8 assisting the Inquiry. Please remember to keep your  
 9 voice up and to speak into the microphone in front of  
 10 you, as that will help the stenographers to hear you for  
 11 the transcript that is to be prepared of your evidence.  
 12 If anything's not clear when I ask you a question,  
 13 please ask me to repeat myself.  
 14 You have provided one witness statement for this  
 15 module of the Inquiry. We don't need to bring it up,  
 16 but your witness statement is at INQ000361393. That  
 17 statement was signed and dated on 30 November of 2023.  
 18 Is that statement correct to the best of your knowledge  
 19 and belief?  
 20 **A.** Yes, it is correct.  
 21 **Q.** Thank you.  
 22 Professor Holland, by way of overview of your career  
 23 to date, such as is relevant to the scope of this  
 24 Inquiry, you were the Children's Commissioner for Wales  
 25 between April 2015 to April 2022; is that right?

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1 **Q.** If I could ask you, please, to reflect on your work  
 2 throughout the pandemic, can you please provide a brief  
 3 overview of how you think the pandemic had an impact  
 4 upon children in Wales?  
 5 **A.** Well, I'm very pleased this afternoon to have the  
 6 opportunity to highlight the specific experiences of  
 7 children and young people during this pandemic here in  
 8 Wales. I think we -- sorry, would you repeat the  
 9 question again, the impact on children?  
 10 **Q.** Please, yes, if you can provide a brief overview of how  
 11 you think the pandemic had an impact upon children in  
 12 Wales.  
 13 **A.** The impact was immediate, but also we're now seeing  
 14 a longer-term impact as well on children, particularly  
 15 around confidence around school attendance and mental  
 16 health. But children experienced an extraordinary  
 17 period, losing many of the activities that all of us  
 18 would have taken for granted in our own childhood,  
 19 of course: attending school, socialising with friends,  
 20 visiting grandparents, et cetera.  
 21 And we need to remember that these are not just nice  
 22 to haves for children, but they're an important part of  
 23 their development and their ability to thrive. They  
 24 need to do these things in order to grow and learn and  
 25 thrive, so things like playing and being outside are not

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1 just a nice to have.

2 So, children, it did have a profound effect on  
3 children. I think that, you know, many people were very  
4 aware of that at the time, but sometimes their  
5 experiences were not always recognised separately from  
6 the general population. And I think, you know, it was  
7 seen at the time, and we were able to highlight at the  
8 time, the impact.

9 I think what has become more and more evident is  
10 that that has continued for many children, but  
11 particularly for children from specific groups. So just  
12 as adults are not all the same, neither are children.  
13 They don't have the same views, they don't have the same  
14 life experiences. And the inequalities that children  
15 experience outside of a pandemic became more and more  
16 evident during a pandemic.

17 **Q.** Yes.

18 **A.** So inequalities caused by poverty, disability and,  
19 associated actually with those things, their ethnicity  
20 as well --

21 **Q.** Yes.

22 **A.** -- we really saw that difference, and children who were  
23 vulnerable for other social reasons --

24 **Q.** Yes.

25 **A.** -- safeguarding reasons, for example, for whom the home

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1 making and as a conduit of children's views and  
2 experiences. We were able to give them direct access to  
3 how children and those who were caring for them and  
4 caring about them were experiencing the pandemic. And  
5 we were also able to help them communicate decisions to  
6 children directly and in an understandable way.

7 So as I've said my main contact was with the Deputy  
8 Minister for Social Services. As before, meetings with  
9 other ministers continued and it became more frequent at  
10 certain times, for example with the education minister,  
11 that there were two education ministers in this period.  
12 And when there were crucial decisions to be made,  
13 for example, around exams and obviously school closures  
14 and openings, we had more frequent -- more frequent  
15 meetings.

16 I felt there was a real -- I think especially as  
17 time went on, both officials and ministers saw that we  
18 could what we could bring in terms of aiding them to  
19 meet the needs and rights of children. There was a real  
20 eagerness, I think, to hear about individual children's  
21 experiences, it was hard for them to get access to that  
22 directly. That was always really what the Deputy  
23 Minister for Social Services wanted to know on our phone  
24 calls, you know: what's going on? How are the most  
25 vulnerable children? And we knew that from our own

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1 wasn't necessarily a safe place all of the time.

2 Inevitably it had a greater impact on those groups of  
3 children.

4 **Q.** Thank you, Professor, and we may pick up on some of  
5 those themes as we go through your evidence.

6 I would now like to ask you some questions about the  
7 means through which your office liaised with the Welsh  
8 Government during the pandemic.

9 I would like to ask you first about your meetings  
10 with Welsh ministers. Do you consider that you were  
11 able to meet with or consult relevant ministers in the  
12 Welsh Government throughout the pandemic?

13 **A.** The short answer to that is yes. I certainly did have  
14 regular engagement, particularly -- just as the Older  
15 People's Commissioner has just explained -- with the  
16 Deputy Minister for Social Services, who is also my  
17 designated link minister and with whom I had weekly  
18 telephone calls from mid-March onwards, and they  
19 lessened slightly in frequency as time went on.

20 Right from the outset, in writing and verbally, we  
21 made it clear to government, including ministers, that  
22 they should see our office as a resource. We would  
23 retain our independent status and make sure that we  
24 fulfilled our legal functions, but we were a resource to  
25 help them analyse potential decisions that they might be

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1 direct communication with children but also our regular  
2 contact with institutions and agencies as well.

3 And --

4 **Q.** Professor, I don't want to interrupt you, but at this  
5 point I am just going to ask you, if you can, to just  
6 please slow down --

7 **A.** Of course.

8 **Q.** -- to enable the stenographer to keep pace with what  
9 you're saying.

10 You've described that, I think, to summarise what  
11 you've said, that you do feel you were able to meet and  
12 consult Welsh ministers regularly.

13 If I can please ask you now about the first contact  
14 that your office had with the Welsh Government in  
15 relation to the pandemic. In your witness statement you  
16 described that your first contact your office had with  
17 the Welsh Government in relation to the pandemic was  
18 a discussion at your regular quarterly meeting with your  
19 branch on 4 March of 2020, and when you refer to your  
20 branch, that means the children's branch of the Welsh  
21 Government, which reports to the Deputy Minister for  
22 Health and Social Services, at that time Julie Morgan.  
23 Is that correct?

24 **A.** That's correct, that was the first discussion we held.

25 **Q.** Would it have been beneficial, do you think, to have

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1 a meeting to discuss the pandemic prior to 4 March of  
2 2020?

3 **A.** Yes, I think it would have done. I think that it took  
4 the government some time to recognise the resource that  
5 we could be. Just to give one example, you know, by  
6 that point there was beginning to be a lot of discussion  
7 about schools potentially closing for most children and  
8 learning moving online for most children. We could have  
9 immediately helped them assess how that could be done.  
10 You know, teachers would need -- teachers lacked basic  
11 equipment, they didn't all have laptops at home, they  
12 lacked resources, they lacked training, that confidence,  
13 some of them, in online learning. And things like  
14 safeguarding rules needed to be sorted out. But most of  
15 all the digital gap, the digital divide for children.  
16 So that's just one example of where I think we could  
17 have really helped them analyse and think through the  
18 impact of any measures they were considering on children  
19 as a whole but also on different groups of children.

20 **Q.** Thank you, Professor.

21 The minutes of that meeting, and I won't ask for  
22 them to be brought up, on 4 March show no discussion of  
23 potential restrictions affecting children, or that might  
24 affect children. Do you think that that is somewhat  
25 surprising?

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1 we had many contacts about mitigations with officials.  
2 My first call with the minister was on 19 March.

3 **Q.** Thank you, Professor.

4 I'm now going to move to ask you about another means  
5 by which you communicated with the Welsh Government  
6 during the pandemic and that's the weekly matters  
7 arising emails which you discuss in your witness  
8 statement.

9 Your office shared weekly "matters arising" emails  
10 with the Welsh Government officials during the pandemic.  
11 Can you please describe the purpose of these emails.

12 **A.** Early on, as I say, we offered ourselves as a resource,  
13 and one resource that we had was a great deal of  
14 information about how families were experiencing the  
15 completely new conditions they were living under,  
16 because they contacted our office and asked for advice  
17 or to say they didn't understand the guidance. We also  
18 were -- we were proactively calling institutions like  
19 the youth prison and the secure unit to ask how they  
20 were and did they have everything they need. And we had  
21 lots of direct contact with children and young people  
22 directly as well. So we saw that we could be  
23 a resource.

24 We sent in, we collated -- we offered to send in and  
25 collate matters that had arisen for us that week,

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1 **A.** It is potentially surprising. I mean, those meetings  
2 were -- had a number of roles. It was partly to discuss  
3 how the office was carrying out its functions and how we  
4 were using our budget, because although independent of  
5 government it's funded by government. But we also  
6 discussed policy matters in those meetings, and I think,  
7 looking back --

8 **Q.** Yes.

9 **A.** -- it feels surprising. We asked for it to go on the  
10 agenda.

11 **Q.** Thank you.

12 You state that meetings with Julie Morgan began  
13 following the first lockdown in March of 2020. Do you  
14 think a meeting prior to this date with Ms Morgan would  
15 have been helpful?

16 **A.** I think it would have been helpful to discuss the  
17 specific issue. The first contact that I had at that --  
18 we had many contacts that week, the week that schools  
19 closed, for example, and lockdown was announced. We  
20 proactively contacted the government on 17 March,  
21 for example, to say we had had concerns from families  
22 that children were being sent home from an inpatient  
23 psychiatric unit because of concerns about the virus,  
24 and would they have the right care. And then the next  
25 day, the day that the closure of schools was announced,

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1 through our casework or our other contacts. We saw it  
2 as both a source of information for government but also  
3 so that we could have accurate guidance back so that we  
4 could give accurate advice to families and children as  
5 well.

6 We -- early on we said, rather than this being sent  
7 to lots of disparate parts of government, please could  
8 all of the directors or deputy directors come together.  
9 The government was keen to do that, so we effectively  
10 created a platform for some cross-portfolio discussions  
11 about children's rights from early on. That was a new  
12 set-up which felt very valuable, I think, in terms of  
13 everyone updating everyone on what was happening with  
14 various children's issues. And we were able to just  
15 point out where there were still many anomalies.

16 **Q.** Yes. But if we can turn to an example now --  
17 **LADY HALLETT:** Before you do, I'm afraid you are going to  
18 have to slow down or the stenographer's going to have my  
19 guts for garters, so ...

20 **A.** I'm so sorry, my Lady, I will do my best.

21 **LADY HALLETT:** I know it's difficult, one's speech pattern  
22 is very difficult to change, I know that, but if you  
23 could just -- maybe just think about -- have some water  
24 or something to try and take a breather.

25 **MS COWEN:** Thank you.

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1 If we can, please, bring up document INQ000191184 --  
2 and I can see that's on the screen, thank you.

3 This is the document that was sent on 1 April of  
4 2020, and it's entitled "CCFW matters arising [between  
5 26 March 2020 and 1 April]".

6 If we now turn to page 1 of that document, and here  
7 we can see, under the heading "Health", a series of  
8 concerns that were raised by your office. Further  
9 concerns are raised under headings of "Social care" and  
10 "Education", and there is a final section at the end  
11 headed "Other concerns".

12 This is an example of the matters arising emails  
13 that you sent during the pandemic. Do you consider that  
14 these emails were an effective means of communicating  
15 with the Welsh Government during the pandemic?

16 **A.** I feel that it was, I feel it gave them immediate access  
17 to issues being raised. We didn't filter these  
18 particularly, we collated them and arranged them in  
19 themes for the convenience of the government. Some of  
20 the comments that were coming through to us were  
21 contradictory. You know, people saying "This isn't  
22 working well" and other people saying there should be --  
23 "It is working really well for us", but we wanted the  
24 government to get a real flavour of what was going on.  
25 So it felt effective because it went to all of the

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1 meeting, I attended almost every one of those, and  
2 I always took the opportunity to raise a matter relating  
3 to children in those meetings.

4 **Q.** Thank you.

5 Do you consider the council to have been  
6 an effective means of communication during the pandemic?

7 **A.** I think it was effective in terms of making sure that  
8 leaders across all sectors were hearing the same  
9 information at the same time, and it was -- it was very  
10 effective to be able to have that direct dialogue with  
11 the First Minister. I think it probably helped to  
12 reinforce a bit of a sort of one public service ethos  
13 that we have in Wales, but I would be keen to point out  
14 that I don't think that led to groupthink. You know,  
15 there wasn't -- it didn't mean that everyone therefore  
16 agreed with everything, it was a forum where it was both  
17 encouraged and possible to raise concerns about  
18 announcements that might be coming. It gave us  
19 an opportunity as well to be ready to -- in my case, to  
20 communicate decisions to children and young people and  
21 those who care for them effectively the next day.

22 **Q.** Thank you.

23 I'd now like to move to ask you about one of the  
24 Technical Advisory Group's subgroups that related to  
25 children during the pandemic, and that is the children

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1 directors of the range of portfolios that were relevant  
2 for children straightaway.

3 **Q.** Thank you, Professor.

4 I'd now like to ask you about another means of  
5 communication, and that was through your participation  
6 in the Shadow Social Partnership Council.

7 The Inquiry understands that throughout the pandemic  
8 the council met more frequently and its membership was  
9 expanded to bring together partners from the trade  
10 unions, devolved employers, the private sector and the  
11 Welsh commissioner.

12 Can you please describe what the purpose was of the  
13 Shadow Social Partnership Council.

14 **A.** The purpose was, I believe, for the First Minister,  
15 other ministers and various senior officials, like the  
16 Chief Medical Officer, to explain to leaders the rules  
17 you have described in Wales, the latest evidence on  
18 Covid and what was happening on the ground, and the  
19 decisions that they were going to announce over the  
20 next -- often it was the day before major decisions were  
21 made.

22 It also gave all of those parties that were present  
23 an opportunity to raise matters, much as we had done,  
24 but in less detail, in those weekly "matters arising"  
25 emails. So I felt it was important to be part of that

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1 and education subgroup.

2 This subgroup was part of the Technical Advisory  
3 Group that provided advice to the Welsh Government. It  
4 first met on 1 May of 2020, and the purpose of this  
5 group was to give detailed consideration to the  
6 scientific and technical evidence regarding Covid-19 as  
7 it related to children and education settings.

8 Were you aware of the work of this subgroup?

9 **A.** I would say that I wasn't aware of it when it was set  
10 up. I don't recall being made aware of it when it was  
11 set up. As the pandemic progressed, on at least one  
12 occasion, perhaps more, my office was given access to  
13 some of their reports prior to it -- shortly prior to  
14 publication. Sometimes, you know, we would ask "Why  
15 have you made this decision?" when we were scrutinising  
16 decisions, "What is the evidence for this?", and we  
17 would be told it had come out of this group.

18 **Q.** Thank you.

19 Dr Heather Payne, the senior medical officer for  
20 women's and children's health within the Welsh  
21 Government, chaired the children and education subgroup.  
22 In her witness statement, she refers to the subgroup as  
23 being subject to the first order decision of reducing  
24 deaths, which she says in her evidence limited the  
25 effectiveness of the subgroup as it was not able to

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1 prioritise the well-being of children.  
 2 Do you agree with her description regarding the  
 3 priorities of the subgroup?  
 4 **A.** It's difficult for me to comment on the priorities of  
 5 that group because I had so little involvement in it.  
 6 I do think that we saw some of what she was saying come  
 7 out in some of the decisions to follow.

8 **Q.** Thank you.  
 9 I would now like to ask you some questions about the  
 10 sources of information that your office drew upon when  
 11 providing advice to the Welsh Government, and in  
 12 particular I want to ask about the surveys carried out  
 13 by your office during the pandemic.  
 14 Your office undertook two large-scale surveys of  
 15 children and young people in Wales. One survey was  
 16 carried out in May of 2020, and a follow-up survey was  
 17 carried out in January of 2021.

18 The May 2020 survey ran for two weeks from 13 May  
 19 and has responses from over 23,700 children and young  
 20 people aged between 3 and 18 years old.

21 If we can please bring up document INQ000191146, at  
 22 page 5 of this document we here have a summary of key  
 23 findings from the May 2020 survey.

24 If we can look at a few examples of these findings,  
 25 under the heading "Are children worried?" It is stated  
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1 14% of respondents to 20%.  
 2 "[Those aged between 7 and 11] responding in January  
 3 also report more negative feelings on all indicators  
 4 than the May 2020 respondents, but these differences  
 5 were [noted to be] smaller."

6 The Inquiry will have regard to the detailed  
 7 findings of each of the surveys your office carried out.  
 8 Can you please tell us in broad terms what the surveys  
 9 told you about the impact of the pandemic upon children  
 10 in Wales.

11 **A.** I think that the survey gave us the opportunity to  
 12 take -- to get views from a broad group of children, in  
 13 fact it was one in 20 of children in Wales answered  
 14 that -- the first survey in May 2020. We were able to,  
 15 of course, speak in depth to individual children, but  
 16 this gave us a broad view.

17 It reminded us that children don't all feel the  
 18 same, they don't all think the same, and that some  
 19 children were thriving and feeling safe, but, as  
 20 expected, some groups of children were finding the  
 21 restrictions and the various changes to their daily way  
 22 of life much more difficult than others. That impacted  
 23 according to age. So adolescents tended to find things  
 24 much more difficult and were more worried than  
 25 children --

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1 that:  
 2 "37% of children and young people stated that they  
 3 were not worried about Coronavirus on the day they  
 4 completed the survey."

5 If we can turn to page 6 of the document, under the  
 6 heading "How confident do children feel about learning?"  
 7 51% of the total selected said they felt confident or  
 8 very confident at that stage.

9 If we can now please turn to the survey carried out  
 10 in January of 2021, the January 2021 survey ran for  
 11 nine days from 12 January 2021 and had responses from  
 12 over 19,700 children and young people.

13 We've now brought up document INQ000191147. If we  
 14 can turn to page 9 of this document, please.

15 Under the section headed "Feelings", at the third  
 16 paragraph of this section, there is a comparison of  
 17 findings between the May 2020 survey and the  
 18 January 2021 survey. The survey states:

19 "There are some marked differences in reported  
 20 feelings between the January 2021 respondents and the  
 21 May 2020 respondents. In May 2020, 50% of [those aged  
 22 between 12 and 18] reported feeling happy 'most of the  
 23 time'. This reduced to 39% in January 2021. Other  
 24 [findings] ... show negative trends, including a jump in  
 25 those reporting feeling worried 'most of the time' from  
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1 **Q.** I'm sorry to interrupt you again. Can I just ask you to  
 2 slow down --

3 **A.** I am trying.

4 **Q.** -- just a little bit, please.

5 **A.** Adolescents tended to be more worried about their  
 6 learning and finding the restrictions more difficult  
 7 than younger children, and children from black, Asian  
 8 and minority ethnic communities and disabled children  
 9 generally were finding life harder on almost all counts.

10 We saw a jump of unhappiness and worry and concern  
 11 about learning between the first lockdown and the second  
 12 lockdown. I think there was a sense of novelty in the  
 13 first lockdown for many children, especially those who  
 14 do feel safe and comfortable at home, which is the  
 15 majority of our children, thank goodness, but the second  
 16 lockdown was hard for the whole population and really  
 17 hard for children in particular. And for adolescents,  
 18 you know, they were getting near to another set of  
 19 exams, they were concerned about their learning, and  
 20 there were really missing socialising, that important  
 21 developmental window that adolescents have to spread  
 22 their wings and socialise with others.

23 I must emphasise, when we're looking at the  
 24 difference between the two surveys, that we don't know  
 25 whether the same children answered the survey both

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1 times, so I see it as much as a temperature test --

2 **Q.** Yes.

3 **A.** -- of how children were feeling in both of those  
4 lockdowns. However, we had such a large survey  
5 response, I've got some confidence that they're a good  
6 representation on how children were feeling.

7 And they were pretty representative in terms of  
8 demographic factors and we worked hard to make sure that  
9 children who might not have easy access to answering  
10 a survey could do it, for example, children in custody,  
11 children in hospital, children -- looked-after children,  
12 children in Roma communities, were all helped by support  
13 workers to fill in the survey.

14 **Q.** Thank you, Professor.

15 How did your office use the surveys that had been  
16 carried out when providing advice to the Welsh  
17 Government?

18 **A.** We worked with the Welsh Government on the survey, which  
19 was very unusual for us, but we thought the government  
20 wanted to hear from children, we certainly knew we had  
21 to hear from children, and it felt not a good use of  
22 resources for us to run separate surveys, but we led and  
23 managed the survey. And we fed in -- as soon as we had  
24 the first 5,000 responses in May, so really within days  
25 of the survey opening, we were feeding in to officials,

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1 There were other times when I felt that it would  
2 have been good to have seen more public reflection from  
3 the government directly to children, as a sense of  
4 accountability as to how they had considered the results  
5 of the survey. You know, there were really striking  
6 responses in the 2021 survey, for example, on loneliness  
7 amongst 16 to 18-year olds. I think that was quite  
8 a surprise to people who were thinking about it more  
9 from a perhaps older people and disabled people --

10 **Q.** Thank you, Professor. I should be clear, the Inquiry  
11 will have regard to --

12 **A.** Absolutely.

13 **Q.** -- the detailed findings in the report.

14 I'd like to move on now to ask you about a key  
15 mechanism through which children's rights are considered  
16 in decision-making and that's through the children's  
17 rights impact assessment.

18 Under the Rights of Children and Young People  
19 (Wales) Measure Act of 2011, Welsh ministers are  
20 required to have regard to the United Nations Convention  
21 on the Rights of the Child when exercising their  
22 functions, and an important part of how the Welsh  
23 Government meets this duty is completing and publishing  
24 children's rights impact assessments; is that correct?

25 **A.** That is correct.

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1 and they were -- to the education minister, for example,  
2 some key education and well-being messages, and we had  
3 it fed back to us by them that, you know, the minister  
4 was reading these as they came in. We made sure they  
5 had the results as early as possible. Indeed, we  
6 managed to publish the results within a couple of weeks  
7 of the survey closing.

8 **Q.** Thank you.

9 Do you think the Welsh Government paid satisfactory  
10 attention to the findings of the surveys that your  
11 office had carried out?

12 **A.** I think that there's not a simple answer to that, it's  
13 not a simple yes or no. There were certainly ways in  
14 which, you know, we can document that they did, because  
15 they said they did, and indeed, you know, with our  
16 support both the education minister -- well, the  
17 education minister, the First Minister and the Minister  
18 for Social Services all spoke directly to children,  
19 saying what they'd heard from these surveys in press  
20 conferences and videos.

21 We know that, for example -- you know, one specific  
22 example is libraries being a priority for re-opening  
23 because particularly children from black, Asian and  
24 ethnic minority communities said that that was a very  
25 important resource for them.

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1 **Q.** Can you please set out what a children's rights impact  
2 assessment is supposed to cover and when it is supposed  
3 to be carried out, please.

4 **A.** So a children's rights impact assessment should be  
5 started from as soon as a new policy or decision is  
6 being considered. It's not something to be done after  
7 a decision has been made. And it doesn't have to be at  
8 that point a formal document, but it should be around  
9 thinking about the impact on very -- all of children's  
10 rights, all 42 of their rights, but also the impact on  
11 different groups of children. And if there is going to  
12 potentially be a negative impact of a decision or a new  
13 policy or a new piece of legislation, then what would be  
14 the mitigations in place, and that should be an active,  
15 live discussion. Eventually it is written up into  
16 a formal document but the most important thing is that  
17 that thinking and consideration and analysis is done.

18 **Q.** Thank you.

19 On 12 May 2020 members of your office met with  
20 officials from the Welsh Government about children's  
21 rights impact assessments.

22 Can we, please, bring up document INQ000329376.  
23 Thank you.

24 This is an email that relays what was discussed at  
25 that meeting to you and others. If I can ask you,

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1 please, to look at page 1 of this email, on the second  
2 paragraph which has just been brought up. This states  
3 that officials had been asked to do CRIAs in relation to  
4 decisions that had already been taken at the outset of  
5 the lockdown. The email goes on to state that your  
6 colleagues had advised that CRIAs were not a matter of  
7 retrofitting assessments and the importance of  
8 transparency was emphasised.

9 After this meeting, you wrote to Julie Morgan on  
10 22 May of 2020 outlining concerns related to children's  
11 rights impact assessments arising from the meetings that  
12 had been held between your office and Welsh Government  
13 officials.

14 Is it fair to say that at this stage you were  
15 concerned regarding how children's rights were being  
16 considered by the Welsh Government?

17 **A.** I was concerned at this point in May that so much  
18 resource was going into writing up and filling in forms  
19 about decisions that had already been made. In May 2020  
20 there were so many important decisions still to be made  
21 or being made at that point about mitigating children's  
22 current experiences and deciding about children's,  
23 for example, return to school, and many other aspects of  
24 their lives. I really felt that at that point in the  
25 pandemic it was not a good use of resource and it was

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1 between 10 and 16 June of 2020.

2 **A.** Not really, I would say. We were gradually -- I would  
3 say from June onwards there was, we saw improvement in  
4 how the government itself was doing its own proactive  
5 impact assessments on children's rights, but also their  
6 involvement of us in discussions as they were  
7 considering options. But I still felt that it wasn't  
8 being used in exactly the right spirit, and I'll give  
9 you one example, if I may.

10 In June 2020, the government was considering easing  
11 legal responsibilities on local authorities regarding  
12 special educational needs. This had already been  
13 enacted in the rest of the UK, but not yet in Wales.  
14 Our immediate response was: well, have you done  
15 a children's rights impact assessment on this? This is  
16 a really important decision about children with specific  
17 rights.

18 And we were told, well, that will just be included  
19 in the overall integrated impact assessment, which  
20 includes a children's rights (inaudible) a small part of  
21 it, that will cover all the responses so far on  
22 education and childcare. And I felt they were missing  
23 a trick, really, to use resources like ourselves and  
24 other members of the children's rights action group from  
25 the third sector to sit down and really think through:

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1 not how children's rights impact assessments are meant  
2 to be done.

3 **Q.** Thank you.

4 Concerns over children's rights impact assessments  
5 and integrated impact assessments being undertaken after  
6 decisions from the Welsh Government had already been  
7 taken and announced were also raised in a weekly  
8 "matters arising" email covering the week between 10 and  
9 16 June of 2020.

10 Could we, please, bring up document INQ000121208,  
11 thank you.

12 At page 2 of this document, under the heading  
13 "Children's Rights Impact Assessments", you state:

14 "My team has spent a lot of time in recent weeks  
15 reviewing draft CRIA and IIA documents [IIA being  
16 integrated impact assessments]; many of which have  
17 followed decisions already taken and announced. I have  
18 discussed this and agreed a suggested way forward with  
19 Karen Cornish as Deputy Director responsible for CRIA  
20 and children's rights, so this point is included for  
21 information only."

22 By this stage had the concerns that you had in  
23 relation to CRIAs been addressed?

24 **A.** Could you remind me of what month that was?

25 **Q.** So this was a "matters arising" email covering the week

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1 well, what impact would this have? Do we really need to  
2 do it? If you really need to do it, how can we mitigate  
3 it?

4 And I think that that was, at that point, still  
5 a disappointment. As I say, from that point onwards we  
6 did see some more proactive children's rights impact  
7 assessments being carried out, and in fact, you know,  
8 one or two very good examples of them by the autumn.

9 **Q.** Thank you.

10 Professor, you do give examples of good children's  
11 rights impact assessments in your witness statement and  
12 the Inquiry will have regard to those.

13 You also state in your witness statement that,  
14 following the discussions in June of 2020, a set of  
15 overarching principles was introduced into the system  
16 for children's rights impact assessments later in 2020  
17 and you say that these principles reflected matters of  
18 importance to children, such as being listened to, being  
19 able to attend education, and having the opportunity to  
20 play and have exercise.

21 Did the adoption of these principles address  
22 concerns that you had held regarding the use of  
23 children's rights impact assessments to protect  
24 children's rights?

25 **A.** It was good to see the -- a child-centred approach, it

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1 was good to see these principles being published, but  
 2 it's very important that we use rights language when the  
 3 government is talking about -- and the government has  
 4 a legal duty to do so -- when talking about how they  
 5 provide for children.

6 This is important because children must know that we  
 7 don't provide things -- services for them, for example,  
 8 because we think it's a nice thing to do or a good thing  
 9 to do, but they actually have rights too, they have  
 10 fundamental rights, and an entitlement to them. And it  
 11 may sound a little pedantic but it's important that that  
 12 language is used.

13 **Q.** Thank you.

14 In your witness statement, you give examples of  
 15 children's rights impact assessments not being carried  
 16 out at the time key decisions were taken during the  
 17 pandemic. Which decisions do you consider to be  
 18 particularly significant where children's rights impact  
 19 assessments were not carried out at the time the  
 20 decision was taken?

21 **A.** Well, I've already given one example around special  
 22 educational needs provision, they did eventually decide  
 23 not to implement that legislation actually, but the  
 24 early decisions in particular, the closure of schools  
 25 and the early decisions to keep children at home with

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1 children's specific needs had been taken into account.  
 2 Some quite vivid examples, really, parks and play spaces  
 3 were -- outdoor play spaces were re-opened to children  
 4 after pubs had been opened in the summer of 2020. Pubs  
 5 are obviously much more adults' spaces than children's.  
 6 The following summer we were allowed to sit in pubs  
 7 again and cafés with -- without face coverings with up  
 8 to six people from different households, but children  
 9 were expected to sit in the classroom in an ordered  
 10 situation in secondary schools and still wear face  
 11 coverings, where they were still recommended.

12 And perhaps for me a really important example is  
 13 that of how residential children's homes were treated.  
 14 So many of the public health guidance for children's  
 15 homes was exactly the same as those for older people,  
 16 and obviously much more physically frail people, and we  
 17 got very involved in the office because managers of  
 18 children's homes contacted us about their concerns that  
 19 children were being asked to isolate if there had been  
 20 perhaps one case in a children's home for 28 days, in  
 21 the same way as they would be if they were old and very  
 22 physically frail, and not being able to attend school,  
 23 for example, in that time. They weren't being allowed  
 24 to have contact with their families, a fundamental  
 25 right, because they -- their specific needs, as actually

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1 the rest of the population, it was very important that  
 2 children's specific needs were considered. I made it so  
 3 clear to government that it was about the thinking not  
 4 about the form filling.

5 **Q.** Do you consider that not carrying out children's rights  
 6 impact assessments at the time decisions were made meant  
 7 that children's best interests were not given adequate  
 8 consideration?

9 **A.** I think that we can see examples where children's  
 10 specific needs, as a specific population category,  
 11 didn't seem to be being seen separately from the whole  
 12 population, and others where they were and where I feel  
 13 that it was because children's rights were being  
 14 considered. May I give you an example of each?

15 **Q.** Yes, please do, thank you.

16 **A.** So decisions that appeared to designed to address the  
 17 negative impacts and to support children's rights,  
 18 including not removing children's legal rights to  
 19 social care, as well as additional learning needs  
 20 provision, funding free school meals throughout the  
 21 holidays, that was -- as well as in term time, that was  
 22 an early decision by the Welsh Government, and the real  
 23 emphasis on well-being as well as academic skills as  
 24 they returned to school.

25 But there were others that didn't feel that

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1 pretty healthy, often, young people, were not being seen  
 2 separately from the whole population.

3 **Q.** Thank you.

4 Professor, do you think the use of children's rights  
 5 impact assessments could be improved to better protect  
 6 children's rights in the future?

7 **A.** I think that certainly there were ways -- I think that  
 8 the government could use the Children's Commissioner's  
 9 office better as a resource to consider decisions as  
 10 they're being considered, and other children's rights  
 11 experts as well. A very frequent ask for help we had  
 12 from government during the pandemic was to review  
 13 guidance that had been drafted for schools and for other  
 14 settings, and we would give detailed comments back.  
 15 Often within hours because it was always urgent  
 16 of course.

17 I think that many of the comments we made could have  
 18 been anticipated when they were -- before pen went to  
 19 paper to write that guidance, and we made clear we were  
 20 available. So I think that they could do a really good  
 21 job of just doing that proactive thinking about  
 22 children's rights rather than thinking: right, we've  
 23 made the decision, now let's consider how children's  
 24 rights are impacted.

25 **Q.** Thank you, Professor.

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1 I'd now like to ask you about a particular example  
2 of a decision being made where the Children's  
3 Commissioner for Wales had involvement in the decisions  
4 taken by the Welsh Government, and the decision I would  
5 like to ask you about is the closure and re-opening of  
6 schools and early childcare provision.

7 We know that school closures were considered at  
8 an early stage of the pandemic. Were you consulted  
9 about the potential closure of schools prior to the  
10 first lockdown?

11 **A.** No, I was not.

12 **Q.** Do you think you should have been consulted about this?

13 **A.** I think we would have had a lot to add, and we would  
14 have been able to really help consider mitigations,  
15 which we did straightaway that week, but we could  
16 have -- we could have added a lot.

17 We have -- we had internal discussions in early  
18 March with our policy team about how -- what mitigations  
19 might be needed, how different groups would be affected  
20 if schools were closed, and we would have -- I think  
21 government would have benefitted from our knowledge and  
22 experience.

23 **Q.** Thank you.

24 You state in your witness statement that the initial  
25 decision to close school buildings to most learners

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1 On 6 July of 2020 you wrote to Kirsty Williams,  
2 minister for education, asking for publication for plans  
3 relating to schools re-opening in autumn of 2020, and  
4 you raised the need to allow school leaders to plan for  
5 their provision, and you raised the necessity of  
6 planning for different eventualities that may lead to  
7 children being unable to attend school.

8 The Welsh Government produced a revised operation  
9 and learning guidance document for comment on  
10 7 July 2020. Did that document address the concerns  
11 that you had raised regarding to appropriate planning  
12 for different scenarios when schools re-opened?

13 **A.** We commented on so many versions of the guidance, it's  
14 hard for me to recall that exact one. But we did remain  
15 concerned throughout the summer that there wasn't enough  
16 contingency planning should there be another upsurge in  
17 cases and a decision be made to close schools again, nor  
18 for children who may need to isolate -- so not for the  
19 whole school to be closed but what would happen in terms  
20 of their continued support and education. And for  
21 children that may be unable to return because of  
22 shielding or who may lack confidence in returning or may  
23 need a lot of support to return to school, because  
24 although most children were eager to return to school,  
25 some were very anxious.

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1 would not have been contested by your office, as you  
2 agreed that the public health emergency warranted such  
3 a decision, but you did challenge the government about  
4 the lack of a children's rights impact assessment in  
5 relation to this decision.

6 To the extent that you've not already covered this  
7 in your answers, what do you think a children's rights  
8 impact assessment would have achieved at that stage of  
9 the pandemic?

10 **A.** I think that the pandemic reminded the whole population  
11 that schools are much more than just providers of  
12 academic learning. You know, they feed our children,  
13 they sometimes wash their clothes, and they are a very  
14 important source of well-being and support. And I think  
15 we would have really helped the government to think  
16 about that -- all of the needs that are met by schooling  
17 and to think through how the sudden loss of those, for  
18 the majority of children, could have been mitigated.

19 **Q.** Thank you.

20 In your statement you refer to the announcement in  
21 June of 2020 in relation to schools re-opening in the  
22 autumn term of that year. A draft impact assessment was  
23 published after that decision had been made, and you  
24 raised this with the Welsh Government through an email  
25 sent on 4 June of 2020, which we don't need to bring up.

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1 **Q.** Thank you, Professor.

2 On 19 October the Welsh Government announced that  
3 there would be a firebreak lockdown from 23 October.  
4 When were you informed of that decision?

5 **A.** I did have some involvement with that closure, and that  
6 was the only period of school closure that my office and  
7 I were involved in before -- we saw a draft and actually  
8 very comprehensive children's rights impact assessment  
9 before the decision was made. It drew heavily on our  
10 survey findings. It did say that it would be difficult  
11 to mitigate any closures of schools in that time,  
12 a matter I raised when it was decided to close some of  
13 them, but we were involved early on.

14 **Q.** Thank you.

15 **A.** Early-ish on.

16 **Q.** Thank you.

17 Following the firebreak lockdown and the subsequent  
18 re-opening of schools, on 10 December of 2020 you were  
19 informed that secondary schools and colleges and many  
20 primary schools would be required to close from  
21 14 December of 2020. You met on 10 December with Welsh  
22 Government directors and discussed plans in relation to  
23 the physical closure of secondary schools at that time.  
24 What were your concerns regarding the proposed closure  
25 of schools at that stage?

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1 **A.** We were concerned that the closure of schools was really  
 2 becoming an option that was -- as almost one of the  
 3 first options that was being used as part of virus  
 4 control in terms of additional measures, and we wanted  
 5 to know really exactly what the scientific evidence was  
 6 to make sure that it was worth the impact that by then  
 7 we knew that school closures would have. And we wanted  
 8 to really remind government, because we were hearing, so  
 9 often from young people themselves, that for them it  
 10 wasn't just that week -- and at that point it was just  
 11 proposed to be a week, of course it became much  
 12 longer -- but some children were having repeated  
 13 requirements to self-isolate, often whole year groups if  
 14 there had been a case in their year group, so some  
 15 children had already lost -- although healthy, had lost  
 16 many weeks of schooling.

17 **Q.** Thank you.

18 You just mentioned when schools in Wales ultimately  
 19 did start to re-open, that being in late February 2021.  
 20 Are you able to summarise the concerns that you had  
 21 regarding the physical closure of schools over this  
 22 reasonably lengthy period?

23 **A.** We knew by that point, partly because of our survey that  
 24 we'd carried out in May, that school closures had  
 25 a profound effect on children. We did accept that the

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1 **A.** I think that there were a number of ministers and senior  
 2 officials who had a good understanding of children's  
 3 rights and of children's experiences, and I had frequent  
 4 discussions, for example, with the Deputy Minister for  
 5 Social Services about the difficult impact it would have  
 6 particularly on certain groups, and with officials,  
 7 I would say particularly in the children's branch, of  
 8 Welsh Government.

9 I think sometimes that understanding we couldn't  
 10 always see it translated into the major decisions being  
 11 made, but at other times we could see mitigations. And  
 12 to return to the firebreak, I was concerned that there  
 13 wasn't a good explanation given, particularly to young  
 14 people themselves, as to why years 9 and above were  
 15 asked to stay at home, but because of the children's  
 16 rights impact assessment I do think that we did see  
 17 primary schools, special schools and vulnerable children  
 18 in school for that week. So I think it's a very mixed  
 19 picture.

20 **Q.** Thank you, Professor.

21 Can I ask, please, for your views regarding the  
 22 decision-making which led to schools being closed when  
 23 the hospitality industry stayed open?

24 **A.** Sorry, did you say my views or my role?

25 **Q.** Your views, please, whether you consider that to be

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1 government -- if the government felt that the -- it  
 2 would make a big difference to, for example, deaths that  
 3 it would -- it may be necessary sometimes to have  
 4 measures that also affected children, who were less  
 5 affected by the virus itself, although not of course  
 6 entirely. But we were concerned about the length of  
 7 time and very keen that it should be as short as  
 8 possible and that children should have the opportunity  
 9 to be eased back into school as well. So the initial  
 10 plans were for infants and the youngest children to come  
 11 back in.

12 There was originally no plan for children in  
 13 years 7, 8 and 9 to return before Easter in Wales and we  
 14 suggested to officials and the minister that they should  
 15 at least have check-in days so that they wouldn't have  
 16 that big hurdle of coming back after that big length of  
 17 time. We had already done another survey by then and we  
 18 knew that confidence in learning was low, and we're glad  
 19 to say that that was taken up, but it ... it felt like  
 20 a really hard period for children.

21 **Q.** Thank you.

22 Do you think that the impact of children missing  
 23 education was appropriately considered in the decisions  
 24 made in relation to the closure and re-opening of  
 25 schools?

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1 appropriate?

2 **A.** Which period are you talking about at this point?

3 **Q.** At various stages during the pandemic, but perhaps with  
 4 specific reference to decisions in December of 2020.

5 **A.** Yes. I was in very regular contact with children and  
 6 young people. For example, I had an advisory board of  
 7 30 young people from all over Wales, age 11 to 18, who  
 8 I used as a bit of a kind of check-in and sense-making  
 9 board, I met with them very frequently, and they, along  
 10 with other young people we spoke to, had such a strong  
 11 sense of what was fair. They thought it was fair that  
 12 there should be measures, they were -- to support the  
 13 whole population, they were concerned about older people  
 14 they knew, for example, but they had a keen sense of  
 15 injustice at times where they felt that there were  
 16 anomalies. And I agreed with them, there seemed  
 17 sometimes to be an anomaly that was perhaps related to  
 18 economic necessities rather than their immediate needs  
 19 and long-term needs, in terms of well-being, education  
 20 and development. And I think that juxtaposition of  
 21 hospitality venues being open and schools being closed  
 22 felt unfair to many children and young people.

23 **Q.** Thank you, Professor.

24 I'll now move to my concluding questions, which seek  
 25 your views on how children's needs were prioritised by

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1 the Welsh Government and how they might be prioritised  
2 in the future.

3 Do you consider children to have been a significant  
4 political priority of the Welsh Government at the start  
5 of and before the pandemic?

6 **A.** I think if we start with before, I'm -- the only  
7 conversations that I am aware of, and you'll be able to  
8 put this of course to the government themselves, was  
9 thinking about the implications for exams in --  
10 earlier -- before the mid-March, for example. So  
11 I think there probably wasn't enough consideration, even  
12 enough thinking about how long it all might go on at  
13 that point and therefore what the impact would be on  
14 children.

15 I think that, as time went on, as I say, there were  
16 parts of government where there was a keen awareness in  
17 terms of their discussions with me. I don't think we  
18 always saw that coming out in all of the big decisions.

19 **Q.** Thank you.

20 In her evidence to Module 2 of this Inquiry, the  
21 Children's Commissioner for England, Anne Longfield,  
22 stated that the UK Government did not give adequate  
23 regard or priority to children's best interests in  
24 response to the pandemic, did not adequately heed advice  
25 or evidence on the impact of the pandemic on children's

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1 **MS COWEN:** -- Children's Commissioner.

2 **LADY HALLETT:** I think Ms Heaven's got one.

### 3 Questions from MS HEAVEN

4 **MS HEAVEN:** Professor Holland, I represent the Covid-19  
5 Bereaved Families for Justice Cymru.

6 Just one very short topic, please, and it relates to  
7 the opening up of early years childcare provision in  
8 June 2020.

9 So we can see from Tracey Burke's witness  
10 statement -- and of course she was director general for  
11 education and public services for the Welsh Government  
12 at the time -- she explains in paragraph 69, my Lady,  
13 that the Welsh Government were behind the UK Government  
14 in re-opening childcare in June 2020, and what she tells  
15 us is that childcare for early years opened in England  
16 on 1 June 2020 but it was only re-opened in Wales on  
17 22 June.

18 So my question is this: do you consider that the  
19 Welsh Government should have re-opened early years  
20 childcare provision earlier and in line with the UK  
21 Government?

22 **A.** Thank you for that question.

23 I think that the decisions were working on  
24 a different timescale in Wales, and I know this whole  
25 module will be examining the impact of that, so that

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1 well-being in its decision-making, and did not provide  
2 adequate resources to mitigate the impact of the  
3 pandemic on children or to help them recover from its  
4 negative impact. She stated that this was especially  
5 true for disadvantaged children.

6 To what extent do you agree with this in relation to  
7 Wales?

8 **A.** I would say that that would be too strong a statement to  
9 say for Wales. You know, but having said that, I think  
10 as was said a number of times yesterday in this Inquiry,  
11 you know, for me, as Children's Commissioner for Wales,  
12 I don't see the UK Government as the baseline. We have  
13 high expectations, because it's in our law. And at that  
14 point it was only in the law, embedded in the law, in  
15 Wales, it is now in Scotland as well, children's rights.  
16 So it's -- we have high expectations. So I would say it  
17 would be unfair to say that the government didn't pay  
18 regard to children's rights and particularly didn't  
19 consider disadvantaged groups. However, there was  
20 always more that they could have done, and I hope that  
21 I've managed to give you some examples of that.

22 **MS COWEN:** Thank you very much, Professor, thank you.

23 My Lady, that concludes the questions that I wish to  
24 ask the --

25 **LADY HALLETT:** Thank you.

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1 decision was in line with other decisions around  
2 schools, and I presume that's why it was made.

3 I think I would have liked to have seen children of  
4 all ages being able to return to provision a little  
5 earlier than they did.

6 **Q.** Okay. So can I ask just this tag-on question, then:  
7 were you consulted about these decisions specifically in  
8 relation to early years provision and re-opening?

9 **A.** Erm ...

10 **Q.** To assist you, there's no evidence in your witness  
11 statement that you were.

12 **A.** Yes, I actually don't recall that. I think I have to  
13 say that most of the evidence that we brought to the  
14 government was in relation to schools. There were  
15 occasions when childcare issues arose, so we were  
16 reflecting what we were hearing, and most of our  
17 discussions with government around childcare and  
18 education were around education rather than childcare,  
19 although we did certainly have some.

20 **MS HEAVEN:** Thank you, my Lady, those are my questions.

21 **LADY HALLETT:** Thank you very much, Ms Heaven.

22 I think that completes the questions today?

23 **MR POOLE:** My Lady, it does, it completes the evidence for  
24 today. I was just going to ask -- sorry.

25 **LADY HALLETT:** Sorry, I was just going to say: thank you

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1 very much indeed, Professor.  
 2 As you may know, I'm very conscious of the impact on  
 3 children, not that I'm sure many of us realised it at  
 4 the time, but I suppose because we never knew how long  
 5 things were going to go on for, and we will be doing  
 6 specific research, and so it may well be that I'll call  
 7 on your expertise again, but thank you anyway for all  
 8 that you've done.

9 **THE WITNESS:** You're welcome.

10 **LADY HALLETT:** Thank you.

11 **(The witness withdrew)**

12 **MR POOLE:** My Lady, just by way of housekeeping, can I ask  
 13 for permission to publish all of the witness statements  
 14 from the witnesses that you've heard today and also,  
 15 going forward, the witnesses that you will also be  
 16 hearing evidence from?

17 **LADY HALLETT:** Certainly. It will be the default setting,  
 18 unless anyone indicates to the contrary.

19 **MR POOLE:** I'm grateful.

20 **LADY HALLETT:** Thank you very much. 10 o'clock tomorrow,  
 21 please, when I think we move to other expert evidence.

22 **(4.17 pm)**

23 **(The hearing adjourned until 10 am**  
 24 **on Thursday, 29 February 2024)**

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