

Witness Name: Julie Morgan

Statement No: 1 in Module 2

Exhibits: 188

Dated: 11 December 2023

UK COVID-19 PUBLIC INQUIRY

WITNESS STATEMENT OF JULIE MORGAN MS

I, Julie Morgan MS, Deputy Welsh Minister for Social Services, will say as follows; -

Preface

1. I am pleased to contribute a witness statement to the Covid-19 Inquiry. I hope this Inquiry will shine a light on the actions taken by the Welsh Government and relevant organisations and agencies involved in providing social care services for children and adults during the unprecedented Covid-19 pandemic. I know that many individuals and families suffered, many lives were lost and I extend my deepest sympathy to all those affected. It is important that we all learn lessons from the way the pandemic was handled and I hope that this inquiry will help prepare us for any similar events in the future.

Introduction

2. I was appointed Deputy Minister for Health and Social Services on 13 December 2018, a role which I held until the Senedd elections in May 2021. During my time in this role, my portfolio was limited to social services supporting the Minister for Health and Social Services who had overall responsibility for the health and social care system in Wales.

3. My ministerial position was renamed Deputy Minister for Social Services following the May 2021 Senedd elections. This did not result in a change of responsibilities, but better reflected my ministerial portfolio. This change coincided with the creation of the role of Social Care Officer for Wales, an official-level position.
4. During the relevant period, I was responsible for decision-making in relation to childcare. Although the Minister for Education often made announcements touching upon childcare, this was done for consistency of public health messaging. Advice was often sent on the issue of childcare to both the Minister of Education and I to ensure that decisions taken in relation to childcare were consistent with the decisions taken in relation to the Foundation Phase and to ensure that any consequences of one on the other were taken into account.
5. My responsibilities during the period January 2020 and May 2022 comprised and continue to comprise of:
 - i. Safeguarding, adoption and fostering, children and young people's advocacy including, complaints, representations and advocacy under the Social Services and Wellbeing (Wales) Act 2014, Information sharing under the Children Act 2004, CAFCASS Cymru.
 - ii. Children and young people's rights and entitlements including the UN Convention on the Rights of the Child, early years childcare and play including the childcare offer and workforce, early childhood education and care, Flying Start, Families First and play policies.
 - iii. Policy and oversight of the provision of social services activities of local authorities in Wales, including statutory guidance, oversight of Social Care Wales.
 - iv. Regulation of residential, domiciliary, adult placements, inspection of and reporting on the provision of social services by local authorities (via Care Inspectorate Wales) including joint reviews of social services and responding to reports.

Structures and bodies involved in the Welsh Government's emergency response to the pandemic

How did the Welsh Government make core decisions in response to the pandemic?

6. In relation to social services, primarily decision-making was carried out by an official producing a Ministerial Advice document, which would be reviewed by the relevant Deputy Director and submitted to both the Minister for Health and Social Services and I for decision. After the establishment of the Star Chamber, which has been described in several of the witness statements for Module 2B including those of the First Minister and the Minister for Finance and Local Government, if the Ministerial Advice required funding, it would be submitted to the Star Chamber first for approval from a funding point of view before returning the Minister for Health and Social Services and I for decision.
7. If a decision cut across policy areas of several Ministers or was important enough, it would be referred to Cabinet for a decision. Not many decisions in my portfolio responsibility were taken by Cabinet. However, the closure and reopening of childcare was a subject that was considered by Cabinet as part of the 21-day review, normally in conjunction with schools.
8. Guidance was generally approved by me and/or the Minister for Health and Social Services. Occasionally guidance was considered to be so important that it was copied to the First Minister.
9. As part of that decision-making process, I attended Covid-19 Core Group meetings between March and September 2020, established by the First Minister as the main information sharing forum between Ministers, the leaders of the opposition parties and Andrew Morgan of the Welsh Local Government Association. I also attended the daily ministerial 9am calls. I also attended the meetings of the Shadow Social Partnership Council when there was an agenda item that concerned my portfolio. This was a particularly important forum for my responsibilities and is where I could discuss issues with local authorities who had statutory responsibilities for social care and children.
10. Further, I attended weekly meetings with Mario Kreft, the Chief Executive of Care Forum Wales, as he was our main link with the private care sector. It was an important link because he was a member of a WhatsApp group of all the private care homes which were members of Care Forum Wales and beyond. For completeness I can confirm that I was not a party to the private care homes WhatsApp group. These were

important weekly meetings that enabled us to learn about what was happening in private care homes in Wales and hear the views of owners and staff. I exhibit an example on such a meeting at JMo/001-INQ000349351. I believe Mr Kreft was pleased with how closely we worked together and the support that we provided. I had understood from those meetings that the general feedback from the sector was that there were fewer care home closures because the Welsh Government made available financial support to the sector which helped to sustain the viability of the sector on a short-term basis. I also ensured that Mr Kreft was represented on any other relevant groups we established.

11. I also attended a weekly meeting with Gillian Baranski, the Chief Inspector of Care Inspectorate Wales, during which she gave me a detailed report on deaths in care homes and on any key matter arising. I understand the Care Inspectorate Wales introduced from March 2020 weekly telephone calls to every adult care home service and then from April 2020 weekly calls to every childcare and play setting in Wales, to monitor developments to understand the pressures across the sector and to identify areas where it could develop guidance and advice.
12. The Older Persons' Commissioner and I also met at least once a week and we were in regular discussion particularly about care homes and visiting. A Care Home Visiting stakeholder group was set up in the department to seek a broad range of views in developing guidance on visiting as the Commissioner was particularly concerned about the isolation of residents in care homes. I will address this further in my statement.
13. I also had some engagement with the Disability Equality Forum, as a result of the changes brought about by the Coronavirus Act 2020 specifically relating to the duties on local authorities in relation to care and support services. I discuss this further in my statement.
14. I met regularly with the Children's Commissioner for Wales, usually every week, either in a virtual meeting or on the telephone. We addressed issues arising around the childcare provision, looked after children and care leavers. We jointly commissioned the 'Coronavirus and Me' survey of children and young people to understand how they were being affected by the pandemic and to give them a voice.
15. I believe the regular meetings I attended with individuals and groups across the sector ensured that I was able to understand the issues that were the impacting their respective areas and feedback to Cabinet where necessary.

16. I was also supported to a high degree by the Director of Social Services and Integration Directorate and Chief Social Care Officer for Wales, Albert Heaney. I understand his responsibilities are set out in the statement he has provided for the purposes of Module 2B.
17. As a Deputy Minister I was privy to scientific advice provided by the Technical Advisory Cell and medical advice provided by the Chief Medical Officer for Wales through my attendance at Cabinet when the advice was given, either orally or as part of the 21-day review process. Such advice would also be included, when relevant, in any Ministerial Advice that I was asked to clear. Once the 21-day review process was established in May 2020, the Chief Medical Officer for Wales had a significant input into the papers for the review. I also worked closely with the Minister for Health and Social Services who would update me following the receipt of advice from the Chief Medical Officer for Wales and following his attendance at COBR meetings, and calls with the Chancellor of the Duchy of Lancaster. Following the establishment of the Technical Advisory Group's Children and Education sub-group, my officials, who attended the sub-group, updated me orally every week, and sometimes the Chief Scientific Officer for Health and/or the co-chair of the Technical Advisory Group met with me to provide an oral update. All of the formal Ministerial Advice that was submitted contained the relevant scientific advice where ministerial agreement was needed for an action.
18. I was also supported by a special adviser, who supported me in relation to adult social care policy, and a specialist policy adviser who supported me in relation to children's social care policy. Both worked closely with officials and others on my behalf. Both had relevant practice, policy and academic research expertise in their respective fields. They supported me during my meetings with Welsh Government officials and external partners. I always welcomed the support I received from my advisers.
19. I was part of a ministerial WhatsApp group that was used to share information and for general enquiries but it was not used by me to procure advice or communicate decisions. I was also a member of a further WhatsApp group established by my private office on 18 March 2020, but the sole messages relate to the arrangements for a meeting that evening to be held with Albert Heaney. I will arrange for copies of both these WhatsApp chats to be disclosed to the Inquiry.
20. I also exchanged some text messages relevant to the Welsh Government's response to Covid-19 with Cabinet Colleagues and will arrange for these to be disclosed to the

Inquiry. As far as I can recall there was no WhatsApp group with local government leaders.

21. I did not attend meetings with other governments as a matter of course but did occasionally attend ad hoc meetings. I do not recall having any dealings with my counterparts in the other governments – the Minister for Health and Social Services undertook most of the inter-governmental meetings for my policy area. However, I met with local authority Cabinet members on a regular basis and the Chief Social Care Officer for Wales regularly met with local authority social services leads and updated me – occasionally I attended those meetings to give support.
22. The structures which we relied upon during the pandemic were put in place during the early stages of the response. In relation to social care in particular, new structures and regular rhythms of meetings were required due to the disparate nature of the sector (for example 29 different commissioning bodies across local government and health and a highly varied care market of statutory, private and third sector providers - something which we were already addressing in our minds prior to the pandemic in terms of a new national commissioning system). In the circumstances, I considered the structures enabled core decisions to be made in an adequate and timely fashion.
23. The decision to have a Chief Social Care Officer was not connected to the pandemic in any way. Social care had always taken second place to health in policy development and in my view was why we needed a Chief Social Care Officer in the same way as we have a Chief Medical Officer, to highlight and speak for the social care sector. On taking up the post in summer 2021, Albert Heaney, held a listening exercise which brought home to him the important role played by unpaid carers in particular and who of course were deeply affected by the pandemic and often were in the position of caring for loved ones without the help normally available.
24. During the relevant period I feel I received adequate advice and information. The Chief Medical Officer for Wales and Chief Scientific Adviser for Health regularly reported on the latest developments. However, I recall the situation was moving so rapidly and changes to advice occurred quickly too. Our knowledge and capacity to act developed quickly during the period. The same was true in relation to testing. My own view was that testing should be as widespread as possible, but testing capacity was a relevant consideration and had to be prioritised according to the scientific advice and available resources at the time.
25. I believe core decisions were taken by the Welsh Government in a timely way with well documented advice and consultation with partners wherever feasible, bearing in

mind that we were in a fast-moving situation. We did our best to consult, for example within my portfolio we regularly consulted on the changes to care home visiting with the stakeholder group after the initial lock down actions were taken.

Ancillary matters

26. I did not have any concerns about the performance of any minister in the Welsh Government, nor did I have concerns over the performance of other senior officials with regards the pandemic bearing in mind the complete newness of the situation. I am not aware of criticism of my performance, and despite it being a very difficult period, I never considered resigning.

Initial understanding and response to the pandemic January – March 2020

27. Like many others, I first became aware of Covid-19 from press reporting, which caused me concern. However, I have seen a Written Statement from the Minister for Health and Social Services on 24 January 2020 exhibited at JMo/002-INQ00032707 which outlines that the Welsh Government was closely monitoring the emergency of a novel coronavirus in Wuhan in China. I also received an email on 31 January providing an update whereby myself and fellow ministers were advised that the World Health Emergency Committee was considering whether to issue a public health emergency. I exhibit that email at JMo/003-INQ000298961.

28. Further, on 11 February 2020 I received an email from an official within the Health and Social Services Group setting out 'lines to take' issued on behalf of the First Minister, exhibited in JMo/004-INQ000336241. Although I would have likely had some awareness of the virus through the media, I believe this is the first time I received a formal briefing. As can be seen from that email, the Minister for Health and Social Services was taking action, including meeting with Assembly Members (as they then were termed) and I have no doubt that he would have updated me too.

29. Originally, I expected that a response to a national emergency such as the pandemic would be dealt by our Emergency Coordination Centre (Wales). It was set up years before Covid-19 as a co-ordination centre which would become operational during civil contingency emergencies or events. This approach was built upon from April 2020

by a series of Welsh Government strategies and frameworks for tackling coronavirus, which I understand are detailed in Andrew Goodall's statement M2B-WG-01. The Social Services and Integration Directorate also constructed its own coordinating mechanism to help address the needs of the highly varied and multiple actors in our social care sector (private, not for profit, statutory, arms-length, representative bodies, regulators etc). Hence, the Director of Social Services and Integration established a Social Care Planning and Response sub-group which sat underneath the Health and Social Services Group Planning and Response Group. The new structure ensured that multiple sector partners, but particularly local authority Directors of Social Services, understood when to contact the Directorate with intelligence about impact on vulnerable people, or for information, advice, or support.

30. On 4 March 2020 I attended Cabinet. I exhibit the minutes of that meeting at JMo/005-INQ000048789. This meeting had been convened for the sole purpose of discussing Covid-19 following receipt of the SAGE modelling on the Reasonable Worst-Case Scenario. My reaction to the modelling was dismay - that information changed my perception of the risk faced by the people of Wales. From the beginning it was uncertain how events would unfold in Wales, but the modelling brought it home in a brutal way.
31. On 6 March 2020 I understand the Planning and Response Group held its first meeting. The meeting included external stakeholders, including local authority leaders. The Chief Social Care Officer for Wales as part of our 6pm daily meetings during the pandemic, would have updated me on the issues discussed at this meeting.
32. The Welsh Government's Guidance for social or community care and residential settings on Coronavirus was published on 9 March 2020 and is exhibited at JMo/006-INQ000336270. This noted that: "*There is currently no good evidence that people without symptoms are infectious to others*". At section 9 it stated that if a staff member or resident became unwell but had not been to specified areas in the last 14 days, then normal practice should continue. It stated at page 10 that where a resident or a staff member has tested positive, a contact tracing exercise would be undertaken by Public Health Wales.

33. On 11 March 2020 I attended the Covid-19 Core Group with the First Minister. I exhibit the note of the meeting at JMo/007-INQ000215171. The Chief Medical Officer for Wales provided an update that there were 15 known cases in Wales, with some community transmission and it would be for COBR to decide whether to move to the delay phase. Given the events in Italy, there was a need to prepare for the Reasonable-Worst-Case Scenario. Three delay options were being considered: self-isolation of individuals infected for seven days after symptoms developed; household quarantine for up to 14 days after the last person becomes symptomatic; and the cocooning of the elderly and vulnerable. The Chief Scientific Adviser for Health stated that the peak was 10-14 weeks away. Further thought would need to be given as to whether 'cocooning' the elderly should be advised, as this could lead to further isolation and increased loneliness.
34. On 13 March 2020 the Minister for Health and Social Services, subsequent to consultation with and advice from officials, announced that there would be fast-track discharge of vulnerable patients from acute and community hospitals and their choice of home was to be suspended in order to free up essential space for increasing numbers of Covid-19 patients with severe symptoms. This is exhibited at JMo/008-INQ000226942. That announcement was then actioned as part of the Welsh Government Covid-19 Hospital Discharge Service Requirements guidance in April 2020.
35. On 18 March 2020 I attended a Covid-19 Core Group meeting with the First Minister. I exhibit the notes of that meeting at JMo/009-INQ000336530. The Chief Medical Officer for Wales informed us that the virus was rapidly circulating in the community – there were 136 cases in Wales and 2 fatalities. The Chief Scientific Adviser for Health advised that modelling suggested the UK was four weeks into the 'curve' and it was expected to be another eleven weeks before the spread of the virus peaked, whereas the NHS was four to five weeks away from maximum capacity.
36. On the same day I also received a Ministerial Advice about non-legislative easements for social care providers and Regional Partnership Boards, which I approved the same day, and it is exhibited at JMo/010-INQ000144799. The advice noted that Care Inspectorate Wales had suspended routine inspections and it contained recommendations to:

- a. Support a pragmatic approach by Care Inspectorate Wales and Social Care Wales to enforcement of the requirements around the workforce, including in relation to domiciliary care workers and other registered social care workers;
- b. Support a flexible approach by Care Inspectorate Wales to enforcement of the submission deadline for provider annual reports (26 May 2020);
- c. Not seek to enforce the statutory requirement on Regional Partnership Boards to submit annual reports to Welsh Ministers by 30 June 2020; and
- d. Determine not to claw-back Integrated Care Fund funding in cases where Integrated Care Fund events and activities were cancelled, thus generating small underspends.

37. Also, on 18 March 2020 the Minister for Education and I delivered a Written Statement exhibited at JMo/011-INQ000299030 regarding ongoing provision for children who were vulnerable, or whose parents were critical to the Covid-19 response. It recognised the most recent scientific advice on how to further limit the spread of Covid-19. It was imperative that, as far as possible, social contact should be minimised. If children could stay safely in their home, they should, to limit the chance of the virus spreading. In summary, from 23 March:

- a. If it was at all possible for children to be at home, they should be;
- b. If a child needed specialist support, was vulnerable or had a parent who was critical to the Covid-19 response, then provision in an educational or childcare setting should be made available for them;
- c. Parents should not rely on anyone who had been advised to follow social distancing guidance, such as grandparents, friends, or family members with underlying conditions, for childcare;
- d. Parents should do everything they could to ensure children were not mixing socially in ways, which could contribute to spreading coronavirus. Children should observe the same social distancing guidance as adults;
- e. Residential special schools and special settings should continue to care for children wherever possible.

38. On 19 March 2020 the Minister for Health and Social Services announced in a Written Statement exhibited at JMo/012-INQ000252549 that the country was in the delay phase and that the Welsh Government was ensuring the supply of PPE for distribution in social care settings and the free provision of PPE to all social care providers. If

PPE stock could not be accessed while the Welsh Government was preparing to distribute PPE stock to local authorities, arrangements had been made that care providers could approach Local Health Boards for urgent assistance. No PPE was required for the treatment of asymptomatic persons in care homes.

39. Also, on 19 March 2020, a Ministerial Advice exhibited at JMo/013-INQ000104024 was submitted to the First Minister, the Minister for Health and Social Care, the Minister for Education, and I. The advice confirmed there had been discussions in COBR about the definition of vulnerable children and key workers with the aim of arriving at a consistent approach across the UK and proceeded to set out the definitions which were proposed for agreement and associated communication. It asked ministers to note the latest scientific advice – which was that numbers in the vulnerable and key worker provision should be kept as low as reasonably practicable. It advised that residential special schools, boarding schools and special settings should continue to care for children wherever possible. It appreciated that the Welsh Ministers did not currently have powers to close schools and childcare settings (that would be addressed by the Coronavirus Bill which was then before Parliament) but could make policy announcements based on the latest scientific and medical advice to guide the decisions by other public bodies. The advice asked Ministers to approve funding to childcare settings who followed the advice and closed, as had been agreed to be provided in anticipation of Temporary Closure Directions under the Coronavirus Bill. It was indicated that local authorities were making arrangements to continue provision beyond 23 March 2020 in line with a broad steer given to them by the Welsh Government. It noted the concern of local authorities in relation to admitting all children eligible for free school meals to the ongoing provision as given the numbers involved it would defeat the point of keeping numbers to a minimum to avoid transmission – there was therefore need for a dual policy approach to cater for children eligible for free school meals. It identified the proposed definitions for eligibility for ongoing provision being offered in schools. I approved the advice.

40. In a further statement of 20 March 2020, parents were asked to keep children at home wherever possible, and childcare and play settings were asked to limit access to the children of critical workers and vulnerable children, working in coordination with local authorities. The joint statement is exhibited at JMo/014-INQ000299031.

41. I was asked on 20 March 2020 to ease registration requirements (exhibited at JMo/015-INQ000097594), copied to the Minister for Health and Social Services. I

was asked to postpone the implementation of a requirement that only registered care staff could be employed. I agreed the same day (exhibited at JMo/016-INQ000097598).

42. On 22 March 2020 a Ministerial briefing, which I exhibit at JMo/017-INQ000349200, was drafted by the Health and Social Services Group Covid-19 Planning and Response Group. It set out the structure of the organisation and identified 24 temporary actions taken by the group, including ensuring clarity on testing of health and social care workers and ensuring supply of PPE to care home staff, which was to be done by 23 March 2020 – in the meantime there were mutual aid agreements in place between local authorities.
43. On 22 March 2020 the Director of Social Services and Integration Directorate sent an email to my private office exhibited at JMo/018-INQ000349197 following a query from a care home in Llanelli being asked to take patients from what they termed a 'Covid-19 positive hospital'. The advice given was that discharges needed to continue as there was a need to move patients out of hospitals. There was no need for testing but where a patient was positive for Covid-19 PPE should be used.
44. At Cabinet on 23 March 2020, the minutes of which I exhibit at JMo/019-INQ000048923, it was reported that there were concerns that only a small number of pupils had attended schools following their closure. Cabinet discussed a letter to be sent to vulnerable people in Wales in relation to self-isolation providing medical advice and advice about social support arrangements.
45. On 23 March 2020 the First Minister announced the lockdown in Wales. My view was that we made the best decision we could at the time on the information available to us.
46. At the Cabinet meeting on 24 March 2020 following the lockdown, we discussed guidance for local authorities on supporting vulnerable adults who were shielding and the cost of providing food and other essential items to those individuals. I exhibit the minutes of that meeting at JMo/020-INQ000048924. The need for support for care leavers was identified, as well as the victims of domestic violence. Support for care leavers was consistently raised with the heads of children services in the local

authorities who met regularly with Welsh Government officials. Keeping in touch with care leavers via electronic devices provided was regarded as a priority. The Children's Commissioner for Wales also raised the issue related to care leavers and children in care, seeking solutions to particular situations.

47. On 25 March 2020 I received a further Ministerial Advice on the issue of regulatory easements which I exhibit at JMo/021-INQ000136768, which was also copied to the Minister for Health and Social Services. On this occasion I was asked to approve regulatory amendments to exempt services created to respond to the Covid-19 emergency from registration requirements, and to ease the requirements for service providers to undertake the necessary DBS checks when recruiting additional staff. My officials set out the mitigating factors to off-set the risks in terms of relaxing these requirements. The purpose of the proposal was to ease the pressure on the system and to allow the system to appropriately respond to the emergency. The legislative proposals were sent to me and copied to the Minister for Health and Social Services on 1 May 2020, which I exhibit at JMo/022-INQ000136782.

48. On 25 March 2020 the Minister for Health and Social Services made a statement which I exhibit at JMo/023-INQ000299063 indicating that work was being done to ensure that PPE was available for the social care sector. Arrangements were put in place whereby care providers could obtain PPE from Local Health Boards. The Minister for Health and Social Services also stated that if neither the social worker nor the service user were symptomatic, no PPE was required over and above normal good hygiene practices.

49. On 27 March 2020 I was asked to approve guidance to the childcare and play sector to ensure the delivery of the service within the sector was consistent with the scientific advice. I exhibit both the Ministerial Advice and the guidance at JMo/024-INQ000097605 and JMo/025-INQ000097606 which were copied to the First Minister, the Minister for Health and Social Services and the Minister for Housing and Local Government, and which addressed, amongst other matters, the issue provision of childcare for vulnerable children.

50. Also, on 27 March 2020 a Ministerial Advice was sent to the Minister for Health and Social Services and copied to the First Minister, the Minister for Finance and myself, on the Welsh national testing plan which related the scaling up of testing, introduction

of lateral flow tests and Secure Anonymised Information Linkage analysis of test results. I exhibit the Ministerial Advice at JMo/026-INQ000349274.

51. Cabinet was told on 30 March 2020 that letters had been sent out to vulnerable people who were shielding and discussions about supply arrangements were ongoing. I exhibit the minutes of that meeting at JMo/027-INQ000048931.

Decisions in relation to NPIs

52. The Covid-19 Core Group meeting on 1 April 2020 (minutes exhibited at JMo/028-INQ000311845) discussed that concerns about the supply of PPE were being addressed, supplies had been delivered to the social care sector, there was a specific Welsh supply chain and Wales would be able to take advantage of the UK PPE procurement process. Shielding letters were being issued and discussions with the Welsh Local Government Association in relation to food parcels were ongoing.

53. On 1 April 2020 the Minister for Health and Social Services, the Minister for Housing and Local Government, the Deputy Minister for Economy and Transport and I attended a call with all local authority leaders. I exhibit a note of the summary of discussion and access points at JMo/029-INQ000227653. During that call current levels of PPE stock was a major concern. New guidance was expected the following day which would clarify who required PPE. There was particular anxiety in relation to social care settings. Testing capacity was being increased and this would enable care staff to be tested. Childcare was being considered and how support could be offered to the sector. Local authorities were reminded to be mindful of child safeguarding issues during the pandemic as it was noted the number of referrals were dropping.

54. On 2 April 2020 a Ministerial Advice was submitted to the Minister for Health and Social Services, the Minister for Education and I (copied to the First Minister and Minister for Housing and Local Government) which I exhibit at JMo/030-INQ000116756. It recommended the establishment of the Vulnerable Children Young People and Safeguarding workstream. The advice contained an in-depth consideration of safeguarding issues in relation to vulnerable children and the systems that had been put in place by local authorities to meet those concerns, which were being monitored by the Welsh Government on a weekly call. It considered data of at-

risk reporting and international data on domestic abuse during lockdowns. The annexed proposal identified that a number of services were being withdrawn that would normally form part of the safeguarding network, schools had closed and a lockdown had been announced. It was therefore necessary to adopt new safeguarding measures. The advice recognised that not only was it necessary to put new measures in place, but that the circumstances of the lockdown could result in an increase in safeguarding issues. It stated that *“Children and young people could become more vulnerable due to loneliness and isolation, spending long periods on social media, bereavement, sickness and other changes within the family home.”* It referred to a number of provisions of the UN Convention on the Rights of the Child. It defined vulnerable children as follows:

“Vulnerable children and young people include those with safeguarding needs and supported by social care, which include

- children and young people with care and support or support plans,*
- children and young people on the child protection register and children looked after,*
- young carers,*
- disabled children and young people and*
- those with Statements of special educational needs.*

The most vulnerable of these should be prioritised.”

55. It stated that due to the cross-cutting nature of the workstream, a whole of government approach was required. It set out a number of work streams and identified policy leads, which included special educational needs, access to school and childcare, and continuity of learning. A list of actions was identified as part of the workstream which included collaboration with local authority education and social services departments, and the NHS. The terms of reference for the directors group (which provided oversight) are exhibited at JMo/031-INQ000300064, and the terms of reference for the working group are at JMo/032-INQ000282126. An external stakeholder group was also established which included representatives from the Children’s Commissioner, the Inspectorates, the Third Sector, the Youth Justice Board, the National Safeguarding Board, Directors of Education, Directors of Social Services, the Police, Public Health Wales, the Adverse Childhood Experiences Hub, and Child and Adolescent Psychology.

56. A summary report of the workstream was prepared for the period March 2020 – early September 2020 which I exhibit at JMo/033-INQ000282125. It stated:

“For the purpose of provision in schools, hubs and/or registered childcare settings, vulnerable children were defined as children with a social worker and children with statements of special educational needs who would most benefit from the provision. Local authorities had the flexibility to also offer a place to those on the edge of care, if they were known to be vulnerable by the school or family support services.”

57. The report identified that two of the issues that arose during the workstream were: (i) there was lower than expected attendance at childcare / school hubs during the first lockdown; and (ii) contrary to expectations, safeguarding referrals did not increase. It stated that in response the Directors of Education and Social Services in the Welsh Government issued a letter to all Directors of Education and Social Services in local authorities clarifying expectations and asked for reassurance about the arrangements that were in place to keep in touch with vulnerable children (this letter was dated 23 April 2020 and is dealt with below). The report identified much of the guidance that was issued during the relevant period in relation to schools, learning and vulnerable children.

58. On 2 April 2020 I was also asked to approve the temporary relaxation of the National Minimum Standards for childcare, which included standards in relation to staffing ratios and the proportion of staff who needed to be qualified. I exhibit the Ministerial Advice at JMo/034-INQ000145418. The relaxations were identified following consultation with Care Inspectorate Wales. I was asked to extend the relaxations on a number of occasions, all of which I agreed. By way of an example, I exhibit a Ministerial Advice which I received on 18 June 2020, at JMo/035-INQ000145421.

59. On 3 April 2020 the Minister for Health and Social Services, the Minister for Education and I were asked to agree in principle a Temporary Closure Direction of all registered childcare and play providers, other than in the provision of care of vulnerable children

and the children of critical workers. I exhibit the Ministerial Advice at JMo/036-INQ000097631.

60. On 3 April 2020 I also decided to approve a request for funding to target loneliness and social isolation. I exhibit my email at JMo/037-INQ000349255. I exhibit the Ministerial Advice at JMo/038-INQ000350552. On 29 May 2020 I was provided with advice that the Welsh Government used the funds towards 'Friend in Need' an initiative which had been established by Age Cymru in response to Covid-19. A steering group had also been established which included representatives from the Welsh Government, the Older Persons' Commissioner for Wales and citizen voice. I exhibit the Ministerial Advice at JMo/039-INQ000144892.

61. Also, on 3 April 2020 I was forwarded written advice from the Deputy Chief Medical Officer for Wales. I exhibit the email I received at JMo/040-INQ000336377. This was in response to a request for advice made by the Minister for Health and Social Services following a meeting with local government, during which concern was expressed that there was community transmission and care workers were not being prioritised compared to the NHS. The advice was that the risk to care homes workers was likely to be less than in hospital because residents were self-isolating and visitors were banned and that steps had been taken to ensure that all care homes had access to PPE if they had a resident who had tested positive for Covid-19. Inappropriate and/or unnecessary use of PPE would mean that there was less for other purposes. My special adviser sent an email testing the medical advice on the basis that we challenged the understanding presented of social care. I exhibit the email at JM/041-INQ000349300. Given what had happened in care homes in Italy and Spain, it was clearly contestable that they could be made secure places. It was known that staff could unwittingly bring the virus into homes and they would likely reject the suggestion they were working in low-risk settings. It was jarring to care staff to see district nurses fully equipped when they were not.

62. The First Minister introduced a daily Ministerial call at Cabinet on 6 April. I exhibit the minutes of that meeting at JMo/042-INQ000048791. The first one discussed the fact that personal assistants were key workers and able to access PPE. I exhibit a readout of this call at JMo/043-INQ000349282.

63. On 7 April 2020 the Welsh Government COVID-19 Hospital Discharge Service Requirements guidance was published. I exhibit a copy of this guidance at JMo/044-INQ000080971. The main points that emerged from the document were:

- a. Acute and community hospitals were to discharge patients as soon as it was clinically safe to do so;
- b. The existing Welsh 'Discharge to Recover then Assess' model was adapted for the pandemic;
- c. Local community co-ordination hubs were established and a care and support capacity tool went live;
- d. Multiple contacts for patients were to be minimised, and there was to be implementation of reciprocal arrangements for delegated tasks between health and social care staff e.g. simple nursing tasks were to be undertaken by care staff;
- e. If applicable to the patient, Covid-19 test results were to be included in discharge information, and forwarded on if not available at the time of discharge;
- f. Further guidance on the care of patients being discharged to care homes was also published;
- g. Organisations were to consider alternative transport options such as volunteers and taxis;
- h. The requirement to carry out Continuing Health Care assessments was suspended and generally Local Health Boards were to retain responsibility for organising, funding and providing care as part of the discharge arrangements. However, the local authorities and Local Health Boards were to work co-productively and consider joint packages of care or pooled funds – provided it did not delay discharge.

64. I was not the decision maker in relation to the discharge guidance but was of course notified of the decision that had been made by the Minister for Health and Social Services based on advice from his officials.

65. On 8 April 2020 I attended the Covid-19 Core Group. I exhibit minutes of this meeting at JMo/045-INQ000311826. In that meeting we were informed that cases were rising and the spread was east to west and south to north. Progress continued on increasing testing capacity for health and social care workers. We were advised that the peak was expected in 2 – 3 weeks' time. We were informed that all shielding letters had been issued and that childcare and school meal vouchers were available in all local

authorities. Discussions on the delivery of food parcels were ongoing with the Minister for Environment, Energy and Rural Affairs. There was concern about the number of cases in care homes which was causing anxiety amongst care staff; Public Health Wales was providing support and it was agreed that officials would consider how to strengthen messaging. We were informed that local authorities had received additional supplies of PPE.

66. On 10 April 2020 I attended the Ministerial call with the First Minister at 9am. I exhibit a summary of the call at JMo/046-INQ000349307. The First Minister provided an update following COBR the previous day and that it was agreed that the scientific advice did not support the easing of restrictions. In relation to social care, it was noted there was a high degree of anxiety and ministers within the Welsh Government agreed to meet early the following week to establish a shared understanding of the pressures and actions in social care. The Minister for Education was concerned about vulnerable children not attending school.

67. On 10 April 2020 the Minister for Health and Social Services and I asked for a note to be prepared for Care Forum Wales and Care Inspectorate Wales providing clarity and reassurance around the testing of patients leaving hospital and moving into care homes and reiterating that test were available for staff. Public Health Wales had reiterated that the policy was not to test asymptomatic patients. I exhibit an email setting out the actions following that request at JMo/047-INQ000336400.

68. On 11 April 2020 I approved a Ministerial Advice submitted to the Minister for Health and Social Services, the Minister for Local Government, the Minister for Finance and I to seek approval for £40m in extra funding for local authorities in terms of commissioning of the adult care sector. I exhibit the Ministerial Advice at JMo/048-INQ000136775 and my email at JMo/049-INQ000349326. The advice described the expected increase in cost associated with the new hospital discharge guidance, which had been discussed with the Chief Medical Officer for Wales. Costs were increasing because of (i) the number of new residents who were thought to require more care than those whose needs were known and (ii) the high incidence of illness amongst staff (10-35%) which meant that further staff were required / back-filled and agency staff were being used. §3.1 of the advice referred to data analysis carried out by Care Inspectorate Wales which demonstrated that the incidence of Covid-19 amongst adult service users was rising, in parallel with other services as of 31 March 2020. It stated

that the Analytical Services Covid-19 Hub (established on 24 March 2020) had been supporting social care data analysis. This data was collected by the Welsh Government's Knowledge and Analytical Services Covid-19 Hub on 3 April 2020 using the notifications to Care Inspectorate Wales of confirmed or possible cases.

69. On 14 April 2020 officials brought to my attention the issues which had been raised in relation to the impact of the Regulations to be made under the Coronavirus Act 2020 on disabled persons' rights – in particular the reduction in domiciliary care packages. I exhibit the email at JMo/050-INQ000349330. I asked for this to be looked into, as a review of the legislation and guidance might have been required. I stated that we had to do our utmost to strengthen the guidance to mitigate the impact of the provisions of the Act. I exhibit that email at JMo/051-INQ000349332.

70. On 14 April 2020 I received a letter from the Older People's Commissioner for Wales which raised concerns about the situation in care homes, where residents were particularly vulnerable with a higher mortality rate. It requested that the Welsh Government undertake a number of actions relating to the supply of PPE, testing of symptomatic residents and access to healthcare. I exhibit the letter at JMo/052-INQ000349334.

71. Also, on 14 April 2020 I also attended a meeting with the Chair of Care Forum Wales. There had been steady progress on testing and PPE which had increased confidence and resilience in the sector. More clarity was needed on statutory sick pay and shielding. I exhibit the minutes of the meeting at JM/053-INQ000336409.

72. On 15 April 2020 I attended the Covid-19 Core Group meeting. At that meeting we were told that 81 care homes had reported Covid-19 infections. PPE supplies had been delivered to councils the previous day. There would be further discussions on the delivery of food parcels to vulnerable people. I attach the minutes of the meeting at JMo/054-INQ000336472.

73. On 15 April 2020 a Ministerial meeting was convened to discuss the social care sector. I exhibit the minutes of that discussion at JMo/055-INQ000336415. The meeting discussed the issues in relation to PPE and testing capacity. We were advised there had been a drop in the number of safeguarding referrals to children's services. It was

noted that very few vulnerable children were attending school. Care Forum Wales and Care Inspectorate Wales raised concerns about the discharge from hospital to care homes policy and testing. I suggested that this needed to be addressed to boost confidence in the sector. The fall in domiciliary care packages was also discussed and the need to review the guidance was identified to avoid disabled people losing their rights and entitlements. A consolidated list of actions was agreed to address the issues in social care, including: £40m in emergency funding; access to food supplies for vulnerable individuals; consideration by the Chief Medical Officer for Wales of testing on discharge from hospital; consideration of regulations on care home visitors.

74. On 16 April 2020 I approved operational guidance on children's social care which provided guidance to social workers on working with vulnerable children during the pandemic. I exhibit the Ministerial Advice at JMo/056-INQ000383575 and the operational guidance at JMo/057-INQ000097645. I exhibit my email at JMo/058-INQ000097647. It encouraged social services departments to risk assess their cases in order to prioritise. Local authorities were encouraged to use the vulnerable child provision in schools. Social workers were encouraged to use remote methods for keeping in touch with families and to maintain distance where a physical visit was thought necessary because of the level of risk.
75. On 17 April 2020 the Minister for Health and Social Services and I issued a joint statement announcing a £40 million package to support the commissioning of adult social care, which had been agreed at the social care ministerial meeting. For example, this was to help providers offset the cost of agency/backfill care and nurse workers due to sickness, absence or isolating. There were additional travel costs for collection of prescriptions, food and other essential items. There were additional IT costs e.g. for home working, new systems, to counter social isolation and associated costs with deep cleaning and protective clothing. I exhibit the Ministerial Advice which led to this announcement at JMo/048-INQ000136775.
76. On 17 April 2020 the Welsh Government published a policy document *Guidance for hubs and schools: provision for children of critical workers and vulnerable children* which I exhibit at JMo/059-INQ000081020. This stated at page 8:

“Vulnerable children

Every child who can be safely cared for at home should remain at home. Only where there is no safe alternative should provision be made in schools or other settings. For the purpose of provision in schools and/or registered childcare settings, vulnerable children include those with a social worker and with Statements of special educational needs. The most vulnerable of these should be prioritised by local authorities according to children with most need for the provision."

77. It stated at page 10:

"Continuing learning remotely

Children should be provided opportunities for learning and teaching remotely by their usual school. Schools and hubs should ensure that as learners, children are able to access and undertake this learning during their time in the provision, as they would if they were at home."

78. On 21 April 2020 I attended a meeting with Care Forum Wales where staff testing, staff pay and sector resilience were discussed. I exhibit minutes of that meeting at JMo/001-INQ000349351.

79. On 21 April 2020 I replied to the Older People's Commissioner for Wales's letter of 14 April 2020. I exhibit the letter at JMo/060-INQ000349375. I invited the Commissioner to join the social care sub-group which was addressing issues in the social care sector. I stated that there was now a system in place for the distribution of PPE from the NHS to the social care sector. Testing capacity for testing in care homes was being increased to include testing of discharge from hospital to care homes.

80. On 22 April 2020 I attended a Covid-19 Core Group meeting. I exhibit the minutes of that meeting at JMo/061-INQ000311833. The rate of transmission had stabilised which demonstrated measures were working. However, there were high transmission rates in closed settings, such as care homes. There were still concerns about the supply of PPE, testing and the control of the disease in care homes. Social care staff were the second priority for testing. Supply of PPE to local authorities had improved

– but they were supplying private care homes. There were ongoing discussions with Public Health Wales over infection control in care homes.

81. On 23 April 2020 the Welsh Government wrote to local authorities. I exhibit the letter at JMo/062-INQ000300005. The letter stated:

“As we move to this next phase we also intend to refine our definition of vulnerable children. You have expressed some resistance to the inclusion of children with statements of SEN and we understand why you do not consider all children with statements should be prioritised, and how a statement in Wales is not equivalent to children with an EHC Plan in England since their legislative changes. As a result we intend to refine this definition to say all children with a statement of special educational needs should be risk-assessed. In most instances this should be undertaken primarily by the school and parents, but a multi-agency approach should be taken where appropriate. The assessment should focus on determining whether there is a need to offer a childcare, school or hub place to meet the needs of the child, or whether they can safely have their needs met at home with support provided remotely.”

82. On 23 April 2020 I attended a meeting of the Carers’ Ministerial Advisory Group. I exhibit the informal note of the meeting at JMo/063-INQ000222771. Wales Carers Alliance had written to the Welsh Government and the letter was under consideration. There was a need to ensure that carers were properly considered as part of the exit strategy.

83. On 24 April 2020 I received a Ministerial Advice on the issue of adult safeguarding, exhibited at JMo/064-INQ000104014. The advice explained that a workstream had been established to assess the impact of Covid-19 on adult care providers, and to provide advice to safeguarding boards on how to discharge functions during the pandemic. I exhibit my approval at JMo/065-INQ000349347. This was supplemented by formal advice given to safeguarding boards on 16 April 2020. I exhibit that at JMo/066-INQ000104018.

84. On 28 April 2020 I was sent the updated guidance on the provision of community care, addressing the concerns that had been raised at the ministerial meeting on social care

on 15 April 2020, I approved the amended guidance the following day, making it clear that the modifications to the duties should only be exercised 'as a last resort'. I exhibit the email and guidance at JMo/067-INQ000215341 and JMo/068-INQ000215342.

85. On 29 April 2020 the Welsh Government published updated guidance on discharge arrangements 'Additional step-up and step-down Guidance' together with an updated flowchart. The flowchart made it clear that a negative test was required before discharge to a care home. The key points from the guidance were:

- a. A patient could be discharged back to a care home where they had received a negative test and isolated for 14 days;
- b. The care home had to consider whether they could practically implement isolation, the risk to other service users and whether there was a confirmed Covid-19 outbreak;
- c. For those who were positive for Covid-19 in hospital or tested positive prior to discharge, they were to isolate for 14 days in a community hospital prior to admission to a care home.

I sought, through my officials and my frequent contact with external social care partners, to help ensure that the guidance was reaching the intended recipients.

86. On 29 April 2020 I attended the Covid-19 Core Group meeting. I exhibit the minutes of that meeting at JMo/069-INQ000311831. The Chief Medical Officer for Wales reported that the transmission rate had reduced significantly which I believe demonstrated that the lockdown measures were effective. We were presented with evidence that people were becoming dissatisfied with restraints and there was developing evidence of hidden harms, for example, people were not accessing usual health services. The Chief Medical Officer for Wales was still of the view that facemasks were of marginal value – it created mixed messaging and people with mild symptoms may decide to use masks rather than self-isolating. It would also divert supplies away from health and social care. If it was safe to lift the lockdown, facemasks were not needed.

87. Also, on 29 April 2020 I received Ministerial Advice attaching a Written Statement on what the Welsh Government was doing to safeguard vulnerable children. I exhibit the advice at JMo/070-INQ000145466 and the Written Statement at JMo/071-INQ000350808. It noted that there had been a significant drop in child safeguarding

referrals since the beginning of lockdown, and that I had previously supported the national campaign by the NSPCC in partnership with the UK Government to remind adults to report any safeguarding issues. It confirmed officials were in discussion with the NSPCC to ensure that campaign was also available in Welsh in Wales.

88. On 2 May 2020 the Minister for Health and Social Services made a statement confirming that all residents and staff in care homes where there had been an outbreak of Covid-19 would be tested. His statement went on to state that the Welsh Government was implementing a 3-stage testing and rapid response plan to help care homes deal with coronavirus – this was a mixture of testing and environmental and hygiene support measures. I exhibit the statement at JMo/072-INQ000182440 and I exhibit the Ministerial Advice at JMo/073-INQ000116607.

89. On 4 May 2020, I issued a Written Statement to address concerns around unpaid carers' legal rights as a result of the emergency Coronavirus Act 2020. I exhibit this Written Statement as JMo/074-INQ000350809. In this statement, I stated that all local authorities were expected wherever possible to maintain the rights provided under the Social Services and Well-Being (Wales) Act 2014. I remained concerned throughout the pandemic about the needs of unpaid carers and my Written Statement made in the early months of the pandemic made it clear that any changes made to the support provided to unpaid carers and those they cared for by local authorities should be temporary, justifiable due to unavoidable local circumstances, and removed at the first available opportunity. Indeed, our officials carried out a Rapid Review in late 2020 of the ongoing impact of Part 2 Schedule 2 of the 2020 Coronavirus Act upon rights and services for vulnerable citizens and I was determined that our officials should undertake work as soon as possible to legally restore these, with the expectation that the regulations suspending the relevant sections would be laid in the first quarter of 2021. Albert Heaney wrote to key partners in January 2021 communicating that intention, which I exhibit at JMo/075-INQ000350186.

90. On 6 May 2020 I attended the Covid-19 Core Group meeting, I exhibit the minutes of the meeting at JMo/076-INQ000336509. The Chief Medical Officer for Wales explained that although community transmission had slowed, transmission rates in care homes remained high. The Welsh Government had therefore decided to test all residents in care homes where an outbreak had been identified. The science had become clearer on closed settings. Testing was also available in larger care homes

because they were at greater risk given the footfall. We were advised that issues around the supply of PPE to the care sector had been resolved.

91. On 6 May 2020 the Technical Advisory Group issued a consensus statement on care homes. It stated that care homes were likely to have a high degree of internal transfer of infection, due to the mobility and unpredictability of patients. It recorded that a limited study by Public Health England pointed to care staff who work in more than one care home as a significant infection vector. It stated that mobility of care staff between homes should be prevented if at all possible. It also stated that a study in New York found that the majority of those in care homes who were asymptomatic and positive were symptomatic within 5 days.

92. On 7 May 2020 Cabinet carried out its first 21-day review of restrictions.

93. On 11 May 2020, the definition of 'vulnerable children' in the vulnerable child guidance was updated to state as follows in relation to children with Special Educational Needs:

"We are asking local authorities to consider the needs of all children and young people with a statement of SEN, and make a risk assessment. This should involve parents or carers and the views of the child or young person. A multiagency approach should be used where appropriate. The assessment should focus on determining whether children and young people with a statement of SEN will be able to have their needs met at home with support provided remotely. Local authorities and education settings should decide together who is best placed to undertake the risk assessment, noting that the duty to secure provision remains with the local authority."

94. On 13 May 2020 I attended a Covid-19 Core Group meeting. I exhibit minutes of that meeting at JMo/077-INQ000221186. Infection rates remained stable. Death rates in care homes were reducing and the testing of patients on discharge to care homes may have helped with this. The Minister for Health and Social Services was to announce that afternoon the Test, Trace and Protect strategy.

95. On 14 May 2020 a Ministerial Advice was submitted to the Minister for Health and Social Services and I recommending: (i) that all residents and staff were tested when

a care home reported its first case; (ii) all residents and staff who had not previously tested positive should be tested where there was a recent / ongoing outbreak in a care home; and (iii) testing of all staff and residents where a care home had not reported a case. I exhibit the advice at JMo/078-INQ000136783. The advice noted the latest SAGE advice (Technical Advisory Cell briefing 12 May 2020 exhibited at JMo/079-INQ000299676) on introduction of Covid-19 into care homes which was that there was link between care homes and hospitals. SAGE had high confidence that hospital discharges and visits may have been an important source of introduction of Covid-19 infection to care homes. We expected that the routine testing of patients leaving hospital would help address this, although there may have been a continued risk of infection from false negatives returning to homes. SAGE had medium confidence as to the connection between staff and community. By this point, SAGE were recommending that within homes, there was a strong scientific rationale to test all residents and staff, irrespective of whether symptomatic or not, given strong evidence of asymptomatic transmission in care homes. The recommendations were agreed by the Minister for Health and Social Services on 15 May 2020. I exhibit the email setting out the Minister's agreement at JMo/080-INQ000336556.

96. On 15 May 2020 the Technical Advisory Group issued an updated consensus statement on testing in care homes, which was sent to a broad range of ministers. There was evidence that there were outbreaks which had not yet been reported because people were asymptomatic or pre-symptomatic. It would therefore be valuable to test in selected care homes that had not reported an outbreak, so that the prevalence of those cases could be understood. There was some evidence that staff working in more than one care home at a time would increase the risk of infection.

97. On 16 May 2020 a Welsh Government press release extended testing to all care homes following an announcement by the Minister for Health and Social Services. Testing was to include all residents and staff. The press release failed to clarify that it was restricted to care homes who had not reported an outbreak in the past 28 days. I exhibit the statement at JMo/081-INQ000182446 and the Ministerial Advice at JMo/078-INQ000136783.

98. I attended the Covid-19 Core group meeting on 20 May 2020 (minutes exhibited at JMo/082-INQ000221152). Infection rates had stabilised in care homes. Members of the Black, Asian and Minority Ethnic Covid-19 Advisory Group attended the meeting

to provide an update on their work. They had created two sub-groups: socio-economic and scientific. A Self-Assessed Risk Assessment Tool had been developed to help health and social care workers to assess whether they were at higher risk before engaging with management and trade unions in relation to necessary actions.

99. On 20 May 2020 I issued a Written Statement on Older People's Rights and Coronavirus which set out that the Welsh Government was providing increased support to care homes e.g., regular PPE supplies and advice on hygiene. The statement referenced Office of National Statistics figures that about 25% of coronavirus deaths in Wales were in care homes. The Welsh Government committed to a rights-based approach and to continuing its work on a Strategy for an Ageing Society. I exhibit the statement at JMo/083-INQ000338683.

100. On 27 May 2020 Cabinet met. I exhibit the minutes of that meeting at JMo/084-INQ000048926. The focus of the meeting was the next 21-day review of the Regulations. A draft Ministerial Advice and associated documents had been circulated prior to the meeting. Easements in education and childcare were considered in addition to the need for an effective Test, Trace and Protect system, which could be possible by the next review period. However, it was considered that further advice would be required following that review. One of the papers before Cabinet was an assessment of restrictions on education and childcare. I exhibit the assessment at JMo/085-INQ000048833 which had been compiled with the assistance of the Technical Advisory Cell. The assessment identified that at the time of the announcement on 20 March asking childcare providers to prioritise the children of key workers and vulnerable children, the Welsh Government did not have the power to require the closure of childcare providers. Technical Advisory Cell advice was that there was insufficient headroom in the transmission rate to open childcare settings. The role of children in transmission was unclear – although modelling suggested early years provision had less of an impact than primary school. Childcare providers were gradually re-opening because of the demand caused by an upturn in economic activity and their reopening was not currently restricted. The impact on the well-being of children was identified. The importance of early years provision was also identified. The adverse effect of exposure to adverse events at home was explained. It considered the economic impact of the closure of schools and childcare. I note equality impacts were being considered and collated by policy leads. An integrated impact assessment was being finalised in respect of the key decisions in relation to

childcare. The advice then set out the known impacts on age, disability, gender reassignment, maternity, race (and the susceptibility of Black Asian Minority Ethnic individuals to Covid-19), religion, sex (and the fact that women were more likely to be carers) and sexual orientation. It referred to provisions of the United Nations Convention on the Rights of the Child. So, whilst the integrated impact assessments were not before Cabinet, the work was being undertaken by policy officials and Cabinet were provided with sufficient information to consider the impacts of the continued closure of schools and childcare.

101. On 27 May 2020 I received an update on progress in care homes which I exhibit at JMo/086-INQ000336613. A working group had been established to ensure residents received testing. All care homes were due to have been tested in the following 2 – 3 weeks. Officials were to consider testing of all care home workers on a weekly basis if there was no outbreak in a care home, in line with the approach in Scotland.

102. On 29 May 2020 I attended the ministerial call with the First Minister. I exhibit a note and actions from the call at JMo/087-INQ000349512. At that call the ability to visit relatives had been welcomed, but it would not apply to shielding persons and care homes. SAGE had demonstrated that lives had been saved by the shielding policy.

103. On 1 June 2020 Cabinet considered shielding and the delivery of food boxes. I exhibit the minutes of that meeting at JMo/088-INQ000129872. It had been hoped that the Four Nations could have agreed a common approach to this issue, but the UK Government had instead made a unilateral announcement that weekend, and there was need to respond. The Chief Medical Officer for Wales' advice was that those who were shielding should begin outdoor exercise and meeting others outside. Cabinet agreed to approach local authorities to administer the delivery of food boxes as they were able to target the most vulnerable.

104. On 1 June 2020 I wrote to the Older People's Commissioner setting out that as testing in care homes was rolled out, priority was given to care home outbreaks followed by care homes with more than 50 registered beds as these were impacted more. I exhibit the letter at JMo/089-INQ000338305. From 15 June 2020 all care home staff would be offered a weekly test for a 4-week period. The Welsh Government

realised the importance of stopping the spread of the virus across and within care homes at the “*earliest opportunity...As mass testing comes on line, ensuring residents and staff in care homes can live and work in a safe environment is a priority...to ensure we are monitoring closely we have asked Local Health Boards to submit weekly situation reports*”.

105. On 3 June 2020 I decided to re-start childcare and play services across Wales from 22 June at the earliest, subject to the evidence and data supporting this at discussions on 18 June as part of the 21-day review cycle. I exhibit a copy of an email setting out my decision at JMo/090-INQ000349520. I also agreed that appropriate guidance on social distancing and infection prevention and control should be issued. This decision was made following receipt of a Ministerial Advice dated 28 May 2020. I exhibit the advice at JMo/091-INQ000350553. The advice noted that providers had started to notify Care Inspectorate Wales of their intention to reopen. The scientific advice was that children were infected at the same rate as adults but were less symptomatic. Transmission in younger children may be lower than in adults. The advice followed the decision-making framework. The advice was being provided in light of the last 21-day review which anticipated that the next 21-day review might be in a position to decide to reopen childcare. On 10 June 2020 I approved the guidance to the childcare sector on protective measures which had been prepared in conjunction with Public Health Wales, Care Inspectorate Wales, local authorities and Estyn. I exhibit the email approving the guidance at JMo/092-INQ000349581 and the Ministerial Advice at JMo/093-INQ000350554.

106. On 8 June 2020 I approved a letter to be sent to the Senedd’s Children, Young People and Education Committee in relation to their scrutiny of the impact of Covid-19 on children and young people. I exhibit the letter at JMo/094-INQ000281729.

107. On 16 June 2020 I attended the Ministerial call with the First Minister. I exhibit the minutes of that call at JMo/095-INQ000349601. A draft of the report by the independent advisory group on the impact of Covid-19 on Black Asian and Minority Ethnic communities had been received. We were advised that the work by the social care sub-group on the Welsh Risk Assessment Tool was going well.

108. The next 21-day review took place on 17 June 2020. I exhibit the minutes of that meeting at JMo/096-INQ000048799. As part of that review it was decided that childcare would open on a phased basis from 22 June under new guidelines. This decision was based on a paper on childcare entitled Assessment of specific restrictions and measures: Restart of the Childcare and Play sector. I exhibit the paper at JMo/097-INQ000048842. The paper had been drafted following consultation with, amongst others, Play Wales, Social Care Wales, Care Inspectorate Wales, Estyn, Children in Wales, local authorities, the Children's Commissioner, the Welsh Language Commissioner and the Future Generations Commissioner. The Stakeholder Reference Group was also consulted on the development of the operational guidance, which was developed in partnership with Public Health Wales and shared with the Shadow Social Partnership Council with comments from a number of trade unions taken into account. It analysed data available to the Technical Advisory Cell on the role of pre-school children in transmission, which was at that time unclear. It repeated the advice on adverse impacts that was identified in the paper for the previous 21-day review.
109. On 23 June 2020 I received a further Ministerial Advice, copied to the First Minister, Minister for Health and Social Services and the Counsel General, asking me to approve the publication of guidance on the use of PPE by unpaid carers. The advice stated that PPE was to be provided to carers if the person being cared for was symptomatic, if the person being cared for is shielding or the carer was shielding. I exhibit the advice at JMo/098-INQ0001449190000000 and the decision at JMo/099-INQ000349642.
110. On 2 July 2020 I attended the Carers' Ministerial Advisory Group meeting. Please note this forum was set up prior to the pandemic but met throughout. At that meeting the Welsh Government discussed the 'carers' guidance' and access to PPE. The group discussed evidence that closure of schools had increased caring responsibilities on young carers. I exhibit the minutes of that meeting at JMo/100-INQ000350556.
111. On 8 July 2020 the Senedd's Health, Social Care and Sport Committee published its report on the impact of Covid-19 on health and social care in Wales. I exhibit a copy of that report at JMo/101-INQ000349686. It recommended that the

Welsh Government test all patients being discharged to a care home, and that testing took place regularly in care homes.

112. Weekly testing of staff in all care homes, including those yet to report an outbreak, was commenced on 15 June 2020. Based on the evidence gathered from the initial testing period, on 10 July 2020 a Ministerial Advice was submitted to the Minister for Health and Social Services and I to continue with the weekly testing for staff in care homes. I exhibit the advice at JMo/102-INQ000336817. In response to the Ministerial Advice, I emailed the Minister for Health and Social Services on 12 July 2020 stating: *"I agree that care home staff should continue to be tested weekly & reviewed again after 4 weeks. However i do think there is a case for a further round of testing for residents in view of the visits that are now being arranged & the planned gradual opening up of the homes."* I exhibit my email at JMo/103-INQ000349702.

113. The Minister for Health and Social Services responded on 13 July 2020 expressing disagreement with the recommendation that weekly testing continue because of the low prevalence. I replied on the same day stating: *"I still think it should stay weekly. I think it is too soon to change. We could signal that it will change after next 4 weeks if certain criteria are met. I note the TAC report says "Criteria for the cessation of repeat testing with defined target setting should be clearly defined & agreed prior to the implementation of that testing". We have been so much on the backfoot with testing & care homes. We need to keep the confidence of relatives & residents. I understand 6 care workers from 6 different homes in Denbighshire tested positive last week, one from a home that had had no COVID. Because of the low prevalence I know there is a chance that any of these could have been false positive. But the sector is so fragile it seems necessary to be very vigilant. We are also in the process of opening up the care homes, with visits taking place outside now & discussions about how visits can take place inside for a range of people. Surely this is the wrong time to lessen the testing. It is great that only 1.1% tests were positive on 9 July but I think we should proceed cautiously & carry on as we are for the next 4 weeks"*. I exhibit the Minister's response and my reply at JMo/104-INQ000349704. On 15 July 2020, the Minister for Health and Social Services agreed to the recommendation. I exhibit the email confirming the agreed position at JMo/105-INQ000349705.

114. On 10 July 2020 I was asked to approve guidance around the delivery of face-to-face provision of Families First and Flying Start programmes (copied to the First Minister, the Minister for Health and Social Services and the Minister for Housing and Local Government). The advice set out that resuming face-to-face delivery would help provide the most effective help and support as early as possible, would help to reduce the risk of further developmental delay and reduce the risk that the needs of families escalate to crisis point where other acute services may be required. I exhibit the Ministerial Advice at JMo/106-INQ000145176 and the approval at JMo/107-INQ000349703.
115. On 13 July 2020 I presented to Cabinet a paper on the future of social care in Wales, drawing upon lessons learned to date from the pandemic, exhibited at JMo/108-INQ000349649. Within that paper we identified that there were vulnerabilities in the sector such as PPE supply, data collection and collaboration. The work force was low-paid and the sector was not financially resilient. One proposal was to develop a national body for social care. This has since materialised as the creation of a National Office in early 2024 that will implement a national framework for social care in Wales. The intention is for the Framework to promote more consistency around commissioning good quality care across a sector whose fragility was much exposed and worsened by the pandemic. The National Office and Framework was already part of our thinking but Covid-19 made us realise how important it was.
116. On 16 July 2020 a Ministerial Advice was submitted to the First Minister, the Minister for Housing and Local Government, the Counsel General, the Minister for Health and Social Services and I recommending the reopening of outdoor playgrounds. I exhibit the advice at JMo/109-INQ000235853. This was a policy announced by the First Minister on 10 July in connection with the 21-day review. The advice referred to relevant provisions of the United Nations Convention on the Rights of the Child and noted that play was essential to a child's well-being.
117. On 29 July 2020 I was sent the 'Care Homes Action Plan' for approval as set out in the Ministerial Advice I exhibit at JMo/110-INQ000116758. The Older People's Commissioner for Wales' report, 'Care Home Voices – A Snapshot of life in care homes in Wales during COVID-19' called for Welsh Government to publish an action plan for care homes to provide assurance to people living and working in care homes and allow constructive and responsible scrutiny of the decisions being made and the

action being taken by the Welsh Government and other public bodies. The plan focused on six areas: (i) infection prevention and control; (ii) PPE; (iii) general and clinical support for homes; (iv) residents' well-being; (v) social care workers' well-being; (vi) financial sustainability. I exhibit the approval at JMo/111-INQ000383576

This plan was updated in March 2021 and I exhibit the Ministerial Advice seeking my agreement to publish the final plan at JMo/112-INQ000235980. I exhibit the approval at JMo/113-INQ000350308.

118. On 4 August 2020 I was asked to approve the return of indoor care home visiting (copied to the Minister for Health and Social Services). Outdoor visits had been approved on 5 June following the easing of restrictions. I exhibit the Ministerial Advice at JMo/114-INQ000136803 and the approval at JMo/115-INQ000349765. However, by this point there was growing concern, being expressed by the Older People's Commissioner amongst others, about the negative impact being caused by separation from loved ones. There was a limited window in which to do this, because a second wave was anticipated. The Technical Advisory Cell was supportive of the change as transmission was low, provided that the care home did not have an outbreak. The updated guidance was sent to me, copied to the First Minister and the Minister for Health and Social Services, for approval on 25 August 2020. I exhibit the Ministerial Advice at JMo/116-INQ000116706 and the approval at JMo/117-INQ000349845.

119. At Cabinet on 18 August 2020, it was agreed that officials should give further thought to whether people could visit relatives indoors in care homes. I exhibit the minutes of that meeting at JMo/118-INQ000048862.

120. On 19 August 2020 the Minister for Health and Social Services and I met with the Older Persons' Commissioner for Wales and the Equality and Human Rights Commission. I exhibit notes of the meeting at JMo/119-INQ000337116. At that meeting the Minister for Health and Social Services provided an overview of the Public Health Wales report 'Risk Factors for Outbreaks of Covid-19 in Care Homes' which demonstrated that the recent narrative around hospital discharge and its impact on Covid-19 transmission in care homes was not supported by the emerging scientific evidence. It was considered the Care Home Action Plan would respond to issues in the care home sector. The Older Persons' Commissioner advised that she had met

with Professor John Bolton as part of his rapid review. The Welsh Government's consolidated approach to impact assessments was discussed, which identified the disproportionate effect on older people.

121. On 10 September 2020 I again met with the Older Persons' Commissioner for Wales to discuss the restrictions on visiting care homes in local authority areas subject to tiered restrictions. I exhibit an email summarising what was discussed at JMo/120-INQ000349852. Visiting indoors and outdoors had been suspended, save for exceptional reasons, such as end-of-life visits, on the advice of Public Health Wales.

122. On 25 September 2020 I was asked to approve the publication of the rapid review for care homes by Professor Bolton. I exhibit the Ministerial Advice at JMo/121-INQ000136818. This review is addressed further below when addressing lessons learned.

123. On 5 October 2020 the Children's Commissioner for Wales sent me an updated report 'Coronavirus and me' which reported on the results of a survey of young people aged 15 – 18. It made recommendations in relation to education, public information, well-being and access to services. I exhibit the report at JMo/122-INQ000349907.

124. On 6 October 2020 I received a Ministerial Advice which recommended enhancements to the statutory sick pay for the social care sector, to be funded out of consequential funding. It recommended that the following should receive top-up payments: care home staff, domiciliary care staff, personal assistants and agency care staff and nurses. The purpose of the payments was to encourage staff to stay-at-home as an infection control measure. It would be triggered by symptoms, Test, Trace and Protect isolation requests, childcare, mental health related absence and workers leaving shielding who could not take up front-line roles. I exhibit the Ministerial Advice at JMo/123-**INQ000337158**

125. On 7 October 2020 the Minister for Health and Social Services and I had a meeting with the Older Persons' Commissioner for Wales. I exhibit the minutes of that meeting at JMo/124-INQ000350558. The Commissioner welcomed the removal of the blanket ban on care home visits. The next step was to facilitate indoor visiting, which the Commissioner believed in most cases was possible. Care Forum Wales

had identified a fear in the sector about how a second peak would affect it. There was a need to develop stronger means by which to give older persons a voice.

126. On 7 October 2020 I decided to approve a deep dive in relation to asymptomatic testing of care home staff with the Chief Medical Officer for Wales and Public Health Wales. I exhibit the approval at JMo/125-INQ000349926. The Ministerial Advice identified the purposes as being to restore confidence, ensure compliance and settle the position on re-testing, exhibited at JMo/126-INQ000136819.

127. On 8 October 2020 the Minister for Education and I were asked to approve the 'Coronavirus Control Plan for Wales: Education and Childcare settings' which was prepared to support education and childcare settings in planning for their operations, and for movement between the stages of the hierarchy of escalation set out in the overarching control plan. The problem was the likelihood that these settings would see absences from staff, children, young people and learners. This was likely to occur both when people were diagnosed with Covid-19 or identified as a close contact and required to isolate, and could involve small numbers or quite large numbers depending on circumstances. I exhibit the Ministerial Advice at JMo/127-INQ000136821.

128. On 15 October 2020 the First Minister called an emergency meeting of Cabinet to discuss a circuit breaker to reduce the significant increase in transmission. I exhibit the minutes of that meeting at JMo/128-INQ00048796. This situation was very fast moving. The Government's main priority would be to keep schools and childcare settings open. A firebreak was agreed to in principle to commence on 23 October. The Cabinet had before it an equalities impact assessment which considered impacts on protected characteristics and was informed by the Black, Asian and Minority Ethnic Covid-19 socio-economic sub-group. I exhibit this paper at JMo/129-INQ000048873. The analysis paper, which I exhibit at JMo/130-INQ000048876 highlighted the importance of primary schools and childcare remaining open during the firebreak, because of the lower risk.

129. Also, on 15 October 2020 I agreed to establish the Carers Support Fund. The underlying advice identified that an anticipated increase in demand for social services did not materialise – a significant number of people handed back care packages to protect themselves. Thus, many carers in Wales had been coping alone. A Carers

UK survey indicated 70% of carers were spending more time providing care. More than half felt overwhelmed. Financial pressure was a major concern. It was recommended that Carers Trust Wales was asked to administer the fund. I exhibit the Ministerial Advice at JMo/131-INQ000349756.

130. The Cabinet discussed the firebreak further on 18 October 2020. The announcement was made by the First Minister on 19 October that a firebreak would take effect from 23 October for two weeks.

131. On 19 November 2020 the First Minister and I attended a meeting with Young Wales. I exhibit the minutes of that meeting at JMo/132-INQ000350555. The purpose of the meeting was to enable young people to share their views and experiences of Covid-19 and the Firebreak. Young people found the regulations confusing, in particular school bubbles. The feedback was that online learning should be considered a last resort as it was not efficient and there was digital poverty. The rationale behind cancelling exams was also discussed.

132. On 20 November 2020 a Ministerial Advice recommended the introduction of asymptomatic testing for the wider social care workforce, including domiciliary care workers, alongside advice to introduce the same for health care workers. I exhibit the Advice at JMo/133-INQ000144929 and the approval at JMo/134-INQ000349993.

133. On 24 November 2020 I attended a ministerial call with the First Minister. I exhibit the minutes of that meeting at JMo/135-INQ000281964. It was hoped that the Four Nations would agree at COBR that day on an approach to allow mixing over the festive period. I reported that there was to be an announcement on outdoor visits at care homes, but beyond that it was not proposed to allow additional visiting because of the risks involved, which would be difficult for families and residents. The Chief Medical Officer for Wales confirmed that for the clinically extremely vulnerable the consensus was that they should be given flexibility to see family and friends, with guidance on the precautions they should take.

134. At the Cabinet meeting on 27 November 2020, we were informed that the gains of the firebreak had already been lost. The point was made that not controlling the transmission of the virus through NPIs also caused socio-economic harm. Cabinet agreed to impose restrictions and to adopt a tier system. Cabinet agreed that

childcare and schools would remain open. I exhibit the minutes of the meetings at JMo/136-INQ000048927.

135. On 1 December 2020 I was sent the draft Technical Advisory Group's consensus paper on testing on discharge to care homes, which I exhibit at JMo/137-INQ000227902. I raised a query in relation to what was meant by a "low positive" in the statement. I exhibit my email at JMo/138-INQ000350033.

136. At the Ministerial call with the First Minister on 3 December 2020 (exhibited at JMo/139-INQ000350058) I explained that the availability of lateral-flow testing was being used to allow visits to take place.

137. On 4 December 2020 I was sent the Technical Advisory Group's statement regarding non-pharmaceutical interventions in the pre-Christmas period, exhibited at JMo/140-INQ000350055. Concerns were raised about the recommendations in the paper about schools – which were inconsistent with the position that had been reached by the Welsh Government in relation to protecting schools opening. I commented that I would be concerned about schools closing a week early because of the damage it would cause to children, their rights and the absence of an equality impact assessment.

138. On 4 December 2020 I also received a Ministerial Advice seeking my approval to either retain, suspend or expire early the operations within the Coronavirus Act 2020. Through my contact with external partners, particularly our Disability Equality Forum which I attended virtually during the pandemic on a few occasions, and through contact with the Specialist Policy Adviser for disability, I had long been aware of and concerned about the negative impact of the pandemic on packages of care provided by local authorities. I was keen to suspend or expire the legislation in this regard. On 19 February 2021, I was happy to issue a Written Statement announcing my intention to suspend Schedule 12 on 22 March 2021. I exhibit a copy of that Written Statement as JMo/141-INQ000350676.

139. On 7 December 2020 Cabinet revisited my paper in relation to the future of social care, which I exhibit at JMo/142-INQ000129910. There had been consultation with local government, the NHS and the independent sector. It was felt that there should be a move away from competition based on price and a move towards quality and a new national framework. It was recognised that the pandemic had raised the

profile of care workers and highlighted many inequalities within the system. A national framework would help support some of the lowest paid in society, the majority of whom were women, by moving towards a Living Wage. It would also improve training and address equality issues. Co-production was also important. The Real Living Wage was brought in as a result of a manifesto commitment, but Covid-19 demonstrated dramatically the need for this to help sustain the social care sector.

140. At Cabinet on 9 December 2020, minutes exhibited at JMo/143-INQ000048793, the details of the proposed 'traffic light system' were discussed. Cabinet requested an update on asymptomatic transmission in children.

141. On 15 December 2020 the Minister for Health and Social Services announced a change to the requirements around discharging people from health care to social care settings. I exhibit a copy of the Written Statement at JMo/144-INQ000227285. This was informed by a review of the latest Technical Advisory Cell advice about interpreting RT-PCR tests, which I exhibit at JMo/137-INQ000227902. This change was based on our guiding principle of getting people into the right place to facilitate the achievement of their well-being outcomes. In particular, the change moved to a more holistic assessment of discharge; the key point here was infectivity. The new criteria for determining that an individual was no longer infectious were lapse of time, absence of fever, improvement in other symptoms, and a test to indicate the degree of viral load.

142. On 19 December 2020 Cabinet agreed to bring forward tier 4 restrictions from 28 December to midnight on 20 December, based on medical advice that the Kent variant was significantly more transmissible than other variants and the position in Wales was deteriorating badly.

143. The increasing availability of LFD tests also led to the introduction of testing for care home visitors in December 2020, which helped care home residents and loved ones have the contact they had so sadly been denied during lockdown and the intervening months. I exhibit the advice at JMo/146-INQ000136864 which provides an update on testing.

144. On 11 January 2021, Cabinet considered an options paper on registered childcare (exhibited at JMo/147-INQ000057762). It contained an analysis of

transmission in children noting rising infection rates could be attributable to an increase in testing. Infection rates in children were the result of a combination of susceptibility and exposure – they may be less susceptible, but the contact rates were higher. Protective measures in childcare settings remained effective.

145. On 22 January 2021, Directors of Social Services and other stakeholders in the care sector were informed that I had decided to suspend the provisions of the Coronavirus Act 2020 that allowed modifications to be made to the duties on local authorities in relation to community care, which I exhibit at JMo/075-INQ000350186. It was a positive that the modifications had not been used before that point.

146. On 29 January 2021 I decided to join the UK Government's repeated LFD testing programme for care homes, introducing twice-weekly testing for asymptomatic care home staff in addition to PCR testing for all care homes in Alert Levels 3 and 4, and to allow Public Health Wales to introduce daily testing in care homes with an outbreak following advice to that effect which demonstrated that positive results were increasing. I exhibit this advice and the decision at JMo/148-INQ000350228 and JMo/149-INQ000350211.

147. On 5 February 2021 the Minister for Health and Social Services, Minister for Education and I issued a Written Statement on testing in schools, colleges, and childcare, which I exhibit at JMo/150-INQ000350237. Following discussions with Public Health Wales and the Technical Advisory Group's Children and Education Sub-group, all staff in childcare, schools and further education would continue to receive twice-weekly lateral-flow tests after the February half-term. This would allow the Welsh Government to monitor asymptomatic infection in those settings.

148. The 21-day review paper before Cabinet on 16 February 2021 (exhibited at JMo/151-INQ000057771) identified one proposal as making amendments to care home operation guidance on visits – these were not constrained in regulations, but were vital for resident and family member's wellbeing. The guidance was linked to the Alert Levels so visits were limited (particularly indoor visiting which was only advised in exceptional circumstances within Alert Level 4). This could potentially be adjusted to allow greater indoor visiting by designated visitors, or those more involved in their loved ones' care.

149. Further to the analysis in the 21-day review, on 3 March 2021 I was asked to approve the return of routine indoor care homes visits while the country was at Alert Level 4 (copied to the First Minister and the Minister for Health and Social Services), which I exhibit at JMo/152-INQ000198557. The context was that this was going to be allowed in both England and Scotland. The previous guidance had allowed only outdoor visits during Level 4. The Social Services and Integration Directorate was working closely with Public Health Wales on the issue of guidance and risk assessments. The amended guidance was sent to me for approval on 11 March 2021; I exhibit it at JMo/153-INQ000116680. Hereafter, I approved a number of variations to this guidance as restrictions were eased, which I exhibit at JMo/154-INQ000116638, JMo/155-INQ000136860, and JMo/156-INQ000136869.
150. Following discussions with Public Health Wales, and with the agreement of ministers, visiting a care home was included as a reasonable excuse to gather indoors during Alert Level 4 and the care home visiting guidance was amended to include a designated indoor visitor (with a deputy) from 12 March 2021; I exhibit the advice submitted to Cabinet relating to easement of restrictions on 11 March 2021 at JMo/157-INQ000145542.
151. On 18 March 2021 the First Minister, the Deputy Minister and Chief Whip, the Minister for Health and Social Services and I attended a meeting with the Disability Equality Forum, I exhibit the minutes at JMo/158-INQ000350562. The meeting discussed the report 'Locked Out: liberating disabled people's lives and rights in Wales'. It recommended: an inquiry into factors affected deaths; incorporation of United Nations Convention on the Rights of Disabled Persons; examination of post-pandemic mental health issues; the creation of a Disabled Persons' Commissioner for Wales; involvement of disabled people in the decision-making. Those present also identified their lived experiences during the pandemic: difficulties accessing supermarket food; disconnect between national policy and local delivery; problems with public information broadcasting; public bodies not using social model of delivery. It was agreed a taskforce was to be established to deliver the report's recommendations.
152. On 20 July 2021 I announced the social care recovery framework exhibited at JMo/159-INQ000350604. On 29 July 2021 I received a Ministerial Advice, exhibited at JMo/160-INQ000136861, on a funding bid for the social care recovery framework.

The advice identified the impact of Covid-19 on children, older people, unpaid carers, care home residents, adults with learning difficulties and Black, Asian and Minority Ethnic people. The toll on the social care work force had been significant and steps were needed to address it. The effects of long-Covid, impacted mental health, loneliness and isolation had been extensive. As a response, the Social Care Recovery Framework had been published.

153. On 19 November 2021 I approved updated guidance on hospital discharge requirements, exhibited at JMo/161-INQ000350455. The Ministerial Advice, exhibited at JMo/162-INQ000116808, identified that PCR testing was being replaced with lateral-flow testing.

154. In December 2021, due to the Omicron variant, some restrictions were reimposed in care homes, including a requirement for health and social care staff to test before every shift in response to the Omicron wave. I exhibit the advice at JMo/163-INQ000337949 and the approval at JMo/164-INQ000350484. On 27 January 2022 I was asked to remove those restrictions because the data showed that Omicron was not causing the same level of harm in what was then a highly vaccinated sector. With the move back to Alert Level 0 a reversion back to the previous regime of testing weekly with a PCR and twice weekly with a lateral flow test was recommended. The advice and the decision are exhibited at JMo/165-INQ000235976 and JMo/166-INQ000350497.

155. There was a Cabinet meeting on 10 January 2022 to discuss the implications of Omicron in advance of the 21-day review the following week. I exhibit the minutes from that meeting at JMo/167-INQ000057923. In relation to social care, it was noted social services departments were reporting significant pressures on the social care workforce, made worse by sicknesses absence. There were also major challenges in delivering domiciliary care, the assessment of needs and the capability of care homes to accept new residents, which was having an impact on transferring people from hospitals. Care homes had recently reported that 27% had one or more confirmed cases of Covid-19. Pressure on children's services was also high, exacerbating pre-existing problems with recruitment and retention of staff. There had been significant investment in social care and retention, including the introduction, from April, of the Real Living Wage for care staff along with a national recruitment campaign. Fortunately, by the time of the 21-day review on 13 January 2022 there had been a

rapid change in the trajectory of the data and infection rates were falling. I exhibit the minutes from that meeting at JMo/168-INQ000057924.

156. On 17 February 2022 I decided to stop the offer of regular asymptomatic testing in childcare and education settings. I exhibit the Ministerial Advice at JMo/169-INQ000103996 and the approval at JMo/170-INQ000350498.

157. On 24 March 2022 the requirement to wear facemasks was removed altogether, save for social care and health settings, in order to protect vulnerable people, exhibited at JMo/171-INQ000058010. The options paper for the meeting, exhibited at JMo/172-INQ000058006, identified a particular ongoing issue of nosocomial transmission in those settings, which continued to be characterised by additional vulnerabilities, especially the nature of their resident populations and the risks posed by visitors to closed settings.

158. On 4 May 2022 I revoked the regulatory easements that had been made in relation to care home staff and registration in order to help with the response to the Covid-19 emergency. I exhibit the advice at JMo/173-INQ000136884.

159. On 23 May 2022 Cabinet agreed to allow the regulatory requirement to wear face masks in care settings to expire on 30 May. I exhibit the minutes from that meeting at JMo/174-INQ0000130065.

160. I have given evidence to Senedd Committees on matters relating to Covid-19 on several occasions; my appearances are listed in the table below:

Date	Committee	Transcript exhibit reference
05/05/2020	Children, Young People and Education Committee	JMo/175-INQ000300141
16/07/2020	Health, Social Care and Sport Committee	JMo/176-INQ000338696
30/09/2020	Health, Social Care and Sport Committee	JMo/177-INQ000338698

13/01/2021	Health, Social Care and Sport Committee	JMo/178-INQ000338695
21/01/2021	Children, Young People and Education Committee	JMo/179-INQ000338730
27/01/2021	Health, Social Care and Sport Committee	JMo/180-INQ000300142
07/10/2021	Children, Young People and Education Committee	JMo/181-INQ000338688
13/01/2022	Children, Young People and Education Committee	JMo/182-INQ000338689
24/03/2022	Health and Social Care Committee	JMo/183-INQ000338693

Coordination and communication between the Welsh Government, the UK Government and the other Devolved Governments

161. COBR meetings were important meetings, as were meetings of SAGE. I was not involved in these meetings. There was intense communication at official level between the UK Government and devolved bodies.
162. I do not think the devolved governments were adequately involved in core decision making by the UK Government; there were numerous occasions when decisions were taken at a UK level with no consultation or prior notice to the Welsh Government.
163. Intergovernmental working, co-ordinated decision making and communication between the Welsh Government and the UK Government and the devolved governments throughout the pandemic could have been more effective. Advance notice of policy proposals and changes to policy was often insufficient in my view. I was not routinely part of intergovernmental meetings, but I did attend a few.

Coordination and communication between the Welsh Government and local authorities in Wales

164. In my view, the co-ordination and communication between the Welsh Government and local authorities in Wales was excellent during the pandemic. There were numerous forums with wide representation and a senior council leader representing the Welsh Local Government Association was always present when key decisions were made. For example, local authorities worked with the Welsh Government, using their operational structures to deliver financial help (given by the Welsh Government), to targeted groups of people who were particularly affected by the pandemic, such as unpaid carers. Welsh Government set up forums where local authorities were represented, such as the Shadow Social Partnership Council. Welsh Local Government Association representatives joined discussion so that all the involved bodies were in the room together. Contact with local government intensified during the pandemic because it was recognised how important a partner they were. I recall weekly meetings were held and chaired by the then Minister for Housing and Local Government with leaders of local authorities and ministers with relevant portfolio responsibilities to agenda items were invited to attend and provide updates on Welsh Government policy and hear how local authorities were managing their responsibilities.

Covid-19 public health communications in Wales

165. I believe communications to control the spread of Covid-19 were clear and effective with a high level of compliance from the public. Welsh Government press conferences, initially daily as I recall, were televised and provided clear updates and advice to listeners and viewers, and with a sign language interpreter for people with hearing impairments. I considered that the majority of people were aware of the steps the Welsh Government was taking to control the virus.

Breaches of rules and standards by Ministers, officials and advisers

165. I believe breaches of social restriction and lockdown rules did affect public confidence but did not necessarily affect adherence to those rules. The actions of Dominic Cummings and Matt Hancock in my view made the public think there were two different sets of rules, one for the people in power and the other for the rest of the population. This point was frequently mentioned to me by members of the public. By contrast, the matter of Vaughan Gething sitting with his family and eating a snack was never mentioned to me and was not an infringement of the rules at that point and has no comparability whatsoever with the transgressions by Mr Cummings and Mr Hancock. I don't think it had any affect at all on public attitudes to social restrictions and observance of the rules in Wales.

Public health and coronavirus legislation and regulations

166. The Coronavirus legislation enabled local authorities to reduce or remove the provision of care packages from particular individuals in the event of unmanageable pressures elsewhere on the service. This caused intense anxiety amongst some disabled adults. I met the Disability Equality Forum to discuss this legislation and the Forum was then involved in the formulation of the guidance. In the event, feedback from the local authorities was that they did not use this power for the most part, if at all, but we did hear anecdotal evidence of reductions in some care packages from third parties. In hindsight putting these powers in the legislation caused significant anxiety for people we should have been protecting the most.
167. The purpose of amending Part 2 of the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017, under section 2(3) of the Regulation and Inspection of Social Care Act 2016 Act, via the Regulated Services (Service Providers and Responsible Individuals) (Wales) (Amendment) (Coronavirus) Regulations 2020, was to provide that certain types of service were not to be treated as "regulated services" for the purpose of responding to the Covid-19 pandemic. As such, in specified circumstances, these services would not be required to register with and be regulated by Care Inspectorate Wales as a care home or domiciliary support service.
168. The purpose of amending regulation 35 of the Regulated Services Regulations, via the 2020 Regulations, was to relax specified requirements on service providers to undertake certain pre-employment checks on workers in care home services provided

wholly or mainly to adults, or domiciliary support services provided for adults. These amendments aimed to support measures being taken to address the anticipated need for additional workers or to permit the filling of vacancies during the Covid-19 outbreak.

169. The purpose of amending regulation 45 of the Regulated Services Regulations, via the 2020 Regulations, was to relax conditions which limit the number of adults who may have be accommodated in shared rooms in care homes for adults. It enabled providers of care home services to vary their registration to exceed 15% of the total number of adults accommodated by the service in shared rooms, where accommodation needed to be safely provided because of the spread of coronavirus.
170. It was anticipated that there would be an influx of people needing beds. In fact, this did not happen to the degree that residents were sharing rooms. The view from sector representatives and officials was that under-occupancy across the sector together, resulted in few if any residents sharing rooms. We have no reliable data on this. Care homes often re-purposed rooms and other spaces to provide safe isolation or additionally room capacity. Providers were urged to follow clear guidance around social distancing, use of PPE and good hygiene to mitigate cross-infection between residents and staff and visitors. On 23 March 2020 ministers received and agreed advice on suspending the requirement for Annual Returns, which I exhibit at JMo/015-INQ000097594. Meanwhile, advice to Ministers on evidence holding requirements around pre-employment checks, and exempting specific emergency Covid-19 services from registration was agreed by ministers on 26 March 2020, which I exhibit at JMo/184-INQ000338224. On 4 May 2020 the Regulated Services (Service Providers and Responsible Individuals) (Wales) (Amendment) (Coronavirus) Regulations 2020 cleared by the Deputy Minister for laying on 6 May 2020, which I exhibit at JMo/185-INQ000253590.

Lessons Learned

172. I believe it was very important to have multiple forums where a wide range of organisations involved in tackling the pandemic could be represented along with the politicians. Daily meetings were very effective so that there could be a quick response. It was important that all voices were heard such as the Coronavirus and Me survey carried out by the Children's Commissioner for Wales and the Welsh Government, surveys carried out by the Older People's Commissioner for Wales and it was crucial too that the Disability Equality Forum enabled disabled people to give their views.

173. We should develop much shorter communication links with the private sector as recommended by John Bolton. The meetings with the Chief Executive of Care Forum Wales were invaluable and took place weekly. However, not all the care homes in Wales belonged to the Forum although efforts were made by the Chair to involve them. We need to continue to develop a national social care framework and to create a National Office as referred to earlier in my witness statement. The pandemic reinforced our view that there should be a national structure for social care to enable a coherent and consistent national response. We should recognise the importance of health and social care working much closer together to create extra capacity. As a response to winter pressures and influenced by the close working together during the pandemic, we set up the Care Action Committee comprising strategic leaders from across health and social care with the aim to focus exclusively on generating additional bed capacity geared to safe discharge pathways. This generated some 450-500 extra beds in peak months plus an expansion of step-down facilities and was considered a vital success in reducing pressures across the sector.
174. The pandemic had demonstrably harmful impacts on some social groups, particularly Black, Asian and Minority Ethnic people. Also, disabled people were significantly more at risk during Covid-19. Lessons were learned about vulnerable groups and the inequalities that negatively affect their life chances and make them more exposed to the harms that accompany a pandemic. Ensuring that we continue to tackle these inequalities and act swiftly to help protect them in any future pandemic is a lesson well learnt.
175. Professor John Bolton produced a rapid review, exhibited at JMo/186-INQ000253708, of the operational experience of care homes between March and June 2020. The report captures the initial logistical difficulties that care homes encountered. They were private entities receiving patients from hospital who would be funded by the State in the form of local authorities and/or health boards. They were caring for a cohort who often by reason of age or underlying condition were the most vulnerable and in the early months without access to warehoused supplies of PPE or the ability to purchase tests in bulk. The report's recommendations underline the need for government agencies (local authorities and health boards) in the future to work closely in partnership with the private sector who own and run the majority of care homes. The partnership should consider how in the future they will support the private care home sector should it face similar pressures again. The report's recommendations include the need to support care homes to have infection control

plans and to support the care homes to have a business continuity plan which ensures that they have sufficient staff available to meet residents' needs at all times. The partnership between the health boards and the local authorities should ensure that in the future care homes have sufficient protective equipment and access to tests for staff and residents who may have the virus. The partnership between the local authorities and the health board should look to see how they can support the well-being of care home staff. §4.2.9 of Prof Bolton's report specifically considers the discharge of patients into care homes. He recommends that each partnership between the local health board and the local authority in question should consider the provision of short-term beds for those who are ready for discharge but need to self-isolate to ensure they do not spread the virus. Equally, going forward acute hospitals need to understand and use the local partnership arrangements to support the discharge of patients into private care homes.

176. *Risk Factors for Outbreaks of Covid-19 in care homes following hospital discharge: a national cohort analysis* written by key experts in Public Health Wales was published in August 2020, and exhibited at JMo/187INQ000349895. They examined 3115 hospital discharges to 1068 Welsh care homes between 22 February 2020 and 27 June 2020. They looked to assess the impact of time-dependent exposure to hospital discharge on the incidence of the first known outbreak, over a 7 - 21-day window. Three hundred and thirty homes experienced an outbreak, and 544 homes received a discharge from hospital. The exposure to discharge from hospital was not associated with a significant increase in the risk of a new outbreak after adjusting for care home characteristics. Care home size was considered by this study to be the most significant predictor. Care home size is relevant because larger homes have more community contacts and were thus probably at greater risk.
177. The Association of Directors of Social Services Cymru published a report, commissioned by me, 'The Impact of the Pandemic on Day Centres, Respite Care and Short Stay Placements' on 13 December 2021, which I exhibit at JMo/188-INQ000176884. It made 10 recommendations, two of which were for the Welsh Government.
178. A consensus statement was issued on 26 May 2022 which comments on the association between discharge of patients from hospitals and Covid-19 in care homes in wave 1 in the context of building capacity in the NHS. The challenge identified was very limited testing of asymptomatic cases in wave 1. The statement also noted that

hospital discharge was not the only mode of seeding – staff, visitors, new residents and visiting professionals all had the ability to seed and re-seed. That combined with limited testing in the general population and no mass testing in care homes where cases had been identified until the summer of 2020 made it difficult for the authors to be certain when and how Covid-19 entered care homes in wave 1. I exhibit this at JMo/189-INQ000350810.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Personal Data

Signed: _____

Dated: _____11/12/2023_____