

**Witness Statement of: Clare Jenkins**

**No. of Statement: 1**

**Exhibits: 17**

**Date of Statement: [13 October 2023]**

**UK COVID-19 PUBLIC INQUIRY**

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**WITNESS STATEMENT OF CLARE JENKINS**

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**I, CLARE JENKINS, WILL SAY AS FOLLOWS:**

1. I provide this statement in response to a request made by the Chair of the UK Covid-19 Public Inquiry ("the Inquiry") under Rule 9 of the Inquiry Rules 2006 dated 6 February 2023 referenced M2B-CJ-WG-01.

**Preface**

2. The purpose of this statement is to assist the Inquiry to understand the core political and administrative decisions that were taken by the Welsh Government, supported by senior officials and advisers, to manage the emergency response to Covid-19 between the 21 January 2020 and the 30 May 2022 ("the specified period").
3. In preparing this statement I have reviewed my sent email items covering the specified period which related to Covid-19. I have not reviewed all received emails as I was copied into thousands of emails. During the specified period I have prioritised the review of emails received based on what I was working on that day or what the ministerial key priorities were for that day. I did not keep any personal notes during this

period in the form of electronic notes or handwritten notebooks. I have also considered the minutes of Cabinet meetings attended during the initial period (January to end of March 2020) and a summary list of key meetings and topics discussed prepared by the Welsh Government's Inquiry team to assist my statement preparation. A copy of this is exhibited to this statement referenced **CJM2BWG-01/01-INQ000227545**.

**Background, qualifications and role within the Welsh Civil Service during Covid-19**

4. My current role is Special Adviser. I was appointed to this role in January 2019 by the First Minister and since my appointment worked primarily in supporting the Minister for Health and Social Services ("MHSS").
5. Prior to taking up my current role, I trained as a mental health nurse and then went on to do a degree in applied social and community studies. My early career was as a support worker with Home Farm Trust which I held between 1990 and 1993. I then took a post in 1993 with Whitmore Vale Housing Association as a senior support worker for people with learning disabilities and mental health issues. In 1995 I worked for a short period for Age Concern in Bedfordshire as a research consultant (advocacy) before taking a post as a community development officer with Bedford Borough Council. I moved to Wales in 1997 and lectured in trade union studies and the BTEC entry to public services course.
6. I went on to take up the post of Head of Learning Services at the Wales Trades Union Congress ("TUC") between 1999 and 2005. Following this I spent six years working on a self-employed basis managing a number of projects for the Union of Shop, Distributive and Allied Workers ("USDAW") and providing support to NHS and Further Education institutions in England on embedding foundation skills within their core programmes and organisational development offers. I also undertook short term research and evaluation projects for a range of organisations such as the Workers Education Association.
7. I moved on to work for the Royal College of Nursing ("RCN") in Wales in 2010 as the Learning and Development Facilitator, this was initially part time for the first year while I continued with some consultancy self-employed work. This role with the RCN was part of the leadership team in RCN Wales and involved responsibility for the training and development of lay representatives and supporting RCN branches in Wales with their responsibilities in relation to governance, planning and organising. This involved

working to increase member participation with union activities, campaigns and recruitment of members and representatives.

8. From 2015 I was employed as the Chief Officer of Abertawe Bro Morgannwg Community Health Council. The Community Health Councils ("CHCs") were the statutory body charged with reflecting the views and representing the interests of patients and the public in health services in Wales<sup>1</sup>. In Wales there were seven regional CHCs paired with the local health board areas and a national Board of CHCs overseeing the CHCs work across Wales. The members of the CHCs were drawn from local authority representatives, local third sector nominees and members appointed by the Welsh Ministers. In 2016, after approximately five months in the Chief Officer post, I took up the interim role of Chief Executive of the Board of CHCs on a job share basis initially keeping chief officer responsibility for Abertawe Bro Morgannwg CHC on a part time basis. This role involved working with the seven regional CHCs and the NHS bodies, as well as other organisations in Wales such as the Healthcare Inspectorate Wales, the Older People's Commissioner for Wales and Public Service Ombudsman for Wales. I joined the Welsh Civil Service as Special Adviser to the MHSS in January 2019, initially on secondment and then as a substantive post from May 2021 to present day. My previous experience provided valuable insight into the structures of the health system in Wales and the perception of it by other Welsh organisations and the public.

*Role of a Special Adviser prior to the Covid-19 pandemic*

9. Special Advisers are not decision makers. Special Advisers add a political dimension to the advice and assistance available to ministers while reinforcing the political impartiality of the permanent Civil Service by distinguishing the source of political advice and support.
10. They are appointed by the First Minister to help ministers on matters where the work of Government and the work of the Government Party overlap and where it would be inappropriate for permanent civil servants to become involved. They are an additional resource for the MHSS providing assistance from a standpoint that is more politically committed and politically aware than would be available to a minister from the permanent Civil Service.

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<sup>1</sup> Community Health Councils were abolished in England in 2003, replaced initially by Public and Patient Involvement Forums. The Community Health Councils continued in Wales until they were abolished in 2023, replaced by Llais, a body representing both health and social care users.

11. Special Advisers are employed as civil servants but are subject to a separate Code of Conduct. The Code of Conduct for Special Advisers is exhibited in **CJM2BWG-01/02-INQ000222866**.
12. From my personal experience, I would summarise the key responsibilities of a Special Adviser as:
- a. Problem solving – this entails meeting with officials and others to identify issues early and to develop options for ministerial decisions.
  - b. Acting as a bridge with wider partners and stakeholders to ensure that issues on the ground were reflected in government officials and ministerial considerations and identifying areas where further, clearer or different methods of communication were needed.
  - c. Helping to ensure that ministers in taking decisions within their policy areas were aware of developments happening simultaneously elsewhere.
13. As a Special Adviser I work closely with the ministerial team and with other civil servants to give assistance on aspects of the Welsh Government's business, contributing to policy planning within the Welsh Government, adding party political content to speeches prepared by permanent civil servants and briefing Senedd Members and others on issues of government policy, representing the views of ministers and liaising with outside interest groups (including those with a political allegiance).
14. In working with other civil servants my role includes conveying to officials, ministers' views, instructions and priorities and to request officials to prepare and provide information and data, including internal analyses and papers. I will often meet with officials to discuss the advice being put to ministers; and to review and comment on – but not suppress or supplant – advice being prepared for ministers by civil servants.
15. An important part of the role is ensuring that advice to ministers was timely, rounded and reflective of potential societal and policy impacts as well as developments in scientific and technical information. This meant keeping abreast of developments across government, identifying linkages.
16. In the Welsh Government Special Advisors work across the ministerial portfolios and with ministers and deputy ministers. It is a unique set up. There is an internal management structure, which I would describe as essentially administrative

(concerning issues like pay and pensions) and lead by the Head of the Cabinet Division. However Special Advisers are ultimately appointed and retained in post by the First Minister. Jane Runeckles, one of the First Minister's Special Advisors, has a co-ordinating role and leads the Special Advisors team but we are line managed by the Head of the Cabinet Division.

*Role of a Special Adviser during the Covid-19 pandemic*

17. As noted above, I started in the Welsh Government as a Special Adviser to the MHSS. Between 13 December 2018 and 13 May 2021 the role of MHSS was held by Vaughan Gething and from 13 May 2021 to present day, by Eluned Morgan. I would also provide support to the Deputy MHSS. The Deputy MHSS was Julie Morgan from 13 December 2018 to 13 May 2021. From 13 May 2021 to present the role has changed so there is a Deputy Minister for Social Services, a position held by Julie Morgan, and a Deputy Minister for Mental Health and Well-being, held by Lynne Neagle.
18. Throughout the Covid-19 pandemic I would also assist other ministers as required on anything Covid-19 related for example, in relation to school closures and discussions with the teachers' union I supported the Education Minister and would also often support the Minister for Local Government in respect of discussions with local authority leaders during this period. This would include providing information gained during meetings with external stakeholders and the public sector, highlighting any cross-cutting issues or providing updates on key areas. At times this engagement would be via the other Special Advisers but often, due to time constraints and the pace of things, I would directly call ministers and provide verbal briefings.
19. A summary of the ministerial portfolios for Health and Social Services and other ministers for the specified period is set out in exhibits **CJM2BWG-01/03-INQ000116485**, **CJM2BWG-01/04-INQ000066140**, **CJM2BWG-01/05-INQ000066141** and **CJM2BWG-01/06-INQ000066053**.
20. Between January 2020 and May 2022, the demands of the Special Adviser role increased exponentially. While my role was to support the MHSS and the deputy MHSS, and prior to the pandemic this was the case, throughout this period and particularly in the early part of the pandemic, I primarily supported the MHSS. An additional Special Adviser, was brought in on 1 November 2021 to assist the Deputy MHSS.

21. Particularly from March 2020, and throughout the height of the pandemic, the sheer pace of developments across government meant that I spent the vast majority of my time in meetings with our scientific and professional advisers and with those policy leads working on our response, with lawyers, communications colleagues and with stakeholders across health and social care but also, given the public health impact, of those across a much broader area.
22. My working pattern over this period became 16 hour working days as a norm along with 7-day weeks. Once technology allowed, I was often juggling different virtual meetings simultaneously on different Welsh Government devices. Ministers were also working similar 7-day weeks as well. I did not routinely communicate with ministers or senior civil servants via WhatsApp or any other non-Welsh Government device. I would however on occasion contact ministers and officials informally by text or WhatsApp message to confirm their availability to receive Teams calls or check the Welsh Government devices for information if I could see they were not signed into the Welsh Government system at the time for example. These forms of communication were not however used for any decision making. Some text communication was made on an old phone issued by the Welsh Government. I have checked with our Knowledge and Analytical Service if they are able to retrieve the messages but they cannot. Other text and WhatsApp communications were made using my personal phone but these messages were regularly deleted at the time. In any event these would not however likely assist the Inquiry as they were, as noted, used mainly to ascertain availability and were not use for decision making.
23. I would also be in regular contact with stakeholders including the Welsh Local Government Association ("WLGA") and local government leaders, union officials, and Care Forum Wales to hear their views and experiences or to clarify policy. In addition to regular contacts I would take calls from people across Welsh public life when they had questions or concerns including opposition spokespeople for health and social services, health board chairs and other stakeholders.
24. In the early period I would receive emails from various companies offering services such as supplying face masks or other medical equipment. Sometimes I would have emails from Senedd members confirming that they had received such offers of assistance via constituents or opposition leaders asking why offers had not been taken up. An example of this is Continuous Positive Airway Pressure ("CPAP") machines. I received an email from Lee Waters (who at the time was the Deputy Minister for Economy and Transport) asking about the procurement and use of CPAP machines

as part of the response in Wales. At the time, Adam Price, leader of Plaid Cymru, had been making public comments critical about procurement of equipment in Wales. It was therefore an area being used politically but which was dependent on the scientific evidence of the efficacy of the equipment. Responding to these questions was not part of my area of expertise so I would need to identify quickly who could help and ensure that the information was provided to ministers and the communications team to ensure consistency across government in case similar queries were coming in via other routes.

25. In addition to my role as Special Adviser for Health and Social Services I took a role as lead Special Adviser for Public Services from early March 2020. This role, alongside a role of lead Special Adviser for Finance and Economy, was introduced to support coordination within the Special Advisers team at a time when the impact of the pandemic required a significant reprioritisation of the Welsh Government's business to focus on our response to the pandemic across government departments.
26. From late November 2020 the lead Special Adviser in Welsh Government (Jane Runeckles) was not at work for a period of a few months and I took on her responsibilities in relation to all Welsh Government business. She and I remained in contact throughout that time on an almost daily basis. Jane returned around February / March 2021, however colleagues continued to include me in communications and discussions to support continuity if she had to take a further period off work. On occasions when she was unavailable to attend meetings I would cover.
27. In recognition of the impact of the public health situation, during the pre-election period I was one of the Special Advisers to remain in Government. The pre-election period started on 25 March 2021 and continued until the First Minister was re-appointed by Her Majesty the Queen, following his nomination by the Senedd after the elections held on the 6 May 2021.
28. 2021 was very different from previous elections. It was vital that the public continued to receive timely, consistent public health advice from the Welsh Government and other trusted sources throughout this period. Also, given the fast-changing circumstances of the pandemic, Ministers needed to take decisions in their Ministerial capacity in relation to regulations and other issues, which could not be deferred until a new administration was in place.

## **Key meetings, committees and groups attended during the Covid-19 pandemic**

29. During the specified period I accompanied the then MHSS, Vaughan Gething (and later Eluned Morgan) to the majority of meetings. In 2020, these meetings were quickly dominated by those relating to the pandemic and our pandemic response. This included some meetings with ministers from the other UK nations although this was not always possible as numbers were restricted in COBR and attendance at Covid -M was restricted to ministers and policy officials.
30. My role in accompanying the MHSS was to listen and as necessary to share key outcomes with Special Adviser colleagues, communication colleagues, wider civil service colleagues or the First Minister or other ministers as necessary or appropriate and to be involved in or instigate any preparation and follow up work. On those occasions where I was unable to attend due to restricted numbers I would still usually be involved in any pre-meet and would discuss the outcome with MHSS and/or with attending officials.
31. Exhibited to this statement, reference **CJM2BWG-01/07-INQ000227532** is a chronological list of key meetings for the specified period. Due to the volume of meetings I cannot recollect specific details or confirm that I attended all the meetings I or the MHSS were invited to during the specified period. Outlined below is a summary of my recollection of the broad scope of the meetings with specific examples provided where possible.

### *COBR Meetings*

32. The first Covid COBR meeting relating to Covid-19 took place on 24 January 2020, which I attended along with the MHSS. The first meeting was in January 2020, before any cases had been recorded in the UK. It met 17 times from 24 January to 10 May 2020 but did not meet at all between 10 May and 22 September 2020.
33. In January 2020, the MHSS initially attended COBR supported by civil servants and as the pandemic gained momentum, the First Minister also attended from February 2020. I have included the dates on which COBR met in the chronology referred to but would not be the best placed witness to discuss the conduct of the COBR meetings. Where I did attend, it was in a limited capacity (as described above). I am not included on the meeting minutes.



#### *Four Nations Health Minister Meetings / Ministerial Implementation Groups (MIGs)*

34. Ministerial Implementation Groups (“MIGs”) were four-nation discussion fora established on 16 March 2020 by then Prime Minister, Boris Johnson in response to Covid-19. The groups were wound up in June 2020.
35. The Healthcare MIG was chaired by then Health Secretary, Matt Hancock. The MHSS attended most meetings on behalf of the Welsh Government. The group’s main focus was on those areas of the NHS response where a shared approach was beneficial, on sharing information and to update ministers from the devolved governments on reserved matters that would impact on their portfolio, for example vaccine procurement. My role was as described for other ministerial meetings.

#### *Covid-O / Covid-19 Operations Meetings*

36. The UK Cabinet Secretary-chaired Covid-O meetings which were weekly sub-committee Ministerial meetings to discuss various issues, including social care, funding and international travel. These were attended by the MHSS and senior officials working on international travel. I was not able to attend these meetings due to restrictions on attendance. These were not minuted and, particularly in the case of international travel, would usually not have much in the way of pre-meeting papers.

#### *Welsh Government Cabinet Meetings*

37. The First Minister chairs the Cabinet Meetings at Welsh Government. Special Advisers are usually in attendance. In ‘normal’ times Cabinet would meet once a week when the Senedd was sitting. During the pandemic period, particularly at times of high transmission rates or the emergence of variants of concern, Cabinet would convene more frequently or have its meeting spread over two days during the week.
38. During the pandemic period, Cabinet also received advice on the 21-day review of the Coronavirus Restrictions so decisions could be taken on the imposition or non-imposition of non-pharmaceutical interventions. I understand that detailed information on the 21-day review process has been provided to the Inquiry as part of the request made referenced M2B-WG-01 and therefore I will not seek to repeat this information here. Cabinet also received regular briefings from Frank Atherton, the Chief Medical Officer (“CMO(W)”) and Robert Orford, the Chief Scientific Adviser for Health (“CSAH”) on the public health situation. The Chief Executive NHS Wales would also provide an

update on NHS capacity and any health system issues that were having or could have an impact on the NHS.

*Meetings with the Director General for Health and Social Services and NHS Executives*

39. The MHSS would meet frequently with the Director General for Health and social Services ("DG HSS") and with senior officials and advisers, CMO(W), CSAH and later policy leads on vaccine, testing and personal protective equipment ("PPE")). For example, the MHSS will routinely meet the DG HSS on a weekly basis but during the height of the pandemic this was more frequent and on occasion several times in one day.

40. I would regularly attend the internal meetings with the Director General HSS. There is always a weekly catch up with the DG HSS but even in normal times there would be several wider NHS systems meetings in any week that the MHSS and DG HSS are both in. At times during the pandemic, they would meet more than once a day. I would attend these wider NHS systems meetings if I could.

*Welsh Local Government Association*

41. I would usually attend stakeholder meetings for example with Welsh Local Government Association ("WLGA") and other social partners. All the principal councils in Wales are members of the WGLA. The WLGA represents their collective views and interests and advises and supports individual authorities. In addition to the 22 principal councils in Wales, the WLGA has associate members consisting of the three Fire and Rescue Authorities ("FRAs") and the three National Park Authorities ("NPA") in Wales. The WLGA is an observer but not a statutory member of the Partnership Council for Wales. The WLGA met several times with the MHSS and Deputy MHSS. I would usually attend these meetings when attended by MHSS but also fairly regularly when led by other ministers so I could provide support on the detail of latest position if needed in response to questions.

42. I was also in attendance at meetings with specific local authorities in relation to local lockdown arrangements and in meetings on specific issues for example the early outbreak at a meat processing plant on Anglesey. My role for example in relation to the 2 sisters meat processing plant was to respond to concerns from stakeholders including the local government leader and trades unions officials to find answers from officials to factual questions and where concerns remained to ensure that ministers and officials were aware ahead of formal meetings. This would have been in addition

to information gathered through routes such as Local Resilience Fora. It would support communications (particularly out of hours) and help maintain the close relationships and partnership approach that we tried to foster throughout our pandemic response.

*Internal Welsh Government meetings with officials*

43. In addition to Ministerial meetings I was involved in attending and sometimes in instigating meetings with officials to support the development of ministerial advice or written statements.

44. I also attended a range of regular meetings and groups set up to facilitate the sharing of information between officials and/or to provide advice to ministers. This included meetings such as the Covid-19 Bird table meetings chaired by Tim Render and the Health Protection Advisory Group (“HPAG”) meetings. The Bird tables were informal but exhibited in **CJM2BWG-01/08-INQ000227682** are the HPAG Terms of Reference and the dates of the meeting set out in the chronology exhibited to this statement as **CJM2BWG-01/07-INQ000227532**. HPAG had a subgroup HPAG OSG which I found very useful. This was a smaller group of key officials and would often take wider high-level information from HPAG and progress and refine policy and formulate recommendations to make to Ministers. The dates for these are also included in the chronology noted above.

45. During the period Jane Runeckles was away from work or on occasions where Jane Runeckles was unavailable I would also support the First Minister on a similar basis.

46. As set out above, my role at these meetings was to gather information to relay to the MHSS (if not in attendance), discuss with other Special Advisers (if relevant to other Ministerial portfolios) and triangulate the information with the inputs being received from other meetings across the breadth of the Welsh Government and the four nations.

47. During the period I had cause to call Special Advisers from other governments on occasion to clarify their position or the information available to them. For example, as outlined in more detail below in paragraph 108 of this statement, I phoned Matt Hancock’s Special Adviser for information particular in relation to any activity by the UK Government in Wales.

## Early response to Covid-19 - January to March 2020

### *Initial information and response to coronavirus*

48. I don't remember the first time I became aware of Covid-19 but it would have been at some point after returning from Christmas recess and prior to the first COBR meeting on 24 January 2020. Prior to 24 January 2020 engagement with other UK countries had been at official level and the MHSS would have been briefed by the Chief Medical Officer for Wales ("CMO(W)") and other officials, I would have been party to these early briefings. This early engagement and communication was led by the Chief Medical Officer and the Public Health Division in Welsh Government who at the time were working closely with Public Health Wales. At the same time Wales was dealing with the impact of severe flooding which was the focus of much Cabinet level attention and within the health portfolio with the MHSS (and by extension myself) spending a significant proportion of time on our response to major failings in the maternity services of one of our seven health boards.
49. As the number of reported cases worldwide increased, COBR meetings were instigated and chaired by Secretary of State for health and attended by MHSS. I attended these early meetings with him. After this meeting the MHSS issued a Written Statement confirming that the Welsh Government were closely monitoring the situation. From 24 January 2020 the MHSS began providing weekly Written Statements to update the Senedd (Welsh Assembly as it was then). I would have had early sight of these statements for comment for example in relation to clarity or tone.
50. As we neared the end of January and into February the spread of the virus including on the cruise ship Diamond Princess and in travellers from China coronavirus became an increasing area of focus. The Minister sought assurance from HSSG officials on our pandemic response plans which were initially based on flu and the NHS was asked to develop capability/capacity for testing to support containment. The World Health Organisation declared a public health emergency on 31 January 2020 and the MHSS made a further Written Statement on this date to update the Senedd and continued to do so every week (usually on a Tuesday) in February 2020.
51. On 25 February 2020 I attended Cabinet with the MHSS, a copy of the minutes is exhibited as **CJM2BWG-01/09-INQ000129852**. Item number four was any other business and the MHSS provided Cabinet with an update on the Coronavirus virus. The MHSS was issuing weekly Written Statements to Senedd Members and the Chief

Medical Officer was also providing regular updates for the public and had issued guidance to those who may develop symptoms after returning from abroad. Travel advice had recently been updated to reflect the increase in cases in a number of countries, including Italy. Furthermore, the Public Health Wales website was being updated on a daily basis. This was the first time Covid-19 was discussed at Cabinet and from this point onwards it became a regular agenda item.

52. From the week commencing 2 March 2020 the First Minister attended COBR meetings alongside the MHSS. The MHSS' time (and by extension mine) was almost exclusively focussed on Covid 19 by this point including meetings with the NHS and local government on preparedness, with his officials, opposition spokespeople and with Ministers in Wales and across the UK. The MHSS made an oral statement in the Senedd on 3 March 2020 confirming that our pandemic PPE stocks were being distributed including to GPs and community pharmacies.
53. On 4 March 2020 an emergency cabinet meeting was held to ensure all Ministers and Deputy Ministers were fully apprised of the escalating situation and to set out the need for clear public communications from this point. At this stage there was one confirmed case of coronavirus in Wales. A copy of the Cabinet meeting minutes on 2 March 2020 is exhibited as **CJM2BWG-01/10a-INQ000227852** and the Cabinet meeting minutes on 4 March is exhibited as **CJM2BWG-01/10b-INQ000227853**.
54. By 9 March 2020 there were a handful of cases amongst returning travellers in Wales, health boards were increasing their critical care capacity and a rapid roll out of IT had been commissioned to enable video consultations. My memory of exactly when things were discussed at COBR is generally quite hazy, however, it was around this time that discussions turned to the timing for the introduction of measures that constrain movement. I remember advice that going too early would have a negative impact on public compliance with any rules. The week commencing 9 March 2020 would also have been the time when mass gatherings were discussed as the Scotland v Wales six nations game was scheduled for that weekend (see below).

#### *Early work on legislation and Coronavirus Bill*

55. In early February 2020 the principal concern was imported cases from Wuhan or the surrounding area coming into Wales. The MHSS received advice from the HSSG officials and as a consequence on 4 February 2020 made amendments to the National Health Service (Charges to Overseas Visitors) Regulations 1989 which essentially

removed NHS charges for overseas visitors for the diagnosis and treatment of coronavirus (2019-nCoV). UK Government had also made similar changes to their NHS charges legislation.

56. On the 10 February 2020 the UK Government made the Health Protection (Coronavirus) Regulations 2020. The MHSS was advised of these Regulations and considered with the HSSG Public Health Division ("HSSG PHD") officials the need for similar regulations in Wales. A Written Statement confirming this was issued on 11 February 2020. I recall that the principle objective of these regulations were to enable the detainment of travellers returning from high risk countries in quarantine hotels. There was agreement that this should be on a UK basis as there were no direct flights into Wales from these countries.
57. I recollect that there was further consideration of the need to introduce legislation following an incident of a specific individual who attempted to leave the hotel and return to Wales.
58. At that time we did not have any cases in Wales and the UK Government had indicated plans to start work on emergency legislation, taking work that had already been developed for a Pandemic Influenza Emergency Bill as the basis for the Coronavirus Bill ("the Bill").
59. The work on the Bill was led by the HSSG PHD who provided updates to the MHSS on progress. At that time there was severe flooding in Wales and much of the Government business was in response to that. At the Cabinet meeting on 25 February 2020 the MHSS provided a brief summary of the situation in Wales noting that emergency legislation was being developed by the UK Government and urgent consideration given to its application in Wales.
60. On 28 February 2020 the first case was reported in Wales. The MHSS made the Health Protection (Coronavirus) Regulations 2020 on 17 March 2020 which provided for proportionate restrictions on individuals if they were suspected to have coronavirus. I was very briefly involved in initial discussions but was unavailable to attend further substantive meetings on these regulations so cannot comment further on this.
61. Early March the pace of the UK Government's emergency legislation picked up and there were regular meetings among policy officials and briefings to the MHSS and First Minister on the legislation, which later became the Coronavirus Act 2020.

62. My role was to liaise regularly with the policy official leading on the development of the Bill from a Welsh Government perspective and with MHSS and other ministers with key portfolio areas (and their Special Advisers) to ensure that their questions and priorities informed the development of any formal advice. I would also have kept the MHSS and others including the First Minister or his Special Adviser informed of any key developments, issues or questions posed by the Bill team. On 18 March 2020 MHSS attended Senedd Health and Social Care and Sports Committee to outline the provisions of the Coronavirus Bill. I did not attend as he was supported by the lead Welsh Government official working on the Bill and by Welsh Government Legal Services.
63. At the end of March 2020, the First Minister made the Health Protection (Coronavirus Restrictions) (Wales) 2020 ('the Restriction Regulations'), which formed the basis for the imposition of the legal domestic restrictions in Wales during the pandemic period. These imposed restrictions on gatherings, the movement of people, and operation of businesses, including closures, in Wales. They also imposed requirements on businesses that are open to take reasonable measures to ensure physical distancing between people. These Regulations introduced the requirement on the Welsh Ministers to review the need for the requirements and restrictions in the Restriction Regulations (and the subsequent iterations) every 21 days, with the first review by 16 April (this was referred to as the "21 day review" as noted above in paragraph 37).
64. The MHSS later took a key role in the decision around international travel and the legal requirements set out in the Health Protection (Coronavirus, International Travel) (Wales) Regulations 2020 ("Travel Regulations") which came into force in June 2020. I would often be asked to attend meetings with officials and lawyers drafting amendments to add or remove countries or to exempt categories of people etc. if the MHSS was unavailable so I could feed back information to him or if an early steer was needed by officials.
65. Changes to the Restriction Regulations and the International Travel Regulations were made frequently, particularly during the later half of 2020 and into 2021 when variants of concern were emerging and transmission rates high.

*Early data and modelling information*

66. During the early weeks and months Welsh Government relied heavily on data, modelling and information from UK officials and the Scientific Advisory Group for

Emergencies ("SAGE"). Such information was shared at COBR meetings in strict confidence, meetings were held in a room in the Welsh Government offices at Cathays Park, Cardiff on video link with the other UK countries. We would be given hard copies of the papers which we would leave behind as we left. Following those early meetings, the MHSS and I would give verbal updates to the First Minister and to his Special Adviser, Jane Runeckles both on the content of the meeting and to discuss the actions being taken in response.

67. Welsh Government Officials in the HSSG PHD were also working closely with Public Health Wales to gather data on the situation as it emerged. The data gathered informed the daily Novel Coronavirus updates to the MHSS from the HSSG PHD which started on 28 January 2020 and continued until 22 September 2020. The purpose of these updates was to provide an informal briefing to the MHSS on the evolving public health incident around 15.00hrs each day following the latest sit rep from the UK Government. This update would set out the UK CMOs' risk assessment for the UK, information on testing, key advice and messaging and an overview of any four-nation engagement. These briefings, while directed at the MHSS from the HSSG PHD were also circulated to all Ministers and key senior civil servants and Special Advisers in the Welsh Government.

#### *Four nations co-operation*

68. During those early weeks I felt at the time that there was a high level of cooperation across the four nations at official and Ministerial level. As we worked through the development of the Coronavirus act and the response to cases on cruise ships for example there were regular COBR meetings. In relation to the Act, Ministers from each Government would discuss the content and whilst there wasn't always agreement the nature of the meetings felt generally collegiate and outcome focussed.
69. As people were repatriated from Wuhan and the Diamond Princess cruise ship there was a decision to provide UK wide quarantine given proximity to airports from those regions most affected. Likewise, our early cases were transferred to specialist infectious disease units in England for care and treatment.
70. The modelling showed stark numbers in terms of potential hospitalisations and deaths resulting from the sheer number of potential infections so there was an understanding of the seriousness however, from memory, the pace at which the virus would spread was not predicted. The February 2020 half term coincided with the rapid spread of



cases in northern Italy. Advice for returning travellers was updated to include these areas and shortly afterwards the first recorded case in Wales was identified. The pace of developments in terms of the spread of the virus and in relation to new data and evidence, our response and the wider UK response increased exponentially after that point.

71. The CSAH joined the UK Government's SAGE COVID-19 meetings from 11 February 2020. However, at this stage the sharing of information and discussions from SAGE was still quite tightly controlled and there were real limitations on when and how information was shared with Welsh Government more widely.

72. From early March 2020 CMO(W) and CSAH established a formal technical and scientific advisory structure within Welsh Government. The terms of reference for a Technical Advisory Cell ("TAC") were agreed on 3 March, a copy of this is provided in exhibit **CJM2BWG-01/11-INQ000227962**. TAC met three times a week to help provide timely advice and information to Ministers.

73. Direct access to SAGE advice remained an issue for some time. Part of the rationale for developing TAC was that the CMO(W) and CSAH recognised that there was a gap in the flow of information and real time access to data for Wales. Additionally, the Welsh Government were restricted in commissioning SAGE to undertake research or analysis on issues emerging in Wales or specific to Wales. The establishment of TAC and the expert supporting Technical Advisory Group ("TAG") made a real difference in the quality and timeliness of data that was presented to ministers as TAC was able to develop or commission analysis from Welsh based organisations such as Swansea University and the Wales COVID Evidence Centre which provided a great level of assurance to ministers in respect of the basis for decisions in Wales.

#### *Major events and gatherings*

74. In relation to Scotland vs Wales 'Six Nations' rugby match I remember discussions with MHSS, First Minister and scientific/ medical advisers in Wales. On 11 March 2020 the CSAH provided written advice to the effect that the size of a gathering is not as much a factor for transmissibility, as time of contact and nature of activity. The advice at that time was that on balance people attending events where they remained fairly static would probably carry less risk than if people chose to watch the game in city centre pubs where people were likely to move from one to another. The email on 11 March 2020 from the CSAH to the First Minister is exhibited as **CJM2BWG-01/12a** -

**INQ000271612** and the COVID – Technical Advisory Cell: Briefing on Behavioural and Social Interventions briefing is exhibited as **CJM2BWG-01/012b- INQ000271613**

75. The number of confirmed cases in Wales remained relatively small however the first case of community transmission was recorded on 11 March 2020 and this triggered another significant shift in our pandemic response from contain to delay. The MHSS was preparing to issue advice to the NHS to cancel all outpatients appointments and non-urgent surgery and to expedite discharge to enable staff to prepare for a wave of coronavirus admissions. Both the MHSS and First Minister were concerned that supporting large scale events would be at odds with this wider messaging and an unhelpful distraction for the emergency services (particularly ambulance services) that were otherwise fully focussed on coronavirus preparation.
76. I remember an exchange at COBR in relation to mass gatherings at which the First Minister set out these concerns. I think this would have been 12 March 2020. I don't remember the detail set out by UK advisers but the conclusion of the meeting was that mass gatherings could go ahead. At this stage Welsh Ministers' remained fully committed to a four nations approach but this is the first example that I can remember of Welsh Ministers' feeling significantly uneasy about the direction taken.
77. Following that COBR meeting and into the weekend there were a series of meetings and conversations both within Welsh Government and between MHSS and his UK counterparts. As the number of cases continued to grow, the decision was made that MHSS should attend the COBR meeting on Monday 16 March 2020 in person.
78. I accompanied the MHSS to London and attended part of the Cabinet meeting by video link alongside him where Welsh Ministers discussed the practical considerations and required response should we move to restrict movement and in relation to discussions to 'cocoon' those at greatest risk.
79. Numbers were restricted at the COBR meeting itself so I waited outside whilst MHSS and CMO(W) attended in person. First Minister and others attended virtually from Cardiff. At that COBR meeting the decision was taken to strengthen advice on self-isolation including introducing household isolation and to ask people to avoid any unnecessary social contact including working from home where possible.
80. During 17 and 18 March 2020 the MHSS was isolating. Ministers from across government were meeting with officials ahead of giving oral statements to plenary on the 17 March 2020 and then to continue to work through the actions needed in their

portfolio. At this stage Ministers were still working in their offices in Ty Hywel adjacent to the Senedd building. I can recall running between offices to speak to Ministers and Special Advisers working across public services to share information.

#### *Schools and public health response*

81. One of the key issues during that period was in relation to schools. Following the announcement on 16 March 2020 parents kept children back from school in significant numbers, teaching unions and others were also raising concerns about the risk that children and teachers would be exposed to in school. There were also conversations about the nature of arrangements that would be needed to support the children of essential workers and how long schools would need to put arrangements in place.

82. I recall discussions with the Education Minister and others about whether legal powers would be needed to close schools or whether working with Local Education Authorities (“LEAs”) this could be done by issuing advice. Over the course of the day, it became apparent that some schools and LEAs were preparing to take decisions unilaterally. The decision was taken by LEAs with support from ministers to close schools by the end of that week to allow a short period ahead of the Easter holiday for schools to prepare.

#### *Self-isolation*

83. There were discussions about the impact of self-isolation on the workforce in essential services and the need to provide testing that would enable people to return to work where appropriate. This included workers in health and social care but also other emergency workers and those maintaining essential infrastructure.

84. At this stage the MHSS on the advice of the CMO(W) formally declared a public health emergency, this was an action taken earlier in England to enable the Secretary of State to introduce legislation around enforced quarantine. Alongside and linked to this were discussions about the extent to which we would have to wait for the Coronavirus Act to come in to force or the extent to which any action could be taken using existing legislation. I don't recall the extent to which these conversations were UK wide.

85. This was followed on 20 March 2020 by a joint decision between England and Wales to close pubs, clubs and other venues with each respective government using the Public Health (Control of Disease) Act 1984 to do so.

86. My role at this stage included reviewing the information being prepared for those people being asked to shield and providing suggested amendments to make the language used more accessible.
87. Our early strategy in line with the wider UK was around containment. People were tested in their own home by PHW and asked to isolate if they were suspected of having covid. This meant both the symptoms and having a recent travel history to an affected area.
88. Whilst tests were developed quickly they did not exist in the numbers required to maintain this approach once the number of cases started to increase through community transmission.
89. My only memory of discussions about herd immunity were explanations at COBR of why it wouldn't work. I don't remember any serious consideration of this as a strategy at any meeting I attended at a UK level or a Welsh one. At this stage we were seeing the impact of the virus on health systems in other parts of the world.

**Role in relation to non-pharmaceutical interventions (“NPIs”) and public health and coronavirus legislation and regulations**

90. My role involved working with officials in the preparation of relevant papers for Cabinet. This included meeting with key officials from across government to ensure as far as possible that advice was coordinated and was sufficient to answer Ministers questions and enable collective decisions. In the early days this would be on an ad hoc basis however as the 21-day review process became embedded there was more structure around the development of Cabinet papers relating to NPIs including weekly meetings to consider possible developments ahead of time in response to changes in levels of community infection.
91. Official meetings in between would involve lawyers, public health officials and policy leads from key areas and comms. It meant that the development of advice on NPIs was an iterative process. My role in attending these meetings with officials would be to communicate ministerial priorities and to ensure that papers addressed the questions and issues that were important to the MHSS and (where appropriate the First Minister). I would keep in regular contact with the MHSS use those opportunities to clarify anything that I was unsure of.

92. As an example, in relation to the use of face coverings I have 3 electronic diary entries relating to meetings over the weekend of 6 and 7 June on the use of face coverings, exhibit **CJM2BWG-01/13-INQ000227533** refers. The first on Saturday evening with MHSS, First Minister, Director General for Health and Social Services and Jane Runeckles. The second on Sunday morning with Jane Runeckles and representatives of the Office for Legislative Counsel and Welsh Government Legal Services and the third at lunchtime with colleagues from across the Special Adviser team to discuss new advice from World Health Organisation.
93. During these meetings I would relay any questions or concerns posed by MHSS and First Minister in each subsequent meetings and to speak to the CMO(W) to ensure that where possible his formal advice of 8 June addressed the specific issues or questions raised. I would also deal with any follow-up issues raised.
94. In a further example, my diary in the period prior to the firebreak on 23 October 2020 shows that following the COBR meeting on 12 October 2020 there was a meeting with the First Minister and MHSS, CMO(W), scientific advisers and Reg Kilpatrick (who was the Director General Covid Response and Local Government) to discuss latest SAGE and public health updates. Minutes of the Cabinet meeting of the same day, as exhibited in **CJM2BWG-01/14-INQ000129903**, refer to COBR in general terms and point to a more detailed update at the Ministerial call to be held on 13 October 2020. Ministerial calls were a regular feature whilst Ministers worked remotely. They usually happened at least twice a week facilitating communications between all Cabinet Ministers and Deputy Ministers. They were not decision making.
95. On 14 October 2020 there was a meeting of officials from across government (Firebreak Implementation Group) including treasury, economy, education, Legal Services and the Office of Legislative Counsel, along with scientific advisers to consider advice regarding a potential firebreak.
96. The Firebreak Implementation Group met again on 15 October 2020, followed immediately by a meeting of the group with First Minister and MHSS. This was followed by a meeting between the First Minister and the Leaders and Chief Executives of all local authorities. Due to the urgency of the work at this time, formal meeting minutes were not taken for either meeting.
97. A meeting of the full Cabinet on 15 October 2020 agreed to a Wales-wide firebreak 'in principle' subject to further advice. The Firebreak Implementation Group met again on

16 October 2020 and with First Minister and MHSS on 17 October 2020 ahead of Cabinet discussions on 18 and 19 October 2020.

98. In addition to attending the meetings outlined above, my diary shows a number of meetings with those officials preparing various elements of the advice. This includes catch up meetings with scientific advisers, meetings with the scientific advisers and the Education Minister, meetings with comms colleagues, with Reg Kilpatrick and meetings with Jane Runeckles, MHSS and First Minister.
99. Not all meetings or conversations will have been recorded in my diary, I also responded to or made calls to officials throughout this period to reflect the questions and priorities of MHSS and First Minister, and to ensure that any interdependencies were identified. This extended to the days between the Cabinet decision and implementation of the Firebreak where I attended meetings about the implementation with employer bodies and unions with MHSS and with the Minister for Rural Affairs, North Wales and Trefnydd (House Leader). I would have also kept in touch with key stakeholders such as the WLGA.
100. Finally, in relation to changes in the law I would liaise with the lawyers to reflect the views and priorities of Ministers and to provide a bridge to enable clarification of Ministerial intentions in a timely manner. For example, in relation to the Health Protection (Coronavirus, International Travel) (Wales) (Amendment) (No. 18) Regulations 2020, which came into force at 4am on Friday 6 November 2020, the team worked through the night to respond to information received on 5 November 2020 that the risk level for Denmark had heightened as a result of widespread outbreaks of covid in mink farms, with subsequent spread of a mink-variant virus to the local community. Ministers decided that the regulations should be drafted immediately to come in to force as soon as possible. We remained in a teams meeting throughout the night so that we could ensure an immediate link to Ministers on issues of clarification and keep Ministers updated of progress to ensure someone remained contactable to approve and sign them.
101. Welsh Ministers were concerned as far as possible that the introduction of restrictions came in as quickly as possible once the decision was made in order to avoid a last-minute influx of people trying to avoid the requirement to self-isolate. This did lead to divergence on occasion relating to the implementation date of agreed decisions.

## Divergence

102. Throughout the pandemic there was a recognition that for practical reasons there was limited ability to diverge too far from the UK Government's response, particularly around the introduction of travel corridors announced by UK Government. That said, there was sometimes a difference in opinion based on the evidence available to us with Welsh Ministers expressing a desire for greater caution.
103. Once travel corridors had been introduced the Welsh Government would meet with counterparts from across the UK to consider advice from the Joint Biosecurity Centre ("JBC"). Special Advisers were not allowed at the meetings where this was discussed but I would always be involved in liaising with the leading official both ahead of and following the meetings with UK Ministers and where necessary with the CMO(W) and others to seek clarity in relation to the data available and the rationale for the differing approaches to different countries.
104. On at least one occasion I recollect that Wales did deviate from the list of countries and regions prepared by the UK Government. In September 2020<sup>2</sup> the Welsh Government added mainland Portugal and six Greek Islands<sup>3</sup> to the lists of countries that would require self-isolation upon return though they were not included on the UK Government list. Whilst there remained a will to maintain a UK-wide approach the data and the number of people who travelled from Wales to those areas led the MHSS in Wales to take a different decision.
105. An early example of divergence came in relation to testing. During the contain phase each country used its own PCR tests through its own public health infrastructure (PHW in Wales) to test returning travellers with symptoms and samples from primary and secondary care. In Wales test results automatically linked to the individual patient records through our existing IT systems and were available in an anonymised way through the Secure Anonymised Information Linkage (SAIL) Databank (commissioned by TAG) to support analyses conducted through that PHW and by extension Welsh Government had access to data about community transmission. As the need for testing grew PHW were exploring options to increase capacity. The UK Government developed a strategy based on different pillars of testing for different purposes. I remember attending meetings with MHSS and UK Ministers where UK officials set out

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<sup>2</sup> The Health Protection (Coronavirus, International Travel) (Wales) (Amendment) (No. 8) Regulations 2020/944 (W.10)

<sup>3</sup> Antiparos, Paros, Crete, Lesvos, Mykonos and Zakynthos.

their proposal at high level but it was not clear the extent to which their plans were UK wide, there had been no detailed engagement with officials in Wales as far as I am aware.

106. In early April, Welsh Government's press team were contacted by the media asking about the testing centre that was being erected in the car park of Cardiff City Football Club, the press team came immediately to me for any background information and to agree lines to take.
107. At that time we had no knowledge of proposals by the UK Government to develop a site in Cardiff. I phoned Matt Hancock's Special Adviser to ask if she had any awareness or any information, she could share with me and she agreed to find out and to ask relevant officials in the UK Government to contact counterparts in Welsh Government. I informed the MHSS and First Minister of what was happening and that we were seeking further information.
108. I liaised with officials who in turn spoke to PHW and later in the day spoke to Matt Hancock's Special Adviser to confirm that relevant people were now in touch and that PHW were by then on site to establish if and how the facility could support our testing capacity in Wales.
109. The key issue with the UK plan was in relation to data flow. Their partnership with Deloitte only enabled positive test results to be shared with the UK Government to be included in the overall figures for positive cases. It would not allow information to be transferred to patient records or to PHW to allow any follow up or contact tracing or Welsh Government to support policy development in relation to the containment of the pandemic.
110. Over the subsequent days a model was developed that enabled the infrastructure developed by the UK Government to be used to support PHW testing. Wales did not opt into the UK Government's rapid testing programme until some months later when the data sharing issues had been resolved.
111. A further significant area of divergence came in May 2020 in relation to the easing of lockdown restrictions. The UK Government had announced it's intention to lift restrictions early May. By this point the regular COBR meetings had stopped and whilst the MHSS continued to meet his counterparts on health matters the opportunity to discuss wider approach had reduced. The minutes of the Cabinet meeting on 7 May 2020 show that Cabinet considered advice relating to the easement of restrictions,



exhibit **CJM2BWG-01/15-INQ000227865** refers. The meeting of Cabinet had paused and reconvened in the evening to allow consideration of the latest data relating to the R rate in Wales. At that meeting Ministers agreed a number of small easements, these were announced on 7 May.

112. On 10 May 2020 there was a COBR meeting at which the PM set out the UK Government's plan for easing out of lockdown including a move from Stay Home to Stay Alert. I do not remember any prior engagement. At that meeting Ministers from all the devolved nations expressed concern with the messaging.
113. When the Prime Minister announced a move from Stay Home to Stay Alert along with an encouragement to return to work. I thought that it would cause confusion as in parts it implied this was a UK wide position. It did not reflect the minor adjustments agreed to regulations in Wales. Following the announcement and into the next day I had conversations with communications colleagues to ensure our messaging tried to clarify the position for people in Wales.

#### **Key challenges and lessons learned**

114. There were a number of challenges during this period and, as an organisation, the Welsh Government sought to learn lessons throughout the period. In terms of my own personal experience, during the period in question communication between ministers between officials and ministers and between Welsh Government and key external partners and the public was an ongoing challenge given the pace at which things were developing.
115. Regular engagement with both internal and external stakeholders was key. We recognised from an early stage that Special Advisers had an important role in this process for example by developing a list of contacts we would regularly ring as part of the wider warming and informing exercise that would accompany any proposed changes.
116. There were examples throughout the pandemic where Special Adviser colleagues and I would take calls from partners to alert us to issues or to offer support. An example would be in the early days when offers of support with PPE would often land in my inbox and that of Ministers and Special Adviser colleagues. This led to the establishment of more formal mechanisms and a public facing portal.

117. Frequent conversations with unions led to workplace issues being discussed and addressed, this includes concerns around social distancing which informed official and ministerial considerations and eventually the decision to include the 2 meters distancing requirement in law. Their concerns around the distribution of PPE in health and social care alongside those raised by other partners including Social Care Wales and local government led to the sharing of the PPE dashboard and provided feedback to support improvements.
118. Feedback from unions on the experiences of Black, Asian and Minority Ethnic health and care workers informed the development and roll out of the covid risk assessment tool for health boards in Wales.

### **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.

**Signed:**

**Personal Data**

**Dated:** 13 October 2023