

Witness Name: Sam Smith-Higgins

Statement No.: 1

Exhibits: 9

Dated: 07/02/24

IN THE MATTER OF THE UK COVID-19 INQUIRY – MODULE 4

WITNESS STATEMENT OF SAM SMITH-HIGGINS

I, Sam Smith-Higgins, co-leader of Covid-19 Bereaved Families for Justice Cymru (“CBFJ Cymru”) make this statement on behalf of CBFJ Cymru. This statement is in response to the UK Covid-19 Public Inquiry’s request for evidence under Rule 9 of the Inquiry Rules 2006 dated 29 August 2023 in respect of Module 4. CBFJ Cymru has been granted Core Participant status by the Chair in respect of Module 4 of the Inquiry. The request sets out 6 questions which I have taken in turn below.

A brief description of CBFJ Cymru including its history, purpose and aims.

1. CBFJ Cymru is a group which represents the full spectrum of families in Wales who are bereaved by Covid-19.
2. CBFJ Cymru originated as an autonomous group out of the Covid-19 Bereaved Families for Justice (“CBFJ”) group. Our group was set up by Welsh members of CBFJ on the 15 July 2021. We are a Welsh focused group dedicated solely to campaigning for and giving a voice to those bereaved by Covid-19 in Wales. Our group is committed to ensuring that there is proper scrutiny of all governmental decision-making relevant to Wales, including those decisions made in Westminster and by the devolved administration in Wales.
3. Since its establishment, CBFJ Cymru has become the most prominent organisation in Wales in the discourse surrounding the Covid-19 pandemic to ensure proper scrutiny of decision-making impacting Wales in a UK Inquiry. Our

group has also played a leading role in calling for a Welsh Inquiry. We have campaigned tirelessly for justice for families in Wales who are experiencing bereavement due to the Covid-19 pandemic.

4. We are acutely aware of the importance of full and proper scrutiny of decision-making in Wales in respect of Covid-19.
5. Our group is not a legal entity. It is a non-political, not for profit group set up by the Covid bereaved for the Covid bereaved in Wales.
6. CBFJ Cymru incorporate both primary and secondary aims which I have set out below:
 - a. Our Primary aims:
 - i. to understand why decisions were made and for errors to be publicly acknowledged so lessons can be learned;
 - ii. to ensure that recommendations highlighted by the Inquiry are actioned.
 - b. Our Secondary aims:
 - i. to ensure an effective investigation into all nosocomial deaths in Wales;
 - ii. ensure changes to infection control in health care settings in Wales are implemented;
 - iii. to support members through the NHS Wales health board complaints process;
 - iv. ensuring bereavement support, both practical and psychological is in place following Covid-19 deaths in hospitals;
 - v. championing the rights of older people in Wales including human rights, ethical practices, DNACPR process, withdrawal of treatment, frailty score, dignity in death;
 - vi. promoting patient privacy and the right not to be photographed for books and PR purposes when dying/dead in NHS Wales hospitals;
 - vii. raising the awareness in Wales of why a public Covid-19 inquiry is needed.

7. Our group is recognised by the Welsh Government and other political parties in Wales as the key group representing and campaigning for the rights of those who are bereaved in Wales as a result of Covid-19 and related issues.
8. Its purpose is to emphasise and protect the interests of the Welsh bereaved by ensuring that Welsh decision-making on fundamental devolved matters (most notably health, social care and education) is robustly scrutinised.

A general overview CBFJ Cymru and the people it represents.

9. Our group comprises over 350 individuals, led by Anna-Louise Marsh-Rees, Sam Smith-Higgins and Liz Grant, who represent the full spectrum of families in Wales who are bereaved by Covid-19.
10. We represent those who have been bereaved by Covid in Wales. Individuals can join CBFJ Cymru either by signing up to the autonomous CBFJ Cymru Facebook Group, or by signing up with Harding Evans Solicitors.
11. Many of the members of our group have professional experience working in sectors involved in or impacted by the UK and Devolved Government's risk management and civil emergency planning. They thus have valuable first-hand experience of how deficiencies in pandemic preparation subsequently contributed to the losses the group suffered as a whole.

Key areas of concern highlighted by CBFJ Cymru

The preparedness of the UK for the rapid development of a 'Disease X' vaccine & the pace of vaccine development.

12. We understand from the evidence given by Sir Jeremy Farrar (former Director of the Wellcome Trust 2013-2023) during the Module 1 substantive hearings that *'we didn't make a vaccine in 12 months. We made a vaccine because for years before all governments in the UK, of any colour, I would argue as well the Wellcome Trust,*

the charitable sector, philanthropy, have invested in basic science, in people, in teams and institutions...'

13. CBFJ Cymru are mindful that the UK was the leading country to approve a Covid-19 vaccine and begin its rollout. This suggests that the UK was functioning at an optimal pace in terms of its vaccine development, procurement, manufacture and approval. However, CBFJ Cymru would wish to seek clarity and assurance that all possible steps were indeed taken to ensure speedy vaccine development and that both the UK Government and Welsh Government worked to ensure the vaccine rollout was as effective as possible. We trust this is something the Inquiry will examine and draw conclusions on.

a. Vaccine delivery programmes and prioritisation decisions in Wales.

14. CBFJ Cymru understand that the responsibility of the vaccination delivery programme lay with the Welsh Government and NHS Wales. CBFJ Cymru note that Wales's vaccine rollout faced delays and heavy criticism from doctors, citizens and opposition parties in January 2021 after the First Minister of Wales, Mark Drakeford's, announcement to stagger of the rollout of Pfizer/BioNTech jabs whilst Wales waited for its next supply so as to make it last until February 2021. *"There will be no point, and certainly it will be logistically very damaging, to try to use all of that in the first week and then to have all our vaccinators standing around with nothing to do for another month,The sensible thing to do is to use the vaccine you've got over the period that you've got it for so that your system can absorb it, they can go on working."* I exhibit at **"SSH1" (INQ000381306)** an ITV news article dated 18th January 2021 referencing these comments. Time was of the essence for many of our loved ones to receive a vaccine; the idea of staggering the vaccine rollout was distressing and deeply frustrating. Despite assurances from the Welsh Government at the time that they were not holding back vaccines, CBFJ Cymru want to understand why vaccinating the elderly and most vulnerable as soon and as quickly as possible was not the Welsh Government's upmost priority.

15. My 73-year-old father was admitted to hospital on the 5 January 2021 for cancer related reasons. By this point, Covid-19 vaccinations were being offered to the

most vulnerable in Wales. On my father's admission to Nevill Hall hospital, Abergavenny, I asked if he could have the vaccination as he was vulnerable and immune suppressed and likely to remain in hospital for a prolonged period. I was told that it wasn't feasible. My father died of hospital acquired Covid-19 on the 26 January 2021. Devastatingly, my father received his vaccine invitation letter a week after his death. My 84-year-old mother was due to have her vaccination the 2nd week of January.

16. CBFJ Cymru are deeply concerned with the decisions made concerning vaccine prioritisation in Wales. Many group members were aware that NHS administrative staff, with non-patient facing roles, received vaccines before frontline workers and vulnerable groups. A relative of mine, in her fifties with no underlying health problems, who worked in an administrative department within one of the Welsh Health Boards received her vaccine in December 2020. I exhibit at “SSH2” (INQ000066528) Audit Wales's report on the 'Rollout of the Covid-19 vaccination programme in Wales June 2021. CBFJ Cymru note that this issue was highlighted in paragraph 39 of this document: *'there have been concerns about how the prioritisation approach has varied across Wales and the risk that some (including NHS staff) may have received their vaccine ahead of their allotted priority group. This has arisen because of the desire not to waste unused vaccine and the differing approaches to manage reserve lists. Welsh Government officials have written to health boards in an attempt to standardise the approach for reserve lists. There have also been challenges defining 'frontline' for health and social care staff, which may have also resulted in some staff receiving the vaccine earlier than intended.'*
17. Vaccine delivery statistics demonstrate how Healthcare, Social Care and Care Home staff were prioritised over Care Home Residents and those aged 80 and over. I exhibit at “SSH3” (INQ000381308) an information card from Cardiff and Vale University Health Board on vaccination statistics by the 18th January 2021. By this time, a vaccine had been given to 18,582 members of staff in Healthcare, Social Care and Care Homes. By the same date, a combined total of 3,351 Care Home Residents and those aged 80 and over in the same Health Board had received a vaccine. I also exhibit, at “SSH4” (INQ000381309) a similar information card from Hywel Dda University Health Board, dated 10th March 2021, where it

shows that over 50% of Care Home Workers, and roughly 30% of Health and Social Care staff had received their second dose. This is contrasted with significantly lower figures for Care Home residents and over-80s.

18. Many group members, including myself, lost elderly loved ones during the second wave of the pandemic; this meant that our loved ones were only weeks, or days, away from receiving their vaccination. It seems to me and our members that timing and effective prioritisation was crucial during the vaccine rollout. Against the backdrop at the time and again referencing exhibit “SSH2” (INQ000066528), paragraph 39, ‘*differing approaches to manage reserve lists*’ and ‘*staff receiving the vaccine earlier than intended*’ were unacceptable and robust systems should have been put in place to ensure unused vaccines were utilised in the best possible way.
19. One member of CBFJ Cymru worked as a Police Officer during the pandemic; despite being a key frontline worker he was not on the vaccine priority list. He caught Covid-19 at the beginning of December 2020, which he is certain he contracted during work and subsequently took home. Both his wife and daughter, whom he lived with, tested positive for Covid-19. Tragically, he lost his 25-year-old daughter to Covid-19 in December 2020; she was a key worker and tested positive for Covid-19 during the week she was booked in to receive her Covid-19 vaccination.
20. Another member of CBFJ Cymru has recounted how mistakes were made when offering vaccine doses to those who were supposed to be on the vaccine priority list but were missed. One gentleman has complained that his wife, an immunocompromised lady, was missed from the Welsh Immunisation System (WIS) List for the immunocompromised. She, therefore, received her 3rd dose much later than intended and tested positive for Covid-19 a week after receiving this dose. There may not have been enough time for the vaccine to induce a sufficient immune response, so leaving her more vulnerable to the virus. She sadly passed away following her positive test. Her husband has voiced concerns that this delay may have had a significant impact on his wife's ability to fight Covid.

21. Additionally, only those with severe asthma were prioritised within the vaccine rollout, with the Joint Committee on Vaccination and Immunisation (JCVI) stating that those with mild and moderate asthma were not at increased risk from Covid-19. This caused confusion, as those with moderate asthma had previously been told that they were clinically vulnerable to Covid. As someone who suffers from Asthma, this caused me great personal concern. I exhibit at **“SSH5” (INQ000381310)** an ITV News Article, where Asthma UK and British Lung Foundation Wales called upon the Welsh Government to prioritise all those with Asthma in Wales.
22. Many members of CBFJ Cymru were deeply concerned with the Welsh Government’s stance on refusing to make Covid vaccines mandatory for NHS staff at a time when infection rates were soaring. A large proportion of CBFJ Cymru members lost loved ones due to hospital acquired Covid-19, making the vaccination status of healthcare workers an important consideration for our members. Amongst increasing rates of nosocomial infections in October 2021, a Welsh Government spokesman advised that the rationale against mandatory vaccination was the already high take up of vaccines among health and social care staff. I exhibit at **“SSH6” (INQ000381311)** a BBC News article reporting this statement.
23. CBFJ Cymru understand that there were only two centres in Wales capable of storing the Pfizer vaccine at the correct temperature. CBFJ Cymru would like to know whether this impacted on Wales’s ability to receive, store and supply vaccines.
24. CBFJ Cymru also wish to understand why Welsh pharmacies had to declare “an expression of interest” to their health board to administer the AstraZeneca vaccine, rather than establishing a Wales-wide programme similar to that of the winter flu vaccination programme.
25. CBFJ Cymru are aware that the Welsh Government requested the assistance of the Armed Forces to assist with the vaccine delivery programme in Wales. We wish to understand whether this reflected a lack of preparedness and organisation

on behalf of the Welsh Health Boards to carry out the vaccine delivery programme. Additionally, a BBC news release dated 1st December 2021 exhibited as “SSH7” (INQ000381312) reports that Health Minister Eluned Morgan said a “jabs army” would be “back in force” with extra services called on to help, whilst a senior doctor has warned “something will have to give” if GPs are required to help roll out booster jabs.

26. CBFJ Cymru would like to understand the regional differences that occurred throughout the vaccine delivery programme. We understand that health boards in North Wales, such as Betsi Cadwaladr University Health Board, had concerns regarding their availability of vaccines at the beginning of the vaccine rollout. We would like to know the steps taken to resolve this issue, if any.

Public messaging about the Covid-19 vaccines in Wales.

27. We understand that some ethnic groups and populations living within deprived communities had lower rates of vaccination uptake than other parts of the society. Tailored and thoughtful public messages within communities that might need more assurance relating to the benefits of the vaccination was therefore essential. I exhibit at “SSH8” (INQ000410136) a study conducted in May 2021 entitled ‘Inequalities in coverage of Covid-19 vaccination: A population register based cross-sectional study in Wales’. This study found that adults over 50 in Wales are less likely to be vaccinated if they live in a more deprived area or belong to an ethnic group other than White, therefore putting these groups at a higher risk for possible future waves. This study made recommendations for a higher level of engagement with these communities in Wales, and to develop more robust surveillance systems designed to understand the underlying reasons behind this finding.

28. CBFJ Cymru also understand that there was a high level of confusion surrounding the use of vaccine passports in England and Wales. People who lived in Wales, but were registered with a GP surgery in England could not access their Covid-19 passport via the NHS Wales website, and would instead have to download the

NHS App. We wish to understand what steps, if any, were taken to resolve this confusion.

Steps taken to address vaccine hesitancy in Wales.

29. In the same vein as noted above, taking steps to address vaccine hesitancy was vital as it clearly serves to protect public health and ultimately saves lives. CBFJ Cymru questions the Welsh Government's effectiveness in targeting various sub-groups and demographics during the pandemic.

30. Many people had genuine concerns or questions in relation to the vaccine and therefore the need for clear and accessible public messaging was essential in resolving this. A large proportion of our member's loved ones were part of the older generation which had no or limited access/understanding on how to use digital devices and access telehealth during the pandemic. We also want to highlight the fact that many elderly individuals were shielding and were therefore not privy to public messaging (advertisements/pamphlets) within the community.

31. CBFJ Cymru has liaised with Muslim Doctors Cymru, a group formed in January 2021, to combat misinformation on the Covid-19 vaccines amongst ethnic minority communities in Wales and beyond. The fact that a group of doctors had to come together to tackle issues relating to language barriers and dispelling myths, suggests a failing on the Welsh Government's behalf to do so.

Barriers to uptake of the vaccine

CBFJ Cymru wish to highlight the barriers faced by older people, older people with disabilities and other disabled people in accessing the vaccine including physical access and transport. Many mass vaccination centres were located on the outskirts of city centres. For those who did not have access to a car it meant taking public transport which often included connecting services. In addition, the thought

of taking public transport during a pandemic would have discouraged many from making the journey to attend the vaccination centre.

32. The members of CBFJ Cymru have experienced many differing approaches within Wales, across the seven health board areas, in relation to Vaccine rollout and other health matters. When a whole nation approach across Wales would have provided clarity and certainty in these difficult times, our members found that the vaccine rollout program was often described as a “postcode lottery” and many struggled to understand why there was such inconsistency in the delivery of vaccines.
33. We also wish to highlight the fact that those living in rural communities faced additional barriers to vaccine uptake. Some members report having to make lengthy trips to the nearest town to receive a vaccination. From the 23rd January 2021, GPs in rural areas opened vaccination hubs in an attempt to address this issue. The impact of Wales’s geography when designing vaccine rollout plans is essential. In addition, wintery conditions often adversely affect rural and mountainous parts of Wales, in particular the South Wales valleys. Members recall the First Minister’s announcement in January 2021 that vaccine targets were affected by snowfall across Wales. I exhibit at “SSH9” (INQ000381314) ITV news story dated 27th January 2021, where it states that First Minister Mark Drakeford informed the Senedd that the Welsh Government failed to meet their target of vaccinating 70% of over -80s by the 24th January 2021. Only 52.8% of over-80s had received their jab by this date.
34. Some members felt more comfortable, and had greater levels of trust, in receiving their vaccination from their local GP rather than a vaccination centre. The shortage of GPs in Wales working within primary care would have posed a barrier to those wanting to receive their vaccine from their local GP.
35. From my own personal experience, as my mother’s unpaid carer, I experienced substantial difficulty in trying to prove that I was a carer so that I could access a vaccine. The Welsh Government recognised care workers as a priority group to receive a vaccination, however, unpaid carers were left in the dark. Paragraph 29 of The Audit Wales report exhibited at “SSH2” (INQ000066528), and previously

referred to in paragraph 16 raises this issue. *'There have also been challenges identifying unpaid carers who have previously not been recorded on any system. This indicates some of the difficulty in using a complex vaccination prioritisation model in the environment where no single centrally maintained population dataset exists for this purpose.'*

36. During the vaccination rollout there was a need to have proper strategies in place to identify where there were barriers to vaccine take up and to address them. CBFJ Cymru are concerned that insufficient weight was given to the planning and need for adequate priority and rollout.

Vaccine misinformation in Wales.

37. Vaccine misinformation is a key driver of vaccine hesitancy. CBFJ Cymru are concerned to know what the Welsh Government did to tackle vaccine misinformation. From our members' experiences and from speaking with other groups such as Muslim Doctors Cymru, we are concerned that not enough was done to address this. Reasons highlighted by Muslim Doctors Cymru were to do with impermissibility, the religious aspects of the vaccine and whether receiving a vaccine would break fasting rules during Ramadan.

The pace of research exploring new therapeutics and the effectiveness of existing medications in treating Covid-19.

38. CBFJ Cymru believe that both new and existing therapeutics may have prevented the deaths of their loved ones and look to the Inquiry to seek information that the research into and development of these were undertaken at appropriate pace.

Access to therapeutics in Wales.

39. CBFJ Cymru are particularly interested in the use of therapeutics prior to the rollout of the vaccine. We are also concerned with the use and accessibility of antiviral drugs for those who are clinically vulnerable.

40. CBFJ Cymru understand that existing medications were available, for example dexamethasone, which were effective treatments for those suffering from a severe case of Covid-19. We wish to understand more regarding the availability and the decisions made concerning prioritisation when determining who should receive different forms of treatment for Covid-19 in Wales during the pandemic. For example, my father did not receive dexamethasone until five days after admission to the Covid ward in Nevill Hall hospital, despite being a vulnerable patient.
41. From December 2021, people in Wales suffering from cancer, people with Down's syndrome, people who have had a transplant and people who are taking medicines that suppress their immune system should have had access to monoclonal antibody treatments or the antiviral medicine molnupiravir.
42. One member of the group lost his mother to Covid-19 in December 2021. When she first began showing symptoms, he contacted the NHS helpline to request that anti-viral medication be supplied to her at as early a stage as possible. He was unsuccessful in this request. His mother was later admitted to University Hospital Wales, within the Cardiff and Vale University Health Board, where she unfortunately passed away.
43. Some of our members loved ones received therapeutic medication and treatments whereas others were refused or experienced a lengthy delay in receiving vital medication. We have also been informed that even the basic administration of treatment was being refused based on an individual's frailty score which occurred within the Aneurin Bevan University Health Board.
44. After witnessing the pain and suffering our loved ones were in, we wish to understand what the Welsh Government did in terms of commissioning research into the effectiveness of steroids, antivirals and therapeutics against Covid-19 during the pandemic.

Any lessons CBFJ Cymru considers can be learned or recommendations CBFJ Cymru would wish the Inquiry to consider.

45. As set out above, CBFJ Cymru would wish to receive clarity and answers to the questions they have regarding the actions of the Welsh Government in relation to Vaccines and Therapeutics. I have set out below a summary of CBFJ Cymru's key concerns that we wish the Inquiry to consider: -

- The development and use of anti-virals and therapeutics;
- The vaccine prioritisation decisions made;
- The decision surrounding non-mandatory vaccinations for healthcare workers;
- The lack of appropriate storage facilities for vaccines in Wales;
- The lack of effective public messaging to combat vaccine hesitancy and misinformation;
- Welsh Government's decision to stagger the roll out of the Pfizer vaccine;
- The inequalities and/or barriers faced by those living in rural communities (what is often referred to as "the postcode lottery"), and whether the Welsh Government and NHS Wales took sufficient regard on the impact of Wales's geography when designing vaccine rollout plans;
- The barriers faced by older people with disabilities and other disabled people in accessing the vaccine including physical access, transport, and government communications;
- The use of the armed forces in the vaccine rollout, and whether this reflected a lack of preparedness on the part of NHS Wales;
- Non-prioritisation of vaccination of unpaid carers;
- Whether there were enough GPs in Wales to deliver the vaccine rollout;
- The differences in approach between different Local Health Boards, NHS Trusts, care homes, and primary care facilities.

46. CBFJ Cymru would like to take this opportunity to thank the Inquiry for providing us with the opportunity to assist. We welcome the opportunity to further help the Inquiry and expand on many of the concerns and experiences set out above to further assist the Inquiry to understand the impact that the decisions made surrounding Vaccines and Therapeutics in Wales had upon the people of Wales, particularly those who suffered the greatest loss by losing a loved one to the Covid-19 pandemic.

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: 07/02/24 _____