

IN THE UK COVID-19 INQUIRY

Before the Right Honourable Baroness Hallett D.B.E.

MODULE 7

THE WELSH GOVERNMENT'S OPENING STATEMENT

1. In Module 7, the Inquiry will consider the approach to testing, tracing and isolation adopted during the pandemic.

Role and Responsibilities of the Welsh Government

2. Cabinet is the principal decision-making body in the Welsh Government. The majority of the decisions in relation to Test, Trace, Protect fell within the portfolio of, and were taken by, the Minister for Health and Social Services, sometimes with contributions from the First Minister or jointly with other relevant ministers. The Minister was supported by the Health and Social Services Group, which was responsible for providing strategic leadership and oversight of the NHS in Wales and stewardship of NHS funds.
3. Under the Welsh constitutional settlement, responsibility for health and public health matters in Wales rests with Welsh Ministers, and the Welsh Government is expected to respond to any development that threatens the health of the people of Wales. Although all aspects of Test, Trace, Protect engaged devolved responsibilities, certain aspects of Test, Trace, Protect were undertaken by the UK Government on behalf of the Welsh Ministers. These aspects included the National Testing Programme, NHS Covid-19 contact tracing App and the Covid pass.¹

Relevant structures and organisations

4. The Welsh Government was reliant upon certain internal and external bodies in developing, deploying and maintaining the Test, Trace, Protect function.

Health and Social Services Group

¹ HSSG WS Paragraph 19.

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5. The Health and Social Services Group provided strategic leadership and oversight of the NHS in Wales and was the conduit between the NHS in Wales and the Minister and Deputy Minister for Health and Social Services. The Welsh Government is responsible for social care policy in Wales, and the Group also led on engagement with the local authority social services directors and the relevant ministers. During the pandemic, the structure of the group expanded from its pre-pandemic form to include the addition of the Test, Trace, Protect Directorate.

Technical Advisory Group and Technical Advisory Cell

6. Before the pandemic, Wales did not have an equivalent body to the UK Scientific Advisory Group for Emergencies (“SAGE”). On 27 February 2020, the Chief Scientific Adviser for Health and the Chief Medical Officer set up a scientific and technical advisory body in the Health and Social Services Group to provide advice to officials and ministers which was specifically tailored to Wales.²
7. The Technical Advisory Group comprised a group of scientific and technical experts to provide advice and guidance to the Welsh Government. The Technical Advisory Group provided scientific and technical information specifically for Wales in addition to advice provided by SAGE and other sources of information. The Technical Advisory Cell was a team of public servants which included those who attended SAGE, those who chaired and ran the Technical Advisory Group and its subgroups, those who drafted and issued advice to the public sector and those who communicated advice and evidence to the public as needed.³

NHS in Wales

8. Healthcare is a devolved function in Wales. The NHS in Wales comprises three principal types of NHS bodies: health boards, NHS trusts and special health authorities.⁴ Under the National Health Services (Wales) Act 2006, NHS bodies have a legal duty to comply with any direction issued by the Welsh Ministers. Ministers set a high-level policy framework and targets, and it is the responsibility of the health boards to deliver against those policy objectives. Healthcare services are primarily delivered by the seven health boards which are legally responsible for the provision of healthcare services to the residents of a specific geographical area. Throughout the pandemic, and in contrast to the position at the time in England, there was no legal entity with the name “NHS Wales”, although this term is sometimes used to refer collectively to health boards, NHS trusts and special health authorities and those carrying out NHS functions on their behalf. The Director

² Welsh Government: COVID-19 Technical Advisory Group Terms of Reference, INQ000177396.

³ Technical Advisory Group Terms of Reference, paragraph 2 (p.2). INQ000177396.

⁴ National Health Service (Wales) Act 2006.

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General of the Welsh Government’s Health and Social Services Group, now known as the Health, Social Care and Early Years Group is also the Chief Executive of the NHS in Wales.

Public Health Wales

9. Public Health Wales is responsible for maintaining the national capability in Wales for the detection, diagnosis, treatment, prevention and control of infections and communicable disease. As part of this role, Public Health Wales maintained most of the laboratories in Wales providing pathology testing before the pandemic. During the pandemic, Public Health Wales provided advice to the Chief Medical Officer, the Health Social Services Group and the Welsh Governments’ Technical Advisory Cell.
10. Although it was the responsibility of the Welsh Government to set policy, Public Health Wales developed the Health Protection Plan which formed the basis of the Test, Trace, Protect Strategy.

Local authorities

11. Local authorities have powers to require, request or take action for the purposes of preventing, protecting against, controlling or providing a public health response to the incidence or spread of infection or contamination which presents, or could present, significant harm to human health⁵. In addition to responsibilities for public health protection, local authorities had a key role in the delivery of contact tracing and support as part of the Test, Trace, Protect system in Wales.

Summary of Test, Trace, Protect in Wales

12. In the very early stages of the Covid-19 pandemic, before March 2020, test, trace and isolate functions were discharged using the existing public health infrastructure for controlling the spread of infectious disease. This fell within the core responsibilities of Public Health Wales and testing was managed by Public Health Wales using its existing laboratory network. The priorities for testing were patients, vulnerable groups and front-line staff, and contact tracing was undertaken on a limited basis.
13. On 17 March 2020, the First Minister made an oral statement to the Senedd explaining that the focus of testing had shifted away from community testing in order to focus testing upon areas of greatest need.⁶ This decision was consistent with the UK Government’s decision to end community

⁵ Powers contained in the Public Health (Control of Disease) Act 1984

⁶ Oral statement of the First Minister, 17 March 2020 INQ000271921.

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testing in England on 13 March 2020, which was intended to increase the pace of testing within Intensive Care Units, and corresponding advice received from Public Health Wales.⁷

14. On 21 March 2020, the Minister for Health and Social Services published a written statement setting out the projected testing capacity in Wales.⁸ At that time, Public Health Wales had capacity for more than 800 tests daily, and, based on advice received, this was expected to increase in stages up to a level of 9,000 tests per day by the end of April. The implementation of this approach is discussed in paragraph 42 below.
15. Welsh Government officials developed a national testing plan which was submitted to the Minister for Health and Social Services on 27 March 2020.⁹ It set out a strategic approach to testing to tackle Covid-19 in Wales, with the dual objectives of reducing direct and indirect harm, and enabling release from behavioural and social interventions.¹⁰ Central to the plan was the need to expand testing, which was to be led by Public Health Wales.
16. The Welsh Government published its Framework for Recovery in April 2020, detailing the principles which the Welsh Government would use to make decisions to ease restrictions, whilst protecting people in Wales from harm.¹¹ The framework set out three pillars, the third of which concerned the public health response, and it set out the intention to increase health surveillance and increase levels of contact tracing.
17. Shortly after the publication of the framework, the Welsh Government commissioned a rapid review of its testing capacity, undertaken by a team of military planners. The review, dated 30 April 2020, made a number of recommendations including embedding a project/programme management approach to achieve a more coherent response nationally.¹² Officials in the Health and Social Services Group were tasked with taking forward the recommendations with support from Public Health Wales.
18. On 5 May 2020, Public Health Wales published its 'Public Health Protection Response Plan'.¹³ The plan set out a detailed operating model for testing, contact tracing and surveillance. In relation to testing, the plan noted the need for a national integrated approach to testing and sampling. For

⁷ Public Health Wales 'Statement: NHS Wales move to 'delay' phase of UK Coronavirus Action Plan', 16 March 2020 INQ000509416.

⁸ Written statement by the Welsh Government 'Coronavirus (COVID-19) – Update', 21 March 2020 INQ000509418.

⁹ Ministerial Advice MA/VG/1136/20 'Welsh National COVID-19 Test Plan', 27 March 2020 INQ000136770.

¹⁰ Welsh National COVID-19 Test Plan INQ000253543.

¹¹ 'Leading Wales out of the coronavirus pandemic: A framework for recovery'. INQ000349353.

¹² Military Assistance Team Rapid Review, 30 April 2020. INQ000182412

¹³ Public Health Wales 'Public Health Protection Response Plan', 5 May 2020 INQ000182417.

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contract tracing, the plan proposed a decentralised three tier model with local, regional, and national levels, with multi-disciplinary staff drawn from the public sector, local authorities, health boards and Public Health Wales.

19. On 13 May 2020, the Welsh Government published its Test, Trace, Protect Strategy.¹⁴ This was a significant step as it introduced enhanced health surveillance in the community. Until this point, testing had focused on people in hospitals, care homes and symptomatic critical workers. It also announced the roll out of contact tracing and that close contacts of positive cases would be advised to self-isolate for 14 days.
20. Following pilots and development testing in three health board areas, population-wide contact tracing started on 1 June 2020. As recommended by Public Health Wales in its Health Protection Response plan, the system was based on a decentralised three-tier model that built up from local teams within local authorities who employed the majority of contact tracers and advisers, to regional teams (at health board level), and was overseen by a national Public Health Wales co-ordinating team. This structure had the significant benefit that contact tracers were familiar with the language, geography, and services available in the areas for which they were responsible.
21. Following the UK Government’s decision to make isolation of positive cases and their close contacts a legal requirement from 28 September 2020, a similar decision was taken by the First Minister in respect of Wales following advice from officials on 20 October 2020.¹⁵ That decision removed the difference in approach between the two countries. As in England, the Welsh Government simultaneously introduced financial support for individuals on low income who were required to self-isolate. This is considered further in more detail below.
22. On 29 September 2020, the Minister for Health and Social Services issued a written statement announcing prioritised access to Covid-19 testing.¹⁶ The statement identified six categories of priority which placed supporting NHS clinical care and protecting care homes in the highest two categories. This list was based on advice from the four UK Chief Medical Officers.¹⁷
23. During November 2020, the Welsh Government considered scenarios for utilising new technology, including lateral flow tests (“LFTs”). On 16 November 2020, the Minister for Health and Social Services approved the drawdown of Wales’s initial allocation of lateral flow tests procured by the

¹⁴ Welsh Government ‘*Test Trace Protect Strategy*’, May 2020. INQ000349437.

¹⁵ Ministerial Advice MA/FM/3404/20 ‘*Requirements to self-isolate in Wales*’. INQ000145508.

¹⁶ Written statement by the Welsh Government by Vaughan Gething MS, ‘*Prioritisation COVID-19 Testing*’, 29 September. INQ000395828.

¹⁷ Ministerial Advice MA/VG/3191/20 ‘*Prioritising Access to COVID 19 Testing*’, 23 August 2020. INQ000116654.

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UK Government (a 4.7% share of the 240m tests).¹⁸ These devices were subsequently deployed in a mass testing pilot in Merthyr Tydfil in response to rising case rates.¹⁹ This was the first large scale use of new testing technologies in Wales.

24. A refreshed testing strategy was published in January 2021 to reflect advances in testing technology, understanding of the virus and the vaccination programme.²⁰ Throughout the early part of 2021, testing pilots were undertaken to consider the feasibility of alternative approaches to isolation. These included a pilot of daily contact testing within workplaces trialled at the TATA Steel plant, and a serial testing pilot with South Wales Police.
25. In March 2021, the Auditor General for Wales published an overview of the progress of Test, Trace, Protect in Wales.²¹ As well as recognising the challenges in keeping up with demand at peak times, the report highlighted the strong and effective partnerships that underpinned delivery, the strength that came from blending national oversight, technical expertise and local and regional ownership of delivery, and that Test, Trace, Protect would likely remain an important tool throughout the pandemic. Andrew Goodall, as Director General Health and Social Services and Chief Executive of NHS Wales wrote to the Auditor General in response to the report on 4 June 2021.²²
26. In July 2021, the Technical Advisory Group recommended that future Covid-19 policy should consider the five harms.²³ This built on the approach outlined in the April 2020 framework which referred to four harms, but included a fifth harm, recognising the impact of inequality. This paper included an assessment of the five harms in relation to policies concerning Test, Trace, Protect. .
27. In late July 2021, Cabinet recognised that the balance of harm was shifting and agreed that fully vaccinated adults should be exempt from the requirement to isolate if identified as a close contact of a positive case. This was confirmed by the Minister for Health and Social Services following advice, and consequently from 7 August 2021 fully vaccinated adults and all those under 18 were no longer required to self-isolate when identified as a close contact of a positive case. Those testing positive were still obliged to self-isolate for 10 days. It was subsequently necessary to amend this

¹⁸ Ministerial Advice MA/VG/3887/20 'New Testing Technologies Allocation from UK Mass Testing Programme' 16 November 2020. INQ000136827.

¹⁹ Ministerial Advice MA/VG/376/20 'Whole Borough Testing Pilot: Merthyr Tydfil' 19 November 2020. INQ000235871.

²⁰ Testing Strategy for Wales, January 2021. INQ000227387.

²¹ Auditor General for Wales: 'Test, Trace, Protect in Wales: An Overview of Progress to Date', paragraphs 1.6 and 1.21. INQ000066525.

²² Letter from Director General Health and Social Services and Chief Executive of NHS Wales to Auditor General for Wales, 4 June 2021. INQ000513911.

²³ TAG 'Five Harms Arising from COVID-19: Consideration of Potential Baseline Measures', 9 July 2021. INQ000239550.

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rule on 29 October 2021 to reintroduce the isolation requirement for household contacts, including children aged 5 to 17, pending a negative PCR result.

28. On 7 August 2021, the Welsh Government increased the Self-Isolation Support Scheme payment from £500 to £750. This decision was taken following concerns that £500 did not cover living expenses for a 10-day period and after consultation indicated that a more generous financial offer would meet the Welsh Government's policy aims of encouraging people to engage with testing, engage with contact tracing and facilitate adherence with the self-isolation regulations.²⁴
29. In late 2021, the Omicron variant created an all-time high demand for testing and caused a challenging period for contact tracing teams. Between 3 and 22 December 2021, compulsory self-isolation was reintroduced for contacts of all probable and confirmed cases of the Omicron variant before relaxing the restriction to the previous position.
30. On 22 December 2021, the UK Government reduced the period of self-isolation for positive cases from 10 days to seven for all individuals who received a negative test result using a lateral flow device taken on day six and day seven. The Welsh Government decided to maintain the requirement for self-isolation at 10 days, before reducing the period to seven days on 31 December 2021. This isolation period in Wales was further reduced to five days (subject to taking lateral flow tests) on 28 January 2022, bringing Wales in line with the position in England and Scotland. As the period of isolation was now shorter, the financial support available to those self-isolating returned to its original level of £500.
31. On 4 March 2022, the Welsh Government published its 'Covid-19 Transition Plan – Together for a Safer Future'.²⁵ This plan set out the stages as Wales moved towards a long-term steady state from the end of June 2022.
32. The last elements of emergency legislation were removed on 30 May 2022 and on 30 June 2022 all routine contact tracing in Wales ceased along with self-isolation support payments. Access to testing remained available for vulnerable people for health and social care staff (including for asymptomatic testing).²⁶

Evaluation of significant decisions, policies and issues

²⁴ Ministerial Advice MA/RE/2645/21 'Support for self-isolation'. INQ000136886.

²⁵ Welsh Government 'Together for a Safer Future – Wales' long-term Covid-19 transition from pandemic to endemic'. INQ000066072.

²⁶ Written Statement by the Welsh Government 'Test Trace Protect (TTP) Transition' 21 June 2022. INQ000227373.

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33. This section seeks to provide additional detail and a reflective evaluation of certain key decisions of particular relevance to the scope of Module 7, both those which were successful, and also those which were less so.

Discharge from hospitals to care homes

34. During the early stages of the pandemic, Public Health Wales and the UK Scientific Advisory Group for Emergencies provided advice on how to prioritise tests for best effect, based upon the knowledge of transmission as it was then understood. Based on this advice, it was therefore not Welsh Government policy for patients to be tested for Covid-19 infection before being discharged from hospitals to care homes.
35. On 15 April 2020, the Technical Advisory Cell produced a Chief Medical Officer Briefing which summarised evidence from SAGE. This included a summary of a NERVTAG paper concerning the duration of infectiousness following the onset of symptoms which advised particular caution surrounding Covid-19 patients being discharged from hospital to particular settings, including to nursing homes.
36. During the afternoon of 15 April 2020, the concerns of Care Forum Wales and Care Inspectorate Wales surrounding the discharge of hospital patients to care homes and testing of patients upon discharge were raised by an Assembly Member and discussed at a meeting attended by ministers and advisers on 15 April 2020.²⁷ The minutes record that the Chief Medical Officer was tasked with considering a policy surrounding this issue.
37. A decision was then taken that a revised approach to testing should be put in place as soon as possible to include the testing of patients being discharged from hospitals to care homes. This decision was communicated to Public Health Wales by email in the late afternoon of 15 April 2020.²⁸
38. On 17 April 2020, Ministers received a written briefing from Health and Social Services Group officials following evidence from the Technical Advisory Cell on 15 April 2020 and changes in discharge procedure required by the UK Government Department for Health and Social Care on the 15 April 2020.²⁹ The update explained that the UK Government had committed to testing patients on discharge from hospital prior to returning to care homes. It further advised that Welsh

²⁷ Notes of a ministerial meeting to discuss social care, 15 April 2020. INQ000336415.

²⁸ Email from A Machon (HSS) to J Atri (PHW), 15 April 2020 (16:40hrs). INQ000336416

²⁹ Ministerial Briefing 'Care Home Covid 19 Testing Policy Update', 17 April 2020. INQ000336423.

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Government officials and Public Health Wales were working together to develop at pace a testing delivery strategy, which would involve the routine testing of all patients before being discharged from hospital and moving or returning to a care home. Between 17 April 2020 and 22 April 2020 proactive steps were taken between Welsh Government officials and Public Health Wales officials to rapidly settle the new policy. This included verbal communication on the 17 April 2020 to health board chief executives that in respect of care home testing, Wales would align its policies to English policies and revised guidance would be released³⁰.

39. On 22 April 2020, a joint letter, signed by the Chief Medical Officer and the Chief Social Care Officer for Wales was sent to providers of care homes and senior officials within health boards, social services, and local authorities confirming the new policy.³¹ A further joint letter from the Chief Medical Officer and the Chief Social Care Officer for Wales was sent to local health boards on 24 April 2020 confirmed the re-issue of the updated hospital discharge guidance and made it clear that health boards and NHS trusts needed to ensure that systems were in place to enable testing 48 hours prior to discharging a patient to a care home setting.³² Guidance was produced and published on 29 April 2020.³³
40. As the above shows, the decision was made by the Welsh Government on 15 April 2020 that hospital patients should not be discharged into a care home until they had tested negative for Covid-19. This was confirmed in a letter to all registered providers and responsible individuals of adult social care services in Wales, and all chief executives of health boards in Wales, amongst others, on 22 April 2020. The Welsh Government guidance followed this, on 29 April 2020. The Welsh Government acknowledges that, in the state of urgency that existed at the time these decisions were made and implemented, that guidance ought to have been published sooner.

Commencement of asymptomatic testing in care homes

41. Asymptomatic testing in care homes was introduced on 16 May 2020. This was an appropriate time for the measure to have been introduced when considering the developing state of knowledge of the role of asymptomatic transmission. The Welsh Government received updated advice on this position and adjusted policy as understanding developed and advice changed in favour of asymptomatic testing.

³⁰ Note of NHS Wales Chief Executive Management Team and Welsh Government officials meeting, 17 April 2020. INQ000366834.

³¹ CMO and CSCO joint letter concerning care home testing, 22 April 2020. INQ000336444.

³² CMO and CSCO joint letter to LHBs, 24 April 2020. INQ000336423.

³³ Covid-19 Hospital Discharge Service Requirements (Wales): Update to Guidance in respect of Step-up & Step-down Care Arrangements during the Covid-19 period, 29 April 2020. INQ000081080.

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42. On 1 May 2020, the Minister for Health and Social Services received advice from officials (dated 30 April 2020), relating to the Covid-19 testing strategy and care homes.³⁴ This advice noted the increasing acceptance that asymptomatic individuals may be infectious prior to the onset of symptoms, but was clear that expanding testing to asymptomatic individuals lacked the evidence to support it being the best use of testing capacity.
43. On 14 May 2020, advice was provided by officials which included a summary of advice provided by SAGE on 12 May 2020.³⁵ This advice, based upon developing understanding and the advice provided by SAGE, recommended that an updated policy include the testing of certain asymptomatic individuals who were living or working in care homes. A policy including that recommendation was subsequently implemented.
44. The Welsh Government took an evidence-led approach and made decisions based upon the advice and scientific evidence available to it at the time. The testing of asymptomatic individuals in care homes is a clear example of this approach. The decision to commence testing of asymptomatic individuals was taken as and when the evidence and advice supported the policy as the best use of testing capacity to prevent harm.

Testing capacity

45. Testing capability was provided initially by the laboratories within Public Health Wales’s network. On 21 March 2020, the Minister for Health and Social Services reported that testing capacity was 800 tests per day.³⁶ He also reported that he expected further staged expansion leading to 9,000 tests per day by the end of April 2020. The further expansion by 5,000 tests per day, anticipated on 1 April 2020, was expected under an agreement between Public Health Wales and Roche Diagnostic Limited. Regrettably, this agreement did not materialise after a mis-communication of Wales’ position by the UK Government which was also in negotiation with Roche.³⁷ Consequently only 900 of the expected 5,000 daily tests were made available for testing in Wales and the expansion of domestic testing was slower than anticipated. This lower rate of expansion meant that the expected number of 9,000 tests daily by the end of April was not met.
46. Alongside the testing capacity delivered by Public Health Wales, Wales had access to its population share of the testing capacity through the ‘Lighthouse Laboratories’ under the UK National Testing

³⁴ Ministerial Advice MA/VG/1461/20 ‘Covid-19 Testing Strategy and Care Homes – Policy Position’, 30 April 2020. INQ000336477.

³⁵ Ministerial Advice MA/VG/1619/20 ‘COVID-19 Testing in Care Homes – Updated Policy Position’, 14 May 2020. INQ000136783.

³⁶ Written statement by the Welsh Government ‘Coronavirus (COVID-19) – Update’, 21 March 2020. INQ000509418.

³⁷ Email from Tracey Cooper, 22.03.2020. INQ000309905.

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Programme. However, a particular challenge was that UK Government made operational decisions without input from Wales about the use of lighthouse laboratory capacity. This included the UK Government placing constraints upon laboratory capacity during times of high demand. As detailed in the Auditor General for Wales' report on Test, Trace, Protect, the fact that Wales did not have sole control over all elements of the Test Trace Protect programme caused some operational difficulties.³⁸ The UK National Testing Programme, however, also involved exploring opportunities for new testing technologies and Wales's share of lateral flow tests under the Programme enabled significant pilots using that new technology to take place, which helped informed decisions about the alternative to isolation.

47. In March 2021, Wales became a member of the UKHSA Investment Board, which gave the Welsh Government the option to opt in or out of significant procurements (over £25m) of new testing technologies developed as part of the National Testing Programme. This gave better visibility to Wales of forthcoming large-scale procurement exercises and enabled decisions to be made on the benefits of the technology for Wales under the Test Trace and Protect plans.
48. Testing capacity was rightly scrutinised throughout the pandemic period, by ministers, notably the Minister for Health and Social Services who was anxious to ensure that available capacity was being used. Officials from Public Health Wales, were also questioned by the Senedd's Health, Social Care, and Sport Committee. It is regrettable that incidents, such as that involving the unavailability of the anticipated testing capacity provided by Roche, resulted in a much lower capacity than expected during the first phase of the pandemic.
49. Despite initial difficulties with supply, more than 8 million PCR tests were processed for people in Wales over the course of the pandemic and as can be seen from the successive strategies and plans referred to above, testing remained central to the Welsh Government's response to Covid-19 throughout the pandemic.

Approach to contact tracing

50. The Welsh Government's approach to contact tracing was delivered in partnership with the public sector in Wales and co-operation with the UK Government to deliver the right solution for Wales.
51. The UK Government provided certain digital services on an England and Wales basis. One of these was the NHS Covid-19 App which included a proximity contact tracing function, which operated

³⁸ Auditor General for Wales: 'Test, Trace, Protect in Wales: An Overview of Progress to Date', paragraphs 1.6 and 1.21. INQ000066525.

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across England and Wales and was in use from 24 September 2020 until 27 April 2023. The app was provided in Wales under a memorandum of understanding, after considering other options and establishing the UK Government’s app as the most suitable to deliver the service to the people of Wales.

52. Similarly, the UK Government suggested that Wales could be part of the contact tracing system procured for England. The Minister for Health and Social Services discussed this offer with the First Minister and also with the leader of the Welsh Local Government Association. With the First Minister’s agreement, the Minister for Health and Social Services declined the UK Government’s offer. Instead, the Welsh Government used the three-tiered system proposed by Public Health Wales using workers drawn from the public sector. As Mr Gething explains in his witness statement, this had a number of benefits, not least working with public servants familiar with their local area, the services and support available to individuals as well as the practical considerations such as the place names, geography, and public transport options to get to testing centres.³⁹
53. The tracing service overall was effective in tracing both positive cases and their close contacts: the proportion of positive cases successfully traced ranged from 78% to 99%, and proportion of close contacts traced ranged from 74% to more than 95%.⁴⁰

Self-isolation Support Scheme

54. Financial support under the Self-Isolation Support Scheme was introduced in October 2020. As in England, eligible claimants were entitled to receive £500 per week when the scheme commenced. The introduction of the scheme was timed to coincide with the introduction of legislation requiring contacts of positive cases to self-isolate when notified by a contact tracer. The scheme was administered by local authorities and payments were operational from 16 November 2020, but claims were backdated to 23 October 2020 where appropriate.
55. Uniquely amongst the four UK nations, Wales increased the level of the support payment in August 2021 to £750 following concerns about the adequacy of a £500 payment to cover living expenses for a 10-day period after this was raised by stakeholders. The Welsh Government welcomes the finding by the Inquiry’s expert, Professor Machin, that this represented good practice.⁴¹ Significantly, the increase was made after it had been established that there was evidence that the increase would help promote positive behaviours.

³⁹ Vaughan Gething, M7 Witness Statement, paragraph 141-142.

⁴⁰ Jo-Anne Daniels, M7 Witness Statement, paragraphs 428-429.

⁴¹ Professor Machin, M7 Report (paragraph 71). INQ000575999.

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56. The payment returned to £500, but this reduction, on 28 January 2022, took place at the point that isolation periods were reduced to five days, in line with the position in England and Scotland.
57. Professor Machin concludes that financial support is an integral part of encouraging people to self-isolate, particularly in the case of those people on lower incomes. Like England, Wales made it a legal requirement for positive cases and their close contacts to self-isolate when notified to do so. It was right, therefore, that financial support was made available, which in the case of Wales’s Self-Isolation Support Scheme, was amongst the most generous of the four nations.

Effectiveness of the working relationship with the UK Government

58. Communication with the UK Government was at times difficult especially during the initial phase. This matured as governance arrangements and relationships developed under the UK National Testing Programme. In addition to the incident detailed above concerning the Roche tests, and the UK Government’s unilateral decisions at times to constrain capacity within the lighthouse network, there were other examples where a more consultative approach could, and should, have been taken. For example, decisions to deploy Mobile Testing Units were often taken with little or no consultation with bodies in Wales or the Welsh Government before more formal arrangements were put in place. That approach caused considerable difficulties to the Welsh Government when planning the provision of testing and potentially left areas of Wales without access to testing facilities
59. That said, there were also instances of effective joint working and service sharing. For example, despite Wales having opted out of the Contract Tracing Advice Service, the NHS Covid-19 App was utilised across England and Wales and by agreement the ‘front-end’ of the UK Contact Tracing and Advice Service website was shared, with a detailed data feed for Welsh residents being redirected to the Welsh contact tracing teams.

Reflections and Lessons Learned

60. Test, Trace, Protect involved great efforts on the part of those working at all levels within the Test, Trace, Protect system to deliver the essential services of Test and Trace to the people of Wales. The Welsh Government is also mindful that it also required significant sacrifices to be made by those who were tested when necessary and those who self-isolated when advised to do so by contact tracers. The Welsh Government is grateful to all those people.
61. Throughout the pandemic period, the Welsh Government sought to examine its actions and improve processes for the benefit of the people of Wales, as can be seen in the rapid review of the Testing

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Programme in March 2020, the Auditor General for Wales's review of Test, Trace, Protect in March 2021, and more recently the 2023 Report of the Welsh Health Protection System Review.⁴² These reviews and the actions taken to address their findings are evidence of the Welsh Government's ongoing commitment to improvement.

Discharge To Care Homes

62. The Welsh Government recognises it should have acted more swiftly in respect of testing of patients being discharged from hospital to care home settings. There ought not have been the delay between 15 April 2020 when the risk came to the fore, the announcement of the new approach in the letters of 22 and 24 April 2020 and the issuance of guidance on 29 April 2020. The Welsh Government expresses its apologies for that delay to those affected by it.

Asymptomatic Testing

63. The role of asymptomatic cases in the transmission of the virus was an area of knowledge which continually expanded as the pandemic progressed, and it is now accepted that it is an important consideration in the spread of Covid-19. The Welsh Government has reflected upon whether it could have acted differently by including asymptomatic individuals when prioritising tests. It considers that any policy decision that was taken relating to asymptomatic testing necessarily needed to be taken in the light of numerous competing factors. On reflection, the Welsh Government is content that asymptomatic testing for certain individuals was introduced at the correct time, having particular regard to the balance between the contemporaneous state of knowledge of asymptomatic transmission, and the testing capacity available at the time. To have introduced asymptomatic testing sooner when knowledge was still developing would have been to move resource away from identified and understood priorities.]

Testing Capacity

64. Despite the best efforts of the Welsh Government, testing capacity at the beginning of the pandemic expanded slower than anticipated or intended. This was in part due to forces outside the Welsh Government's control and in spite of its best efforts to procure suitable resources. The Welsh Government takes comfort from the evidence demonstrating that figures which at first glance might suggest under-usage were explicable upon challenge by the Minister, and that reviews of testing capacity were proactively sought. It is evident that the availability of scalable laboratory capacity and sampling facilities will be important to any future pandemic, and with that in mind the Welsh

⁴² Heymann & Hayes 'Report of the Welsh Health Protection System Review' 2023. INQ000177516

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Government has maintained significant laboratory testing capacity and infrastructure and invested in testing technology to be prepared for future hazards.⁴³

Working with UK Government

65. The Welsh Government acknowledges that being adequately prepared for future pandemics will require working closely with the UK Government and the other governments of the UK on key areas, including testing. For such co-working to be effective, it must be based on mutual respect and involve joint decision making at both an operational and ministerial level. In that spirit, the Welsh Government is working with the UK Government as part of the response to the UK Covid-19 Inquiry's recommendations in its first module to plan the large-scale national pandemic response exercise which will take place in the autumn.
66. Likewise, cooperation between the health ministers of all four nations remains significant to pandemic preparedness. This includes the need to undertake a collaborative review of options available to the UK and Devolved Governments for mitigating and responding to a respiratory pandemic, and also a constructive consideration of the principles and strategies where a four nations approach may best protect the people of Wales, and the people of the UK as a whole.

30 April 2025

⁴³ Welsh Government: 'Health Protection System in Wales Review – Update April 2024', paragraph 45. INQ000495980