Witness Name: Anna-Louise Marsh-Rees
Statement No.: 1
Exhibits: None
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UK COVID-19 INQUIRY – MODULE 7

WITNESS STATEMENT OF ANNA-LOUISE MARSH-REES

I, Anna-Louise Marsh-Rees, make this statement on behalf of Covid-19 Bereaved Families for Justice Cymru ("CBFJ Cymru"). CBFJ Cymru has been granted Core Participant status by the Chair in respect of Module 7 of the Inquiry. 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 1 October 2024 in respect of Module 7. The request sets out eight questions which I have taken in turn below.

Overview of CBFJ Cymru's 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. CBFJ Cymru was set up by Welsh members of CBFJ on 15 July 2021. CBFJ Cymru is a Welsh focused group dedicated solely to campaigning for and giving a voice to those bereaved by Covid-19 in Wales, 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 on Wales in a UK Inquiry. CBFJ Cymru has also played a leading role in calling for a Welsh Inquiry and has campaigned tirelessly for justice for families in Wales who are experiencing bereavement due to the Covid-19 pandemic.

4. CBFJ Cymru 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.

5. CBFJ Cymru incorporate both primary and secondary aims which I have set out below:

a. CBFJ Cymru Primary aims:

i. to understand why decisions were made and for errors to be publicly acknowledged so lessons can be learned;

ii. to call for a Wales-specific Inquiry;

iii. to work with the Welsh Government to ensure Wales is fully represented in the UK COVID-19 Inquiry;

iv. to ensure that all recommendations made in any pandemic planning exercise be applied and assessed, regularly. (This includes both past exercises and those still to be held.)

b. CBFJ Cymru Secondary aims:

i. to call for an investigation into all Covid-19 related healthcare acquired (nosocomial) infections and deaths in Welsh;

ii. to ensure changes to infection control in healthcare and care home settings in Wales are implemented;

iii. to ensure that infection control and prevention guidelines reflect that Covid-19 is transmitted by aerosol, and that the appropriate mitigations are put in place to counter this – ventilation, filtration, segregation, FFP3 masking, testing on admittance and routine testing every three days.

iv. to support members through the hospital complaints process;

v. to ensure bereavement support following a hospital death, both practical and psychological, is in place following Covid-19 deaths;

vi. to champion the rights of older people in Wales including human rights, ethical practices, DNACPR process, withdrawal of treatment, Frailty Score, dignity in death;

vii. to promote patient privacy and the right not to be photographed for books and PR purposes when dying/deceased in NHS Wales hospitals;

viii. to raise awareness in Wales of why a public Covid-19 inquiry is needed;

ix. to ensure that the Welsh Government establishes and maintains a care home register in Wales;

x. to ensure the provision of adequate PPE, equipment & medication and guaranteeing the procurement process is maintained;

xi. to improve ventilation or employ the use of HEPA filters in healthcare settings across Wales;

xii. to promote an integrated approach towards social care in Wales linking the primary, secondary and tertiary sectors to ensure coordination and enhance communication between services in order to provide the highest quality of care to those who require it.

Overview of CBFJ Cymru's membership

6. CBFJ Cymru is a group comprised of several hundred individuals, who represent the full spectrum of families in Wales who are bereaved by Covid-19.

7. Many of the members of our group have professional experience working in sectors involved in or impacted by the UK and Welsh Government's risk management and civil emergency planning. They thus have valuable first-hand experience of how deficiencies in pandemic preparation and response contributed to the tragic losses suffered by group members and families across Wales.

Overview of work conducted by CBFJ Cymru during the relevant time period

8. CBFJ Cymru has actively engaged with the Welsh Government and the UK Government on a number of occasions. It met with the former First Minister of Wales, Mark Drakeford, numerous times (7 October 2021, 2 December 2021, 26 January 2022, 24 February 2022, 30 August 2022). CBFJ Cymru also met with the former First Minister's team on several occasions. The First Minister included CBFJ Cymru's feedback in his initial response to the Prime Minister on the draft Terms of Reference ('ToR') for the UK Inquiry and announced that CBFJ Cymru's experiences had been directly reflected in the Welsh Government's response to the final ToR. It met the Health Minister and Deputy Chief Medical Officer for Wales in relation to the investigation of nosocomial (hospital acquired) Covid-19 in Wales and then separately with Dr Chris Jones. The group collected 2,116 signatures for a petition calling for a Welsh Inquiry, which it is still campaigning for. CBFJ Cymru also engaged with the UK Inquiry's set-up process (responding to the ToR consultation, meeting the Chair in Cardiff on 15 March 2022, and its legal team meeting with the Inquiry Team).

    a. CBFJ Cymru's campaigning led to the Welsh Government investing £9 million into the investigation of nosocomial infections in Wales from Covid-19. CBFJ Cymru has worked with The National Bereavement Steering Group, and with

John Moss (the Bereavement Lead in the Welsh Government) to implement bereavement support in hospitals.

9. CBFJ Cymru has lobbied and worked with all Welsh Health Boards in relation to bereavement support and to influence change and improve complaints processes. CBFJ Cymru has liaised with Member of the Senedd ('MS') Mark Isherwood, Chair of the Cross Party Group on Hospices and Palliative Care in the Welsh Parliament. It met with the Advance and Future Care Planning ('AFCP') Strategy Group on 29 November 2023 and has been liaising with Professor Mark Taubert, Chair and national strategic lead of AFCP, to lobby for change in the DNACPR decision making process in Wales.

10. CBFJ Cymru are acutely aware of the importance of full and proper scrutiny of decision making in Wales in respect of COVID-19.

11. As the group was not formed until July 2021, it did not engage with the Welsh Government or UK Government on the Test, Trace, Protect programme.

CBFJ Cymru's Concerns in relation to Test, Trace, Protect

12. As I have explained in my previous witness statements [INQ000273792] and [INQ000343992], my experience underscores the need for robust and systematic testing protocols. My father was admitted for a gallbladder infection and was subsequently placed on a ward where a significant Covid-19 outbreak occurred. His discharge summary indicated that he had been "potentially exposed to Covid", yet no testing was carried out before his release. This failure to test meant that his infection was not identified until his condition deteriorated rapidly at home, leading to his readmission and ultimately his death from nosocomial (hospital acquired) Covid-19.

13. Many group members had a similar experience, and these cases expose systemic deficiencies in the strategy developed and implemented for test, trace and protect. There was a clear failure to implement routine testing protocols for both patients and healthcare workers in a high-risk environment, which delayed the detection and isolation of cases. This gap not only contributed to the uncontrolled spread of the virus within the hospital but also had fatal consequences. It is imperative that testing protocols are strengthened and applied consistently to ensure early detection, prompt intervention, and the protection of vulnerable patients and healthcare workers in future public health emergencies.

14. After the passing of my father from Covid-19 I took a test in Wales, which returned an inconclusive result. Shortly after returning home to London, 'Track and Trace' called my London landline and informed my partner that I had tested positive. I was concerned that this may have potentially amounted to a personal data breach. After I queried the positive result, given the result had initially been inconclusive, the call handler informed me that they did not see the test results themselves. CBFJ Cymru seek clarification on whether call handlers were aware of actual test results. If they had been so informed, this would have ensured accurate reporting of results to those taking the tests. CBFJ Cymru also wishes to understand what procedures were in place to ensure confidentiality and privacy when informing people of their test results. Further, CBFJ Cymru is keen to know how test results were handled across England and Wales, especially when a test was undertaken in Wales by an individual primarily residing in England, and in the opposite scenario.

Testing

15. To highlight the slow and inadequate response experienced in Wales regarding testing – especially in care homes and hospitals – including in comparison to England, I set out a high level timeline below

Date	**Event**
12 March 2020	Advice from Dr Frank Atherton that "patients who require admission to hospital should be tested regardless of travel history if they present with … Influenza-like illness", exhibit AM/001 [INQ000221142].
19 March 2020	UK Government decision within the 'COVID-19 Hospital Discharge Service Requirements' to expedite the discharge of patients in hospitals to care homes, in order to meet an expectation that this would lead to 15,000 beds being made available by 27 March 2020.
March & April 2020	1,097 patients discharged from hospitals to care homes in Wales without being tested for Covid-19.
15 April 2020	UK Government introduces testing for Covid-19 in England before discharge from hospital to care homes, exhibit AM/002 [INQ000233794].

15 April 2020	Concerns were raised in Welsh care homes that the Welsh Government was not following the same approach as UK government of testing before discharge to care homes, exhibit AM/003 [INQ000336415].
17 April 2020	184 deaths in care homes in Wales up to this date.
24 April 2020	NHS England announces the expansion of patient testing in hospitals – including non-elective patients and those who are asymptomatic.
28 April 2020	UK Government announces expansion of testing to all staff and residents within care homes, in England, whether they exhibited symptoms or not, exhibit AM/004 [INQ000088705].
29 April 2020	Welsh Government introduces testing for Covid-19 before discharge from hospital to care homes, exhibit AM/005 [INQ000081080].
05 May 2020	The Minister for Health and Social Services, Vaughan Gething, outlines the Welsh Government's Public Health Protection Response Plan. The Plan "will set out how an effective 'test, track and trace' programme and digital technology will be pivotal to controlling transmission of the virus".
13 May 2020	The Welsh Government publishes its testing strategy to "enhance health surveillance" and "undertake effective and extensive contact tracing". It says that so far testing has focussed on people in hospitals, care homes and symptomatic key workers and the next phase will mean testing anyone in the community with symptoms.
16 May 2020	Vaughan Gething announced the expansion of testing on request, regardless of symptoms, to be available to staff and residents in all care homes in Wales, exhibit AM/006 [INQ000182446].

01 June 2020	With contact tracing being rolled out, anyone who tests positive for Covid-19 will be contacted by a contact tracer and asked to provide details of everyone they have been in close contact with. Those close contacts will be contacted and asked to self-isolate for 14 days. Vaughan Gething said on 8 June that "contact tracing will be supported by a new online system" so people will have the option to provide the details of contacts online.

15 June 2020	All care home staff offered a weekly test for a period of four weeks, exhibit AM/007 [INQ000198394].
15 July 2020	All care home staff offered a weekly test for a further period of four weeks, exhibit AM/008 [INQ000227202].
06 August 2020	Testing of residents and staff in care homes moved to fortnightly, until review in October 2020, exhibit AM/009 [INQ000368201].
23 August 2020	Ministerial advice for a decision by Minister for Health and Social Services regarding the prioritisation of Covid-19 testing. The primary priority was stated to be to support NHS clinical care, to test all hospital admissions, exhibit AM/010 [INQ000116654].
19 September 2020	Paper on clinical prioritisation of testing in times of shortage states that testing should be prioritised to provide benefits to individuals with higher risks, to prevent outbreaks in closed health care settings, and to ensure individuals in health and other sectors can provide services, exhibit AM/011 [INQ000395822]
24 September 2020	People aged 16 and over across England and Wales can download the NHS COVID-19 app. The Welsh Government says it "forms a central part of the NHS Wales Test, Trace, Protect programme identifying contacts of those who have tested positive for coronavirus".

29 September 2020	Ministerial Advice from Nia Roberts, for decision by Deputy Minister for Health and Social Services, regarding the publication of a refreshed Covid-19 Testing Strategy for Wales, exhibit AM/012 [INQ000145132] – announcement for the prioritisation of testing in Wales, reflecting ministerial advice request from 23 August 2020
03 November 2020	Variability in the asymptomatic testing regime across Gwent for example Caerphilly is maintaining weekly testing but the other four local authorities are undertaking fortnightly testing despite transmission rates, exhibit AM/013 [INQ000385851]
13 November 2020	The Minister for Health and Social Services, Vaughan Gething, announces an extra £15.7 million to increase the number of contact tracing staff in Wales for the "expected rise in demand in December through to the end of March".
January 2021	Routine testing on admission to hospital in Wales, exhibit **AM/014** [INQ000227387]

28 January 2021	Despite the Welsh Government announcing on 4 December 2020 a policy of routine testing of all healthcare workers in hospitals from 14 December 2020, testing did not commence until January 2021, with some Boards taking until as late as July 2021 to fully implement and most health boards only starting after March 2021.
04 March 2021	The Welsh Government's refreshed testing strategy published in January 2021 includes testing to diagnose, to enable rapid identification of patients who are infectious, particularly those presenting to hospital so they can benefit from specific treatment for Covid-19.

10 March 2021	The Minister for Health and Social Services announces that people who are close contacts of someone who has tested positive for Covid-19, and have been asked to isolate by contact tracers will now be offered a Covid-19 test. The Minister also announces an extra £50 million to allow health boards to extend contact tracing over the summer.

Testing on discharge from hospitals into care homes

16. Over 1,000 patients were discharged from hospital into care homes in Wales, prior to the introduction of routine testing on discharge on 29 April 2020. This practice seeded infections into vulnerable communities, and was exacerbated by the lack of PPE, testing, and effective treatment and equipment, available in care homes.

17. The position of the group is that this was not primarily a problem of a lack of testing capacity, but a complete lack of awareness by the Welsh Government of the risks of failing to test. While it is correct that testing capacity at this time was limited, the number of daily discharges from hospitals into care homes was not large (less than 20) against a daily testing capacity in Wales at this time of approximately 2,000 tests. The risks involved clearly justified the small number of daily tests required to prevent the discharge of people with asymptomatic infections, and the failure to do so was a serious error.

18. This error is aggravated by the inexplicable delay in introducing testing, which occurred some two weeks after testing on discharge was introduced in England, on 15 April 2020.

Testing in care homes

19. The failure of the Welsh Government to provide routine testing in care homes encapsulates everything that was wrong about the approach of the Welsh Government to the pandemic, including:

    a. a failure to take a precautionary approach to the risks of asymptomatic and aerosol transmission;

    b. inaccurate claims that testing had no value;

    c. numerous changes of policy;

    d. a lack of transparency; and

    e. delays in implementation, including in comparison with other UK countries.

20. Statements that cause concern for members of the group, made by the former First Minister, Mark Drakeford, on the issue of testing in care homes, include:

    a. 29 April 2020 – "The reason we don't offer tests to everybody in care homes, symptomatic and asymptomatic, is because the clinical evidence tells us that there is no value in doing so."
    This was one day after the UK Government announced widespread testing in care homes, regardless of symptoms.
    b. 6 May 2020 – that he had not "seen any clinical evidence that led me to believe that testing of non-symptomatic residents and staff in care homes where there is no coronavirus in circulation had a clinical value."

21. Between these statements, on 2 May 2020, the Welsh Government confirmed that only symptomatic care home residents and staff would be tested. This was despite routine testing in care homes in England from 28 April 2020. This also only covered three 'cardinal' symptoms, and not other symptoms that were recognised.

22. Over this period, elderly and vulnerable care home residents were falling ill and dying within 48 hours of becoming symptomatic, and Public Health Wales were often not able to provide testing in the short period between the onset of symptoms and death. Further, where testing did take place, the results took many days to be communicated.

23. On 16 May 2020 the Welsh Government announced that routine testing would be offered to residents and staff in care homes, regardless of symptoms.
24. On the same day, testing was carried out at a care home owned and managed by a group member who had been campaigning for months for asymptomatic testing. This testing produced several positive tests for asymptomatic staff and residents.

25. On 19 May 2020 the group member asked their local MP for these results to be passed to the First Minister and Minister for Health and Social Services, and stated, "This Virus is an invisible killer and the only way it is going to be eradicated in care homes is to have the staff tested weekly especially as their children return to school, so we all know who is shedding COVID19 and they can stay away until safe to return."

26. The group wishes to know why the Welsh Government appears to have ignored these risks, and precisely what clinical evidence they relied upon to justify their position prior to 16 May 2020 that there was no value in routine or asymptomatic testing.

27. The position of the Welsh Government is all the more bewildering in light of:

    a. The UK Government's policy of routine or asymptomatic testing in care homes from 28 April 2020; and
    b. the earlier decision of the Welsh Government to commence routine or asymptomatic testing of patients being discharged from hospitals in Wales to care homes from 29 April 2020 (albeit two weeks after England).

28. In addition to the benefits of early detection of infections from routine or asymptomatic testing of residents and care home workers, the provision of testing for visitors would have enabled visits from family members, and significantly reduced the serious harm caused to elderly and vulnerable care home residents from prolonged periods of isolation. Many group members reported a marked deterioration in the health and wellbeing of their loved ones caused by the prolonged isolation and loneliness from the restrictions on visiting in place until May 2021. Testing would have mitigated these impacts by allowing much needed contact. And again, the statements made by the Welsh Government that there was no value in testing demonstrates a complete abrogation of responsibility.

Testing in hospitals

29. The position on testing in hospitals in Wales for both patients and healthcare workers followed a similar pattern, with delays in the introduction of testing, insufficient levels of testing carried out and patchy implementation.

30. On 4 December 2020 the Welsh Government announced a policy of routine testing twice weekly for healthcare staff to commence on 14 December 2020, which followed the familiar pattern of some two weeks after introduction in England, which was on 16 November 2020.

31. However, most Health Boards in Wales did not implement routine testing of healthcare workers (or asymptomatic screening) until March 2021, in which respect please see the evidence of Professor Kloer in Module 3. In his witness statement and in oral evidence on 12 November 2024 Professor Kloer told the Inquiry that the Hywel Dda University Health Board took a phased approach to routine testing/asymptomatic screening which commenced in February and completed by July 2021 (with the majority of staff being tested by the end of March 2021) [30/162/12 – 30/164/18]. Ultimately, testing took place every five days, not twice weekly contrary to the policy. The group would like to know why the Welsh Government has described a number of sometimes conflicting reasons for why routine testing of healthcare workers was delayed.

32. In his evidence, Professor Kloer, confirmed that testing limited viral spread. The group strongly agrees, and is concerned that such an important measure for controlling nosocomial infection should have taken so long to implement, and even then not to the recommended standard.

33. There were very high rates of nosocomial infection of Covid-19 in Wales. The highest of which were experienced in the second wave, with 39% of cases of Covid-19 in January 2021 being hospital acquired. Having regard to the high number of deaths this caused, among which were my own father, and the loved ones of many group members, the group would like to know why, given the availability of testing and the knowledge that it would reduce transmission within hospitals, the policy wasn't introduced sooner. The group also would like to know why implementation by the Health Boards was so patchy, inadequate and late; and why the Welsh Government did not monitor implementation to ensure that it was taking place as directed. In particular, the group would like to understand why testing was not carried out on admittance in Wales as well as subsequently on a more frequent basis, as took place in England.

34. The group asks the Inquiry to consider test, trace and protect in the context of the other key safety measures, masking and social distancing. The policies and guidance in relation
to these measures were irrational and inconsistent. Healthcare workers were not required to wear FFP3 respirators when treating patients with Covid-19 outside of ICU, which placed them and hospital patients at risk, and allowed infection within hospitals to spread. Advice from the former Minister for Health and Social Services, Vaughan Gething, on 13 June 2020 was that there was little evidence that the more widespread wearing of medical masks benefits either staff or the public. Yet within three months, on 14 September 2020, all residents in Wales over the age of 11, were required to wear face coverings in indoor public spaces. This same irrational and inconsistent approach can be seen in the approach to testing, with the First Minister announcing in May 2020 that non-symptomatic testing had no clinical value, before routine testing was then later the same month introduced in care homes and in hospitals from December 2020. Similarly, there was constant chopping and changing of the rules around social distancing and group gatherings. The CBFJ Cymru group believes that these delays, contradictions, and constant changes, eroded the confidence of the public in Wales in test and trace and other safety measures. This created an atmosphere of complacency, reduced compliance and ultimately led to increased rates of infection.

Testing types and processing

35. It is the experience of CBFJ Cymru members that polymerase chain reaction ('PCR') tests were delivered with severe delays. Because only those with symptoms were eligible for a test (and therefore only able to order a test once symptomatic), the late delivery of tests meant that by the time the test was received symptoms had often improved, and the results of the tests were received even later than the point at which they might have been informative. In many cases, this will have been once the symptomatic person may have recovered. CBFJ Cymru wishes to understand what impact these delays may have had on the spread of the virus in Wales.

36. CBFJ Cymru are aware that testing criteria in Wales was limited to three cardinal symptoms – fever, cough and anosmia. The families and friends of many of our members experienced a range of symptoms outside these three symptoms, such as headaches, sore throat, fatigue, nausea, and diarrhoea, amongst others. The Welsh Government's failure to acknowledge this broader range of symptoms in testing criteria, even as late as March 2021, would have led to a very high number of instances of symptomatic people continuing to spread the virus. Limiting to these three symptoms will have meant that statistics of the numbers of infected people, and the spread of the virus would also not have been accurate. Exhibited to my witness statement for Module 3 is a letter that my father (as a Shielding Patient) received from the CMO for Wales, Sir Frank Atherton, in October 2020 that states, "You will need to self-isolate if you develop one of the following symptoms, a new continuous cough, a high temperature, loss of or change to sense of smell or taste. You should also apply for a test online if you develop one of these symptoms" exhibit AM/015 [INQ000327639_0005]. I am aware of the concerns of one of the group members who ran a care home, whose staff believed they were infected with Covid-19 but experienced symptoms outside the limited list above and had difficulties obtaining a Covid-19 test.

37. The group understand that Public Health Wales noted that integrating new testing data alongside its own reporting system had been 'complex', while SAGE warned that not having all positive cases compiled together in the data would be a further handicap to eliminating Covid-19 in Wales. CBFJ Cymru wishes to know why the necessary data systems were not in place prior to the pandemic and how this issue was resolved by the Welsh Government and Public Health Wales.

38. CBFJ Cymru is aware that a loop-mediated isothermal amplification ('LAMP') testing pilot study was established by the UK government and Wales was offered an opportunity to be involved. This was initiated in May 2020, with Wales finally making the decision to opt out in July 2021. However, Swansea University was allowed to continue evaluating the LAMP

testing process. The group would like to know why Vaughan Gething and Andrew Goodall have used LAMP technology as a reason for the delay of using lateral flow devices ('LFD's).

39. Members of CBFJ Cymru are aware there were discrepancies in the introduction of testing for individuals with and without symptoms, as well as differences in testing for those admitted routinely versus through A&E. The group is concerned that these inconsistencies risk creating uneven treatment pathways, potentially undermining accurate diagnosis and effective patient care. They believe that a standardised approach – where all patients undergo consistent screening – would have been essential to minimise confusion and enhance overall healthcare delivery. The group wants to know why these variations were allowed to exist and what measures were taken to address them.

Testing types and processing Lighthouse Laboratories

40. On 23 July 2020 Vaughan Gething, the Welsh Government Minister for Health and Social Services, announced a new Lighthouse Laboratory in Newport, in the following terms:

> *"I am pleased the new Lighthouse Lab will be set-up in Newport, as part of the UK Government's expansion.*
>
> *Today's announcement builds on the £5m Welsh Government investment in a Public Health Wales laboratory at this site and when it is no longer needed for coronavirus testing it will be handed over for use by NHS Wales.*
>
> *We are making increasing use of the UK-wide testing system and the Lighthouse Lab network. This will support our Test, Trace, Protect strategy by helping us get the testing capacity and turnaround times we need, and to be ready for the autumn. It also provides another jobs boost to Wales' growing life sciences sector."*

41. The expectation had been that the laboratory would be up and running by August. However, in the event, this laboratory did not open until 5 October 2020.

42. The group is concerned at this delay for the following reasons:

    a. because of the low level of testing carried out in Wales (near the end of May 2020 just over 60,000 people had been tested, with a daily capacity at that time of just over 5,000, exhibit AM/016 [INQ000129879]).
    b. because this is yet another instance of the recurring theme of delays in Wales in testing across a variety of settings, including upon discharge from hospital

to care homes, within care homes themselves, and within hospitals, as detailed throughout this statement. Lighthouse Laboratories operated in other parts of the UK from 9 April 2020 (the first Lighthouse Laboratory was opened in Milton Keynes on this date).

c. out of concern that there was overreliance on the delayed development of the Lighthouse Laboratory at Newport at the expense of fully utilising existing NHS and University laboratories (as identified by the Inquiry expert Dr Claas Kirchelle in Module 1).

d. the significant expense incurred in establishing Lighthouse Laboratories without any lasting utility, again, in circumstances that there were alternative laboratories within the existing laboratory network which were not being fully utilised, and which may have been a better option for development at public expense.

43. CBFJ Cymru would like to know when the Welsh Government first recognised possible delays arising from the UK Government/DHSC-operated Lighthouse Laboratories, and what measures were immediately implemented in Wales to mitigate potential disruptions. In particular, the group seeks clarity on how swiftly these concerns were escalated within Welsh Government structures, whether alternative arrangements were pursued to maintain testing throughput, and what contingency plans were formulated, if any.

44. As a final observation in respect of testing in Wales, it is the view of CBFJ Cymru that the primary focus of the Welsh Government was on testing and tracing in the community, and that this focus was to the detriment of the most high risk areas, namely hospitals and care homes, whose patients and residents were particularly vulnerable, and where rates of infection were significantly higher than in the community. The inexplicable failure by the Welsh Government to recognise the benefits of testing within health and social care settings and to implement appropriate testing processes in a timely manner led to very significant levels of unchecked nosocomial infection among vulnerable people and to high numbers of avoidable deaths.

Tracing

45. A key concern held by CBFJ Cymru's members is that contact tracing in Wales was halted in March 2020 and did not restart until it was phased in from 1 June 2020, exhibit AM/017 [INQ000065813], almost two months after the peak of the first wave in Wales on 12 April 2020. Within this period many of our member's loved ones became infected and sadly died, and CBFJ Cymru wishes to understand why there was such a delay in the implementation of the tracing programme. It also wishes to know what was being done by the Welsh Government in the early stages of the pandemic to increase the speed and

overall efficiency of the testing and tracing operational activities, and what the improvements to the infrastructure of the programme were.

46. Additionally, when the tracing programme was finally implemented, the then Minister for Health and Social Services Vaughan Gething announced that contacts of people with symptoms would only be traced if they tested positive, exhibit AM/018 [INQ000081099]. As the proportion of asymptomatic cases of Covid-19 was known to be high, CBFJ Cymru is highly concerned that this policy would have led to high levels of untraced community transmission, putting vulnerable people in Wales at increased risk.
47. CBFJ Cymru are aware that there were challenges within Wales regarding the speed at which close contacts of positive cases were able to be traced, particularly when the viral load would have been at its peak. For example, the success rate for tracing reduced between October and November 2020 by nearly 10%, exhibit AM/019 [INQ000350013]. CBFJ Cymru wish to know the source of this issue and what measures the Welsh Government implemented to address it. The group are particularly keen to know if this was due primarily to a staffing issue, or due to the lack of access to data in Wales, as revealed in previous Inquiry modules. If the latter, the group would like to understand if the lack of technological availability and literacy in Wales impacted this.

48. In respect of the lack of focus on tracing in health and social care settings the group wishes to know why, when infection rates within hospitals and care homes were so high, was there so little contact tracing in response to the positive tests of patients, residents, and health and social care workers. Members of the CBFJ Cymru are aware that healthcare workers were on occasion instructed to turn off their contact tracing app, and the group wishes to know whether this practice and the lack of tracing action in response to positive tests in hospitals and care homes was out of concern for the potential adverse impact on staffing levels, and/or any other reason. The group asks that this issue is investigated and determined by the Inquiry, particularly having regard to the vulnerability of hospital patients and care home residents and the high rates of infection and prevalence of asymptomatic transmission in these environments.

Protect

49. CBFJ Cymru feels that there were significant failings in the Welsh Government's 'protect' aspect of the test, trace and protect programme. Prior to the introduction of the NHS Covid 19 mobile software app ('Covid-19 app') for assisting with contact tracing, restaurants and other public establishments in Wales would require customers to provide their names and mobile phone numbers for the purposes of contact tracing. CBFJ Cymru wish to understand if this largely paper-based data was provided to, and used by, the

Welsh Government or Public Health Wales in the tracing programme, and if so, how this data was shared and used.

50. A concern of CBFJ Cymru's members centred around the voluntary tracing systems used in Welsh hospitality settings. Prior to the Covid-19 app being available for use in Wales, largely paper-based contact tracing systems, such as those described above, were relied upon, particularly when services and hospitality reopened in the summer of 2020. These systems imposed a level of personal responsibility on the public to provide accurate contact information should they come into contact with a confirmed case. This became a common occurrence during August 2020, when the 'Eat Out to Help Out' scheme operated. Given the voluntary nature of reporting, and risk of inaccurate recording, this likely led to instances where contact tracing was not possible [AM/019 INQ000350013] and CBFJ Cymru is concerned that this allowed the virus to spread further and contribute to the overwhelming second wave of Covid-19 in Wales.

51. CBFJ Cymru is especially concerned about the complex rules introduced in Wales by the First Minister Mark Drakeford in November 2020. The group considers that these were unnecessarily difficult to understand and apply, exhibit AM/020 [INQ000023267]. For example, the statement accompanying the new rules was that "People and not rules are at the heart of Wales' response to the ongoing coronavirus pandemic", which then was followed by a list of complicated and interrelated rules. This again relies on voluntary accurate interpretation and action.

52. In relation to the Covid-19 app, CBFJ Cymru wishes to know how this was used in Wales. In particular, how many people in Wales used the app, how the data was used and what procedures were in place following a close contact alert. CBFJ Cymru would also like to understand what consideration was given to the population in Wales who did not have smart phones or may have had challenges due to technological literacy, and limited internet access, such as with the older population and those living in rural areas. CBFJ Cymru consider it vitally important that digital systems to aid public health efforts be accessible by all and wish to learn if the Welsh Government supported those in Wales without the resources to access the Covid-19 tracing app.

53. A key concern held by CBFJ Cymru in relation to the app follows their awareness of reports of workers in NHS Wales being told to turn the app off while at work. This would have defeated the purpose of contact tracing within the app, and would have put many lives at risk. Healthcare workers in NHS Wales were at high risk of contracting Covid-19 during work due to the extent of nosocomial infections in Wales. This meant they were more likely

to spread the virus both in and out of work. Turning the app off while at work meant that members of the public who came into contact with NHS workers outside healthcare settings were not informed of the risk of infection. CBFJ Cymru wishes to understand why all healthcare settings, care homes, and healthcare workers were receiving this instruction and who was responsible for this approach.

Welsh and UK administrations

54. CBFJ Cymru wishes to know how the Welsh Government communicated and worked with the UK Government on increasing testing supplies in the UK, especially in order to increase the efficacy of testing infrastructure. We understand the Welsh Government had said it would consider 'greater integration' with the other UK nations. The group is keen to know what this meant practically, and whether this influenced testing targets set in Wales.

55. CBFJ Cymru is aware of other differences of approach between Wales and England, and wishes to understand the comparative impact these differences had on the two populations. They include:

    a. The type of test processed through Welsh laboratories involved a 'single dry swab' taken from the back of the throat. Tests processed through English laboratories involved 'two wet swab' sample collections taken from the nose and throat. There is evidence that the two swab approach increased the likelihood of detecting the virus. Further, the two processes were not compatible, and resulted in a change of approach by the Welsh Government so that testing capacity in England could be utilised.

    b. The lack of availability and access to testing centres in Wales, with social care workers in Wales forced to drive to Manchester Airport to obtain a test. c. The specific lack of collaboration between the UK Government and the Welsh Government when setting up a mass test centre in Cardiff City Stadium. d. Differences in isolation requirements for healthcare workers, and test and trace strategies, including the delay in Wales in the introduction of lateral flow tests (again, announced two weeks after England, and with significant further delays in implementation). The group wishes to understand what impact these differences had on the population of Wales, including and in particular the general delays in Wales in adopting policies and practices pursued in other parts of the UK.

Communication issues

56. CBFJ Cymru were astonished to learn in Module 2B that Public Health Wales ('PHW') and the Welsh Government were unaware of the proposal for a mass testing centre at Cardiff

City Stadium by Deloitte, as apparently commissioned by the UK Government, exhibit AM/021 [INQ000384371], and exhibit AM/022 INQ000195563]. We heard evidence in Module 2B from Dr Tracey Cooper, the Chief Executive of Public Health Wales, and Jane Runeckles, Head of the Welsh Government's special advisers' team, both of whom asserted that there had been no communications from the UK Government on the establishment of this centre, exhibit AM/023 [INQ000195572]. PHW's written evidence to the Senedd on 12 June 2020 states that Deloitte had contacted PHW "regarding the test centre that they had set up at Cardiff City Stadium" and that subsequently "Public Health Wales worked closely with the Welsh Government, DHSC and Deloitte to set up the site to be functional" [INQ000195572, para 5.1.2]. The group wishes to know what steps, if any, were taken by the Welsh Government to communicate with the UK Government on this issue and what support might have been offered to assist in expanding testing capacity.

57. Steps taken by the Welsh Government to expand testing capacity are of interest to the group. The group is concerned that Welsh ministers had agreed to a deal with pharmaceutical firm Roche that would provide 5,000 extra tests a day only for the deal to collapse. CBFJ Cymru is keen to understand the details behind this collapsed deal, and wish to know why it was not successful.

58. The group are also concerned at what appears to be a lack of communication between the Welsh Government and Public Health Wales regarding testing targets in Wales. The Minister for Health and Social Services, Vaughan Gething, had communicated in March 2020 the target of increasing capacity to 9,000 daily tests in Wales by the end of April 2020. However, when questioned by the Senedd Health and Social Care Committee in May 2020, Dr Tracey Cooper insisted that this was not a target she was familiar with. CBFJ Cymru question how this can be the case, when Public Health Wales had briefed Vaughan Gething on 20 March 2020 of this capacity target of 9,000 tests by the end of April 2020, exhibit AM/024 [INQ000195536].

Recommendations

59. The CBFJ Cymru group recommends that the UK Government, Welsh Government, and relevant public authorities establish a comprehensive testing infrastructure for future pandemics. This infrastructure should include routine, large-scale screening of both healthcare workers and patients, alongside investments to expand laboratory capacity and secure diagnostic supply chains. Evidence-based protocols must be developed to determine testing frequency and criteria, guided by real-time data, while ensuring testing

accessibility (e.g. through mobile and on-site facilities) in high-risk and underserved areas, including locations where vulnerable people reside. Regular evaluation and data analysis should be mandated to enable prompt adjustments to the testing strategy in response to emerging threats.

60. CBFJ Cymru recommend that a robust testing and tracing system be developed and be ready to be put into operation prior to any future pandemic. Such a system should be able to quickly collect information following identification of the first cases, and subsequently establish the rate of spreading early in Wales. It should also be coordinated so that it covers and shares information across all of the UK. This may, in turn, allow the Welsh Government to gather more information and allow health systems more time to prepare should the spread continue.

61. The lack of a scalable testing system is a key reason for contact tracing being abandoned in Wales in March 2020. The resultant inability to mitigate community infection rates will subsequently have contributed significantly to the severity of the first wave. To counteract this, CBFJ Cymru would recommend that the capacity within a testing system is made easily scalable. This will mean that more people can be tested, rather than needing to limit testing criteria to those experiencing a limited number of symptoms or who are asymptomatic. It may also ultimately mean that broader sets of potential symptoms can be included for testing criteria, which will mean better data is gathered on which symptoms are the best indicators of infection.

62. CBFJ consider it imperative that exercises are carried out to ensure that communications between the UK Government and other devolved administrations are improved in relation to testing and tracing infrastructure and appropriate sharing of information. This would ensure all nations are familiar with the resources and support available to boost testing and tracing capacity and capability.

63. CBFJ recommend that the UK Government conducts a comprehensive analysis of international best practices, with a particular emphasis on South Korea's approach. South Korea's effective utilisation of rapid testing protocols, sophisticated digital contact tracing – including the strategic use of mobile data – and robust public engagement measures curtailed transmission rates. A review of these methods should engage with international public health experts to determine which components are transferable to the UK context. This should enable the UK to develop a more agile, efficient, and resilient framework for testing, tracing and protection, thereby strengthening its capacity to manage challenges

in future public health emergencies.

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.

Signature: **Personal Data**

Name: Anna-Louise Marsh-Rees

Date: 09 April 2025