

Tuesday, 20 May 2025

(10.00 am)

**LADY HALLETT:** Ms Cartwright.

**MS CARTWRIGHT:** Please could the witness be sworn.

**MR DAN YORK-SMITH (affirmed)**

**Questions from LEAD COUNSEL TO THE INQUIRY FOR MODULE 7**

**MS CARTWRIGHT:** Good morning. Please could you give your full name to the Inquiry.

**A.** Yes, Daniel Byron York-Smith.

**Q.** Thank you. Mr York-Smith, you have provided the corporate witness statement on behalf of His Majesty's Treasury. It's dated 7 April 2025. Can we turn to internal page 55, please, where we see your signature and statement of truth.

And can I ask you, in respect of this corporate statement, can I ask you to confirm, are the contents of the statement true to the best of your knowledge and belief?

**A.** Yes.

**Q.** Now, it's clear that a huge amount of work has gone into the corporate statement, and perhaps if we start with identifying you and your role. It's right, isn't it, that you are director general for tax and welfare at His Majesty's Treasury?

**A.** Yes.

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today, and that you weren't the decision maker?

**A.** Yes, that's right.

**Q.** Thank you.

Can we, then, please, just capture the position of the Treasury because I'm going to be asking you some questions to see if you can assist today a little more in respect of the Statutory Sick Pay system, the England-only Test and Trace Support Payments, decisions on funding for the expansion of testing, inequalities and then some recommendations.

But if we, perhaps, identify the decision makers in the Treasury, please. If we please move to your paragraph 8, at page 3 please, of the statement.

Again, I'm not going to spend time on this, her Ladyship is well aware of the structures, having heard evidence.

It's right, isn't it, that the Chancellor and the Chief Secretary to the Treasury are responsible for public expenditure?

**A.** Yes.

**Q.** And that the Treasury officials assist in decision making by advising ministers?

**A.** Yes, that's correct.

**Q.** Thank you. And I think you detailed at paragraph 10, the role of the Treasury is to set budgets, apply

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**Q.** And at the time of the pandemic and these events, you were director of strategy planning and the budget group at His Majesty's -- well, Her Majesty's Treasury at that time; is that right?

**A.** Yes, that's correct.

**Q.** Before, then, we get into the detail of the department, can you just give us some idea as to how long you've worked within the Treasury, please?

**A.** Yes. So I've been in the Treasury for just over 20 years in a variety of roles. I spent a brief time out of the Treasury on secondment to the Prime Minister's Office.

**Q.** Thank you. Now, it's right, isn't it, that in addition to a large volume of material that sits alongside this statement, there are also a number of appendices that help to clarify what was happening and the Treasury's role and involvement?

**A.** Yes.

**Q.** But beyond this, we have also received the relevant statement from the Chancellor dealing with his decision making, relative to some of the matters that I'm going to be asking you about today.

**A.** Yes.

**Q.** And I think, as a civil servant, you're particularly anxious that I clarify the remit of your assistance

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spending controls, and influence strategic decisions.

And I think when we come on to the testing, it's right, isn't it, that the Treasury in a later period did then exert some control on spending relating to testing?

**A.** Yes, that's right.

**Q.** Thank you. But having said that, I think it's right to acknowledge the huge volume of funding that was provided to support the testing.

**A. (Witness nodded)**

**Q.** You deal with it within this statement more broadly, but it's right, isn't it, that the total budget for the 2020-2021 period for testing provided was 22 billion?

**A.** Yes, that's right. It increased at various points. The final budget was 22 billion.

**Q.** Thank you. And that's just for the 2020-2021 --

**A.** Yes.

**Q.** -- I'm not going to get into further details.

So when we look at the detail around the isolation aspect that we're going to look at, I think the wider context as to funds attributed to the Test, Trace and Isolate system need to be understood. Thank you.

Now, can we also confirm together that in the context of Test and Trace in England, financial support for those self-isolating in the form of Statutory Sick Pay is a reserved matter in Great Britain.

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1 Perhaps if we just look at your paragraph [11] --  
 2 thank you. Because it's right, though, isn't it, in  
 3 respect of health that is a devolved matter, and  
 4 policies around testing, tracing and isolating in the  
 5 event of an infectious disease are dealt with by the  
 6 devolved administrations.

7 **A.** That is correct. I would say, also, that with respect  
 8 to the reserved policy on Statutory Sick Pay, the  
 9 Northern Ireland Executive have generally tended to  
 10 follow the approach of Great Britain, so although the  
 11 Treasury didn't make policy, it was likely that that  
 12 policy would be adopted in Northern Ireland too.

13 **Q.** Thank you. I don't think we'll need to get into the  
 14 detail of this with you, but I think it may be relevant  
 15 to some of the evidence we hear later. It's right,  
 16 isn't it, because health is devolved, where the Treasury  
 17 increased the spending allocation for health,  
 18 essentially there's a Barnett consequential, there's  
 19 a process it goes through to essentially give the  
 20 equivalent extra allocation to the devolved nations to  
 21 reflect the uplift in spending that's been allocated to  
 22 health?

23 **A.** That is correct. I understand that this has been  
 24 covered in previous modules to the Inquiry, but there  
 25 was a kind of wider approach to how to give the devolved

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1 which is on page 31. And I think it's right that the  
 2 change that happened in respect of Statutory Sick Pay,  
 3 on 11 March, the Chancellor announced that Statutory  
 4 Sick Pay would be available from day 1 and was extended  
 5 to those who were self-isolating and to carers for  
 6 individuals who were self-isolating because of Covid-19?

7 **A.** Yes.

8 **Q.** Thank you. Can we next then move, please, to  
 9 a document, just to look at the progression relating to  
 10 Statutory Sick Pay, please, and its adequacy.

11 Please, could we display INQ000585998. Thank you.  
 12 And can we move into page 3 of this document.

13 Now, Mr York-Smith, on 19 March, the officials  
 14 prepared a paper including a number of options including  
 15 increasing the rate of Statutory Sick Pay and removing  
 16 the lower earning limit to Statutory Sick Pay, and the  
 17 increase to the Statutory Sick Pay was not included in  
 18 the package of welfare measures that were then announced  
 19 the following day on 20 March, but we can see that  
 20 there's consideration in respect of that within this  
 21 document. But can I ask you, why, then, was the  
 22 increase to the Statutory Sick Pay not included then in  
 23 the measures that had been announced on 20 March?

24 Are you able to give any clarity around that,  
 25 please?

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1 government certainty about the amount that they would  
 2 receive, given the fact that the increase in resources  
 3 allocated to Test and Trace was -- and indeed the wider  
 4 health system -- was evolving very quickly.

5 **Q.** Thank you. Can we then, please, deal with some details  
 6 relating to the Statutory Sick Pay, and that can be  
 7 taken off the screen. Thank you.

8 It's right, is it, that as a general position,  
 9 Statutory Sick Pay pre-March 2020 was paid for by  
 10 employers from the fourth day of illness with no  
 11 entitlement to workers for the first three days?

12 **A.** That's correct.

13 **Q.** It was paid at that time at a rate of £94.25 for  
 14 28 days.

15 **A.** Correct, yes.

16 **Q.** And also employees were only entitled to that payment if  
 17 they earned over £118 per week?

18 **A.** I believe it was 120 was the lower earnings limit, yes.

19 **Q.** Thank you. And it obviously follows that Statutory Sick  
 20 Pay does not cover those who are self-employed.

21 **A.** Yes.

22 **Q.** And perhaps can we just look, for the first portion of  
 23 my questions on Statutory Sick Pay, at the changes, but  
 24 also the process that led to those changes, please.

25 Could we look together, please, at paragraph 116

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1 **A.** So that was a decision for the Chancellor on the basis  
 2 of this advice. I could offer a bit of context to the  
 3 wider package of announcements that were made on  
 4 20 March, where the Chancellor announced a number of  
 5 measures which were intended to address the economic  
 6 consequences of the restrictions that were being put on  
 7 businesses and individuals, some of those yet to be  
 8 fully announced and were announced the following week,  
 9 and so the Chancellor had asked for advice on the  
 10 furlough scheme, what became the furlough scheme,  
 11 support for the self-employed, but also recognised that  
 12 one of the economic consequences might be an increase in  
 13 unemployment and therefore wanted measures in the  
 14 welfare system to address that, so this was primarily  
 15 targeted on the economic shock as opposed to isolation.

16 What he -- what his office said in one of the other  
 17 documents relating to this table was that his priorities  
 18 were simplicity, operational delivery, and things which  
 19 are clearly for the current situation rather than the  
 20 longer term. So that was what I can say about what his  
 21 office said about his decision making, but it was in the  
 22 context of a package aimed at -- particularly reflecting  
 23 on the fact that there might be an increase in  
 24 unemployment as a result of some of the restrictions.

25 **Q.** Thank you. Can I ask you just slightly to slow down

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1 when you're giving your answers --

2 **A.** Sorry.

3 **Q.** -- just to help the stenographer, thank you.

4 That can be removed from the screen.

5 And perhaps if I give a context to the questions I'm  
6 asking about the Statutory Sick Pay and when we move on  
7 to the support to isolation payment, it's because the  
8 Inquiry is seeking to explore what financial provisions  
9 there were to assist those to isolate and then what  
10 impact that had may have had on those decisions around  
11 isolation, so that's why we're looking at the context.

12 Can I then ask just some additional questions,  
13 please, on the Statutory Sick Pay: are you able to  
14 assist, what was the Treasury's role in decision making  
15 regarding the adequacy of Statutory Sick Pay for those  
16 required to self-isolate during the pandemic, just to  
17 give a broader context, please, to that, appreciating  
18 that -- the "shock" answer you just gave and the impact  
19 it could have on restrictions.

20 **A.** So Statutory Sick Pay policy is the responsibility of  
21 the Department for Work and Pensions, but because of the  
22 costs to businesses, because Statutory Sick Pay is paid  
23 by businesses, the Chancellor and the Treasury have an  
24 interest, and so it has been the case that Statutory  
25 Sick Pay has generally been made in -- changes to it

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1 lower than the amount of Statutory Sick Pay, you might  
2 create a perverse incentive for people to be sick rather  
3 than working. So we sought to contextualise the wider  
4 system, and indeed the rates of welfare through the  
5 Universal Credit and so on.

6 **Q.** Thank you.

7 Now, appreciating that there's a portion of your  
8 statement already that deals with questions and issues  
9 of inequalities, but particularly around Statutory Sick  
10 Pay, are you able to assist any further with the extent  
11 to which Treasury decision making on Statutory Sick Pay  
12 took into account the disproportionate financial  
13 hardship regarding self-isolation to minority ethnic  
14 communities?

15 **A.** So I'm not able to add to what is in my statement on  
16 this. I guess I would say my recollection at the time  
17 is that the question of self-isolation was not  
18 a question which was being raised with the Treasury by  
19 the Department for Health and Social Care, who are  
20 responsible for self-isolation policy as it is a health  
21 policy, because at that point testing was primarily in  
22 hospital settings. There wasn't community testing.

23 We had, on 20 March, not actually required people to  
24 stay at home, so I think it was a feature of our advice  
25 later in the pandemic, particularly on thinking about

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1 have been made in budgets. Not necessarily, there has  
2 been a recent change to Statutory Sick Pay which was  
3 announced by the Department for Work and Pensions which  
4 has made some changes to the policy, which we might come  
5 on to later.

6 Obviously the changes to eligibility, the waiting  
7 days, the requirement for a fit note and so on, and it  
8 being made available for self-isolators, was made in the  
9 budget in 2020. So we have an interest in terms of also  
10 the trade-offs between the cost to employers and the  
11 impact, the potential impact on employment, increasing  
12 the cost to employers of employment-related rights like  
13 Statutory Sick Pay.

14 **Q.** Thank you. And thank you for giving the broader  
15 context. Can I then ask, was any assessment made by the  
16 Treasury of whether Statutory Sick Pay eligibility  
17 criteria, such as the minimum earnings threshold,  
18 excluded vulnerable workers, and if so, how this is to  
19 be addressed?

20 **A.** So in the table that you previously showed it was noted  
21 that removing the lower earnings limit would increase  
22 the number of people eligible for Statutory Sick Pay by  
23 2 million people. But the other consideration in the  
24 advice for the Chancellor was about the fact that  
25 a number of people's earnings -- if their earnings were

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1 restrictions, and I'm sure we'll come to it in some of  
2 the later documents, but at that point this was through  
3 the lens of the economic shock rather than thorough  
4 self-isolation.

5 **Q.** Thank you. Can we then, please, display your  
6 paragraph 118 at page 31, please.

7 Now, on 8 April 2020, officials sent advice to the  
8 Chancellor regarding an extension of the Statutory Sick  
9 Pay to those shielding and told to stay at home for  
10 12 weeks, with an estimated 900,000 extremely vulnerable  
11 people having received a shield letter.

12 And, obviously, you detail within this paragraph  
13 here, refer to the department of work and pension  
14 estimate that 200,000 of those 400,000 sent letters were  
15 employed in anecdotal evidence, through MP's  
16 correspondence, suggested there were cases where  
17 employers were refusing to furlough someone being  
18 shielded or to pay them for that period, and the advice  
19 of the Chancellor recommended an extension to cover this  
20 cohort which was agreed by the Chancellor.

21 If we then go to paragraph 119, please, over the  
22 page, you've also detailed that further advice was  
23 provided to the Chancellor noting growing pressure to  
24 consider further support to those clinically extremely  
25 vulnerable who had been asked to shield.

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1 Can we look, please, at the email that went  
2 alongside this time of 22 May, please.  
3 It's INQ000585929. Thank you.  
4 If you want to orientate yourself, it's one of the  
5 documents provided to you. Thank you.  
6 Can we move then within the email to page 2 please.  
7 Thank you. Essentially -- sorry, we can go back a page.  
8 Thank you.  
9 Essentially it references that there's a lot of  
10 Whitehall pressure to announce something "next week on  
11 this".  
12 Are you able to assist us as to what the pressure  
13 exactly was around the advice from officials on  
14 22 May 2020 in the context of Statutory Sick Pay and  
15 support for isolation?  
16 **A.** My understanding, my recollection, is -- and from the  
17 other documents -- that this was less specifically about  
18 the Statutory Sick Pay. This was about the financial  
19 support for those people who were shielding, and the  
20 advice itself notes that that's in the context of  
21 a potential change to the shielding programme but also  
22 to the Coronavirus Job Retention Scheme where it was  
23 intended that there would be employer contributions from  
24 later in the year and therefore the willingness of  
25 employers to provide support to furlough people who were

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1 **Q.** Thank you -- "and the shielding programme, officials  
2 provided advice to the Chancellor. The advice noted  
3 there was growing pressure to consider options for  
4 further support and sought initial policy steers  
5 regarding future financial support to the 'clinically  
6 extremely vulnerable' people."  
7 I think I've already asked you about the pressure,  
8 it's no different there to what we see in the email.  
9 **A.** Yeah.  
10 **Q.** Thank you.  
11 You tell us:  
12 "The advice noted that upcoming changes in employer  
13 contributions to [furlough] and a pending review of the  
14 shielding programme would increase pressure to clarify  
15 the financial support available to the clinically  
16 extremely vulnerable."  
17 So this is now a second reference to increasing the  
18 pressure. And can you just give us some context as to  
19 who was providing the pressure that you're referencing  
20 there?  
21 **A.** I -- I probably have to assume that it was people  
22 affected by the change -- by the increase in the -- by  
23 the fact that, as the witness statement says and in the  
24 submission which we disclosed, that the changes might  
25 mean some people who were able to be furloughed, their

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1 shielding might be reduced.  
2 So I think it was in that wider context rather than  
3 specifically being about Statutory Sick Pay.  
4 There was a question about whether to extend the  
5 rebate that had been introduced for small businesses to  
6 help them meet the cost of Statutory Sick Pay, but this  
7 advice was more about financial support for the  
8 clinically extremely vulnerable, given the changes to  
9 the shielding programme and to the furlough scheme.  
10 **Q.** And, again, with the reference to "pressure", are you  
11 able to help us with what the pressure that's being  
12 referenced there was?  
13 **A.** I don't know -- I'm not able to add to that. I don't  
14 recall exactly what was being asked for.  
15 **Q.** Okay, thank you. Can we then take that down and use  
16 your witness statement again at paragraph 119 to help us  
17 navigate the rest of my questions on Statutory Sick Pay,  
18 please.  
19 You tell us that:  
20 "On 22 May, ahead of planned announcements on the  
21 future of CJRS ..."  
22 Can we just confirm what CJRS is.  
23 **A.** That's the Coronavirus Job Retention Scheme --  
24 **Q.** Thank you -- furlough?  
25 **A.** Furlough, yes.

14

1 employer might no longer furlough them because the  
2 employer had to provide a contribution, whereas in the  
3 early part of the scheme they didn't, and the fact that  
4 a larger number of people potentially would be asked to  
5 shield, so the review, one potential outcome of the  
6 review was to increase from 2.2 million of the  
7 population advised to shield to as many as 16 million,  
8 and therefore there might be additional people who were  
9 being advised to shield and would request financial  
10 support.  
11 **Q.** Thank you.  
12 Just continue with this paragraph, you tell us that:  
13 "The advice recommended that the Chancellor hold off  
14 making decisions on further support for shielders until  
15 more clarity was provided by the [Department of Work and  
16 Pensions], the MHCLG and [the Department of Health and  
17 Social Care] on the characteristics of the shielding  
18 cohort ..."  
19 Then it goes on:  
20 "The advice also asked for a steer to work up  
21 further income support options for the shielded group.  
22 Ultimately, the [Chancellor] decided that [Statutory  
23 Sick Pay] was sufficient at the time but indicated he  
24 was content to consider this again once further clarity  
25 and evidence on the shielding programme was available."

16

1 So can I ask you, are you then able to help us on  
2 what was being done more broadly to give the evidence to  
3 the Chancellor to inform what was needed for other  
4 financial support schemes, please?

5 **A.** So that advice covered a range of things, and  
6 particularly I think the uncertainty was about the size  
7 of the shielding programme. So 2.2 million, the  
8 2.2 million people we understood more about the  
9 characteristics of. The 16 million, if it were to be  
10 expanded that far, we didn't have the same information  
11 on the characteristics of. I think the advice notes  
12 that on average, someone who was furloughed was  
13 receiving £253 per week, and that compared to £95.85 of  
14 Statutory Sick Pay, £94.59 for Universal Credit, £74.35  
15 for the Employment Support Allowance. So some of it was  
16 about the context of what support was available for  
17 those people now versus the support that might be  
18 available if the programme was expanded.

19 It recommended looking at particularly the  
20 economically active group within that. Not everyone who  
21 might be asked to shield or was shielding was in work.  
22 And the advice was to focus on that.

23 **Q.** Thank you.

24 Can we then, please, look at INQ000585068, please,  
25 which is the submission from the Treasury which was

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1 of Health and Social Care who were the most able to do  
2 that analysis, and that is what this excerpt that you've  
3 highlighted is intended to do, is to -- of the  
4 2.2 million, who are the people who can't work from home  
5 or have stopped working or are furloughed, and that was  
6 why the advice was that those were the people that the  
7 Chancellor should focus any further -- any financial  
8 support on.

9 **Q.** Thank you.

10 Now, the last questions on Statutory Sick Pay before  
11 we move to the test, trace and support payments, could  
12 I ask, please, for the display -- INQ000585069. Which  
13 is an email of 29 May 2020. Thank you.

14 **LADY HALLETT:** Sorry, just before you go on, you say,  
15 Mr York-Smith, that the isolation policy is health  
16 policy.

17 **A.** Yes.

18 **LADY HALLETT:** I understand that. Do you remember the DHSC  
19 presenting the Treasury with any papers to argue that it  
20 was important to ensure that people would isolate by  
21 being properly supported financially?

22 **A.** So I think when we come on to the Test and Trace Support  
23 Payments, that was where I recall that ... partly,  
24 I think, it reflected the changing nature of the  
25 restrictions and, at a point where many settings were

19

1 titled "Financial support for the shielded", dated  
2 22 May. And then perhaps if we can move within that  
3 document to paragraph 7, please, where some analysis is  
4 provided as to the Department of Health and Social Care  
5 suggesting that of the 2.2 million asked to shield, 29%  
6 normally work. Of this group, 38% are working from  
7 home, 43% (sic) say they cannot work from home, and 13%  
8 say they can work from home but have stopped or are  
9 furloughed. And I think the latter two groups are  
10 considered to be the most exposed to income shocks as  
11 they're unable to work unlike pensioners or long-term  
12 sick supported.

13 And we can see it says:

14 "As a maximum, we recommend targeting any further  
15 support at the economically active group."

16 Now, again, in the context of the questions I've  
17 asked you about pressures, as well, are you able to help  
18 as to whether you, the Treasury, or the adviser to the  
19 Chancellor, undertook any analysis of the number of  
20 people who were clinically vulnerable and shielding or  
21 who would be required to stay at home due to having  
22 Covid-19 symptoms, and whether that may impact on them  
23 not following the guidance to isolate?

24 **A.** So I think, because the isolation policy was  
25 generally -- was a health policy, it was the Department

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1 closed, it wasn't something that there were lots and  
2 lots of discussions about. As we opened settings and  
3 moved -- began to develop a test and trace system where  
4 people could know whether they tested positive and  
5 isolate, it became a thing which was discussed and  
6 I think particularly with respect to the Test and Trace  
7 Support Payments.

8 **LADY HALLETT:** Thank you. Sorry, I went too early.

9 **MS CARTWRIGHT:** Not at all. Thank you.

10 So we're back with the email of 29 May, please, and  
11 we can see it was reported that:

12 "[The Chancellor's] view is that there was no rush  
13 to work up a 'new' solution, his starting point is that  
14 there should be no income replacement stream, that  
15 [Statutory Sick Pay] is adequate."

16 And there's reference again to:

17 "... a bit of pressure from some quarters ... to  
18 come up with a more generous answer on this [question]  
19 of financial support for shielders (and isolators). The  
20 clear steer from [the Chancellor] is that he's happy for  
21 you to work up targeted income support options for  
22 shielders, when there's further clarity on the shielding  
23 programme, and on the basis of evidence etc in the usual  
24 way."

25 Are you able to help us with any clarity as to why

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1 it was felt there was no rush at this stage, bearing in  
 2 mind we are now 29 May, and obviously the strategy in  
 3 respect of test, trace and isolate was issued in May?  
 4 **A.** So I can't elaborate on the decision making, and  
 5 particularly the way it's expressed, other than it was  
 6 a response to that -- the advice which recommended that  
 7 we do work up an income. I think the previous document  
 8 we looked at recommended that we work up an income  
 9 support scheme.  
 10 **Q.** Thank you. In respect of that income support scheme,  
 11 was there any thought as to what that was going to look  
 12 like and who was tasked with creating that income  
 13 support?  
 14 **A.** As it was, the Chancellor said that he -- that there was  
 15 no rush, and therefore we should -- and that it was  
 16 adequate. I think -- well, we'll come on to it with the  
 17 Test and Trace Support Payment that, a lot of this, the  
 18 Treasury's role was about scrutinising the proposals to  
 19 spend taxpayers' money and providing that sort of  
 20 scrutiny rather than necessarily developing the support  
 21 scheme which was within the context of a programme for  
 22 the shielders, clinically extremely vulnerable, which  
 23 was a combination of the Department for -- the Ministry,  
 24 rather, for Housing, Communities and Local Government  
 25 and the Department of Health and Social Care.

21

1 the ability and willingness to self-isolate is linked to  
 2 financial status. The [United Kingdom] Government  
 3 acknowledged the risk that people would not self-isolate  
 4 because of their financial circumstances."

5 And then obviously he goes on to make some  
 6 recommendations.

7 So if we can take that from the screen, please.

8 Seen with some of the emails we've already looked  
 9 at, was it understood within the Treasury that if there  
 10 wasn't adequate financial support that people wouldn't  
 11 isolate, and that had an ability to undermine the whole  
 12 system of test, trace and isolate?

13 **A.** I think, if I could put it in some wider context, there  
 14 were a number of -- a very large number of schemes  
 15 introduced through the early part of 2020, which  
 16 intended to support people with the -- particularly the  
 17 economic impacts of the pandemic, through the furlough  
 18 scheme and the self-employed support scheme.

19 Those provided significant support for many people,  
 20 including support if you were isolating, but as I know  
 21 the Inquiry will consider in a later module, there were  
 22 people who were not eligible for those schemes by  
 23 reasons of design and delivery and the trade-off between  
 24 that and the potential for fraud and perverse  
 25 incentives.

23

1 **Q.** Thank you.

2 So let's move on now to any further assistance you  
 3 can provide beyond that in the statement around  
 4 decisions on the Test and Trace Support Payment Scheme.  
 5 And perhaps just to help us all, and just to remind us  
 6 all, can we display a helpful table within that expert  
 7 report that the Inquiry's received from  
 8 Professor Machin.

9 It's INQ000575999. Thank you.

10 And the Inquiry's already heard some evidence that  
 11 the schemes as they operated across the four nations  
 12 differed, but we can see there England's Test and Trace  
 13 Support Payment that came in in the October of 2020.

14 Perhaps if we just go over the page, so we've also  
 15 captured Northern Ireland's discretionary scheme that  
 16 was introduced in the March of 2020, thank you.

17 And then, just whilst we're in the report of  
 18 Professor Machin, just to identify the principle I've  
 19 already indicated why I'm asking you these questions,  
 20 can we look, please, within the report -- if we could  
 21 move forward to page 8. Thank you. And just  
 22 paragraph 4.

23 The reason why I'm asking in particular about this  
 24 next scheme is Professor Machin has identified:

25 "This report finds that there is clear evidence that

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1 The Treasury was very supportive of a functioning  
 2 test and trace system, and spent a lot of time producing  
 3 analysis of the potential economic benefits of  
 4 a functioning test and trace system. So we definitely  
 5 recognised that it was very important to -- very  
 6 important to have a functioning test and trace system.

7 As I expect we'll come on to with the documents, the  
 8 Chancellor was particularly concerned about the perverse  
 9 incentives that might be created and the ability to  
 10 target those people who weren't being supported by the  
 11 other schemes. So he definitely recognised the  
 12 importance of the system working. Some -- as always,  
 13 because this was spending taxpayers' money, wanting to  
 14 scrutinise what the evidence was, and also to target  
 15 those people who needed the support, and avoid issues  
 16 like giving money to people who had no loss of income,  
 17 controlling for fraud, and the delivery of the schemes,  
 18 which was particularly difficult.

19 **Q.** Thank you.

20 Now, can we -- I'm going to look at the SAGE advice  
 21 of May and then I'm not going to be able to look at the  
 22 various correspondence, advice, that look at the  
 23 evolution of the thought process around the need for  
 24 there to be adequate financial support to isolate, but  
 25 if I can use the SAGE advice as -- of 1 May, please.

24

1 Can we display, please, INQ00061540. Thank you.  
 2 And if we could move within that document to page 3.  
 3 It's just paragraph 20 I want to ask you about  
 4 please. So this is SAGE identifying:

5 "A high level of adherence to requests to isolate is  
 6 requiring for the system to be effective."

7 And the following paragraph:

8 "Risks include individuals becoming less willing to  
 9 comply if they are repeatedly asked to isolate and if  
 10 they are impacted financially from being asked to  
 11 isolate."

12 And was it well known and this advice of SAGE  
 13 understood in the department in May of 2020?

14 **A.** I can't -- I'm afraid I don't recall whether this  
 15 particular SAGE readout was widely known about in the  
 16 Treasury.

17 **Q.** Thank you.

18 **LADY HALLETT:** But the principle?

19 **A.** The principle, yes.

20 **MS CARTWRIGHT:** Thank you.

21 And I know, as part of the documents you've  
 22 provided, and the submissions, the documents for the  
 23 preparation today, there's then a train of advice,  
 24 documents, emails, that again flag time and time  
 25 again -- would you agree? -- this principle.

25

1 between ministers about what the policy should be,  
 2 reflecting the fact that the Department of Health and  
 3 Social Care would be the department responsible but the  
 4 Chancellor had to authorise the expenditure.

5 **Q.** Thank you. And just on that point can I ask you,  
 6 because part of the documents that have been provided to  
 7 you is the email of 19 June of 2020 that stated that the  
 8 Prime Minister himself had raised concerns about the  
 9 possibility that people might feel compelled to not  
 10 comply with guidance to isolate due to financial  
 11 pressures.

12 So factoring in the Minister's views, and in  
 13 particular this is the Prime Minister himself on  
 14 19 June, can you assist why it was not done sooner when  
 15 the Prime Minister himself and, I think also in the  
 16 correspondence, Dido Harding was raising the need for  
 17 there to be this isolation support?

18 **A.** So that, if I could put in context some of the rest of  
 19 that commission, it also said that the Prime Minister  
 20 shared the Chancellor's position that everything else  
 21 equal, we would not want to act where there's a risk of  
 22 setting a precedent and creating liabilities for  
 23 longer-term increases to welfare support, and that  
 24 commission itself went to the Department of Health and  
 25 Social Care, the Treasury, and MHCLG, so the role for

27

1 So what I want to ask you about is that, bearing in  
 2 mind it was many months before that isolation support  
 3 scheme came in, can you help us to understand the  
 4 tensions, what was happening, was it being ignored?  
 5 What was the reason for the delay in introducing an  
 6 isolation support package, please?

7 **A.** So I suppose I should go back to, the isolation support  
 8 scheme was part of a test and trace system, and  
 9 therefore it was the responsibility of the Department of  
 10 Health and Social Care, and when the Prime Minister  
 11 requested options for this, they were requested from the  
 12 Department of Health and Social Care, the Treasury, and  
 13 the Ministry for Housing, Communities and Local  
 14 Government, reflecting the fact that DHSC were the lead  
 15 department for this.

16 The potential delivery mechanism involved local  
 17 authorities, and so it was for MHCLG, and then the  
 18 Treasury's role was, as is the case on this whole  
 19 programme, to scrutinise the costs, the evidence and  
 20 provide advice to the Chancellor and then for the  
 21 Chancellor to decide.

22 So, as to the time taken for something to be  
 23 announced, there were a number of factors that we had to  
 24 reflect in our advice, and then there was a difference  
 25 of view between ministers and there was a discussion

26

1 designing the scheme was for the Department of Health  
 2 and Social Care, obviously with Treasury input as  
 3 regards our responsibility to scrutinise the cost and  
 4 other features of the design, in order to advise the  
 5 Chancellor.

6 So that was the beginning of a process which  
 7 involved discussion between three departments which led  
 8 to the announcement, in late August, of the regional  
 9 pilots of what became the Test and Trace Support  
 10 Payment.

11 **Q.** Thank you. Now, I know you've had provided to you in  
 12 the pack, as well, submission from the Treasury from  
 13 August 2020 where it was suggesting an option of £330  
 14 based on the -- sorry, perhaps we just display that so  
 15 I can contextualise the question, please.

16 INQ00585074, please, and it's internal page 5.

17 And, essentially, it was a document itself that was  
 18 identifying the need for the National Living Wage.  
 19 Thank you. So page 5, paragraph 16, and if we keep  
 20 moving through the document, please. Thank you. If we  
 21 move along I think there may be -- move along again,  
 22 please. Thank you.

23 And so are you able to assist at all in the thought  
 24 processes why, when there was the figure -- the option  
 25 of 330 being identified, why that didn't feature sooner?

28

1 A. Sorry, it's displaying a different page so I'm --  
 2 Q. Can we go back, please, to paragraph 16, thank you.  
 3 A. So I think this illustrates the point that I made about  
 4 the Chancellor's view that he was concerned about the --  
 5 how this payment would fit in with the wider system of  
 6 support, and particularly worried about perverse  
 7 incentives where you might be paid more to isolate than  
 8 you were paid in work, where there was something, at the  
 9 time there was something like 6.5 million people who  
 10 earned less than 35 hours at the National Living Wage.  
 11 And so -- and that, you know, the rates of Universal  
 12 Credit and so on. So it was really in that context.  
 13 I think this is pointing to a debate that was had at  
 14 the time about whether this was income replacement or  
 15 whether it was an incentive. So was it compensation or  
 16 an incentive that we want to provide, where compensation  
 17 would be much more complicated to deliver because you  
 18 would need to understand what people's incomes were, and  
 19 an incentive would be more straightforward,  
 20 administratively.  
 21 Q. Thank you. Can we then please display your  
 22 paragraph 148, please, on page 38, which is now when we  
 23 get to the 500 figure, which was the figure introduced  
 24 under the TTSP, thank you. So paragraph 148:  
 25 "As the requirement on self-isolation changed to  
 29

1 employees received more than Statutory Sick Pay as part  
 2 of their employer's sick pay offer. So the setting of  
 3 the payment was a question about trading off the  
 4 incentive effect, the deadweight cost of people  
 5 receiving more than they would receive otherwise, the  
 6 incentive cost, and the higher the payment, the greater  
 7 the risk of fraud. And there was some evidence that  
 8 there were fraudulent claims of the payment.  
 9 Q. Thank you.  
 10 A. Sorry.  
 11 Q. Can I ask you, when Wales increased their isolation  
 12 payment in August of 2021 to £750, and obviously that  
 13 uplift was in place until the January of 2022, can you  
 14 assist as to what thought was given internally within  
 15 the Treasury that a similar uplift should then, as a  
 16 matter of equity or fairness, equally apply to the  
 17 scheme operating in England?  
 18 A. I am afraid I can't -- I'm not -- I don't recall seeing  
 19 any consideration about that, but by that point, it was,  
 20 because of the restrictions and the testing and tracing  
 21 regime and vaccination and so on, it was a much smaller  
 22 part of the overall picture of Test, Trace and Isolate.  
 23 Q. Thank you. I'm going to move then, briefly, on to the  
 24 topic around testing, please, and funding for testing.  
 25 Can I ask, how did the Treasury decisions on the  
 31

1 require individuals to isolate for a shorter period of  
 2 time, the flat rate £500 TTSP payment became more  
 3 generous in relative terms ..."  
 4 I think it's the position you just set out, and  
 5 I think you've done your analysis depending on what the  
 6 isolation periods were, whether they were the 14 or  
 7 reduced to the seven, what that meant for a daily  
 8 figure.  
 9 And could I ask you, looking at those figures and  
 10 appreciating it depended on what the isolation  
 11 requirement was, do you agree that for many workers  
 12 receiving £35 or £50 a day would represent a significant  
 13 reduction in their earnings during the period of  
 14 self-isolation and is well below minimum wage if someone  
 15 is working full time?  
 16 A. So that is factually true. I guess, to the point that I  
 17 made earlier, there were 6.5 million workers at the  
 18 point that we're talking about, who earned less than  
 19 35 hours at the national living wage, so the scheme  
 20 needs to account for working patterns and income levels  
 21 and as I say, by moving to a flat rate payment it was  
 22 very much more an incentive payment than it was earnings  
 23 replacement.  
 24 It was also designed only to be for those who had  
 25 lost income as a result of self-isolation. 68% of  
 30

1 scale and scope of funding for community testing  
 2 initiatives ensure that high-risk groups including  
 3 ethnic minority communities were prioritised?  
 4 A. Generally, on funding for testing, the Treasury took  
 5 a very, very flexible approach. And I know that some of  
 6 this has been covered in previous modules on vaccines,  
 7 so I won't do this at length. But the Treasury approved  
 8 almost all of the -- very quickly, the requests from the  
 9 Department of Health and Social Care for the resources  
 10 they required for testing, and that saw a very quick  
 11 ramp-up in the expenditure on testing from sort of tens  
 12 of millions in March 2020 to 10 billion by June 2020.  
 13 And that, that envelope was then for the Department  
 14 of Health and Social Care to allocate. So the Treasury  
 15 would not have taken a view on the allocation of the  
 16 testing other than continuing to challenge the  
 17 Department of Health and Social Care about having  
 18 a strategy for using the testing, and to ensure that  
 19 there wasn't unused capacity, and so I think the  
 20 question of how to use the testing capacity and its  
 21 impact on equalities would be a question for the  
 22 Department of Health and Social Care.  
 23 Q. Thank you.  
 24 Can you then help us, please, with what you tell us  
 25 in paragraph 51 of the statement, please. It's page 15.  
 32



1 INQ000587305, please. And really, it's the view that  
2 the Treasury was expressing as to the effectiveness or  
3 efficiency of testing in the context of the substantial  
4 funding. You say this at paragraph 51:

5 "As England continued to reopen over the summer,  
6 there were some concerns around the effectiveness of the  
7 [test and trace] system. [The Department of Health and  
8 Social Care] advocated for an expansion of the [test and  
9 trace] system, however Her Majesty's Treasury officials  
10 wanted to first forecast on addressing the performance  
11 issues within the programme and improving  
12 cross-Whitehall governance to ensure that the strategy  
13 was deliverable, better targeted/prioritised on the  
14 basis of evidence, and more fully utilising testing  
15 capacity that had already been procured."

16 Then we can see on the next paragraph you provide  
17 some further details on the SAGE advice about the  
18 needing to identify 80% of contacts.

19 And then are you able to help us at all as to the  
20 concerns, how the concerns were crystallising in the  
21 Treasury but also what lay behind the poor performance,  
22 resourcing or operational issues, from the Treasury's  
23 perspective, please.

24 A. First, I should recognise that the test and trace -- the  
25 NHS Test and Trace was a very new organisation, Dido

33

1 underspends grew from, sort of, 300 million to  
2 5 billion, 7 billion, and in the end, it underspent by  
3 9.5 billion and there are obviously opportunity costs to  
4 that in terms of the ability to raise the finance, and  
5 whether that money could have been used elsewhere.

6 So we wanted to support, but equally we wanted to  
7 challenge to make sure this very significant investment  
8 of public money was delivering all of the objectives  
9 that it could, both economically and for the health  
10 outcomes.

11 Q. Thank you. And I think that answer may have pre-empted  
12 this question, but perhaps if there's anything else you  
13 want to say. Obviously, we know that it was the  
14 Department of Health and Social Care's responsibility  
15 for the Test and Trace System, and really, so why was  
16 the Treasury challenging the Department of Health and  
17 Social Care's proposal to expand Test and Trace?

18 A. I think, yeah, there's not much I can add to what  
19 I said, which is before expanding, we wanted to see that  
20 it was delivering its objectives, and as it was, we did  
21 agree to expand, and I think it was not until October  
22 where we recommended that there might be a pause.

23 The other point I would add, is that the technology  
24 for testing was changing. Whether the tests were  
25 effective was a question that was asked at the beginning

35

1 Harding been appointed in early May. It had launched in  
2 late May. And it was -- the Treasury's objective here  
3 was to try and get the balance right between being  
4 supportive and challenging and recognising the enormous  
5 endeavour of going from very limited testing to a very  
6 widespread testing.

7 That said, we recognised the economic case for  
8 funding testing, and driven by the SAGE advice about the  
9 potential impact on transmission of the virus if you had  
10 an effective test and trace system, but we had concerns  
11 about how deliverable it was, so whether there was  
12 sufficient capacity to do the tests, so whether we had  
13 unutilised lab capacity, whether the testing was being  
14 targeted at the highest risk settings, the highest risk  
15 groups, to your earlier question about equalities  
16 impacts, but also to the highest risk areas of the  
17 country and that we didn't have capacity that was going  
18 unutilised and there was evidence that utilisation was  
19 low in some areas.

20 There was also, I think, because the expansion was  
21 extremely quick, there wasn't necessarily a strategy for  
22 how best to use the testing, and there wasn't sufficient  
23 financial control, so as evidenced later in the year, we  
24 approved the budget of 22 billion but in the end,  
25 towards the very end of the financial year, 2021, the

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1 of the pandemic, through the pandemic different testing  
2 technologies became available, and the Treasury was very  
3 permissive and flexible in the way it approved spending,  
4 recognising this very rapid development but like I say,  
5 we wanted also to challenge to make sure it was being  
6 used effectively.

7 Q. Thank you. Can we then take that down and move to  
8 paragraph 61, please, of the statement at page 18.

9 Now, we can see that you've identified in a meeting  
10 of 12 August 2020 to discuss population-wide testing,  
11 the Prime Minister emphasised that obstacles raised by  
12 Baroness Harding involving the Cabinet Office and the  
13 Treasury approvals should be removed.

14 The Inquiry has already heard in module 5 Lord Agnew  
15 speaking about spending approval and testing, and short  
16 timeframes for approval.

17 Can we just look at a relevant email, please, which  
18 is INQ000471020, which is an email exchange before this  
19 meeting, of 23 July. Thank you. And if we move to  
20 page 3, please. Thank you.

21 We can see, essentially, Lord Agnew was concerned  
22 about the position, essentially, of being asked to  
23 approve one and a quarter billion programme in one day,  
24 and obviously we can see Gareth Rhys Williams commenting  
25 that:

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1 "Whilst I get the political imperative is to set  
2 this up and fast, there are aspects I'm really not happy  
3 about."  
4 Can I ask, is this is an example of a barrier  
5 related to Cabinet Office commercial controls that you  
6 were referencing in the paragraph 61 that we looked at  
7 together, or is that a different issue that's being  
8 raised in this email?  
9 **A.** I think the Lord Agnew comment is particularly about the  
10 size of the approval and the amount of time given to  
11 consider it. The Cabinet Office commercial controls  
12 were -- are more about the approval of individual  
13 contracts. I think this is an example of the spending  
14 approval process and whether sufficient information and  
15 time has been given. Generally through the pandemic,  
16 the Treasury was extremely flexible and extremely quick  
17 to approve, but there is a balance that needs to be  
18 struck.  
19 **Q.** Thank you. Can we then, just to complete this portion  
20 of questioning, look at Lord Agnew's letter of  
21 10 December, please, which is INQ000585972.  
22 And whilst that's being displayed, the letter  
23 itself, you tell us about this -- sorry, I will give the  
24 INQ again: 000585972.  
25 Sorry, I think I've given you a rogue reference.

37

1 October 2020, given ministers advice suggesting that we  
2 should pause on our approval of the increase in testing,  
3 because there was a risk that there was wasted capacity  
4 and the use of the tests was not delivering the best  
5 possible outcomes in terms of economic outcomes, but  
6 ministers chose not -- they didn't agree with that  
7 advice, and said that instead we should work on the  
8 impact.  
9 So I think this most kind of a consistent,  
10 a consistent concern, but one that had to be balanced  
11 against what were very difficult circumstances, and  
12 particularly, I think it was a lot of competition for  
13 the acquisition of the tests, and we were also, in terms  
14 of mass testing, which this sort of level of testing  
15 enabled, there was very strong evidence of the potential  
16 benefits from a health perspective but therefore an  
17 economic perspective of being able to identify, you  
18 know, as many cases in the community as possible.  
19 **Q.** Thank you. Now, I'd headlined when we started together  
20 that one of the topics will be inequalities. I think as  
21 we've dealt with the evidence, I've weaved those in and  
22 I've asked the relevant questions I wanted to around  
23 inequalities. And again, you've addressed it within the  
24 statement, but is there anything further you'd wish to  
25 say in respect of inequalities?

39

1 It's INQ000477870. And apologies to Lawrence.  
2 INQ000477870.  
3 Thank you.  
4 We can see, this is a letter that you have been  
5 provided with from Lord Agnew to Baroness Harding. You  
6 tell us in your witness statement, just whilst you're  
7 looking at this, that -- of this letter:  
8 "... with Baroness Harding outlining Lord Agnew's  
9 significant concerns about Test and Trace's governance  
10 and how it was using public money. Lord Agnew believed  
11 the previously agreed £150 million spending controls  
12 should be reviewed and that they should consider  
13 freezing approval on long-term contracts until  
14 a forecast and an outline of the governance structure  
15 was further developed."  
16 And so we can see Lord Agnew's concerns here. Are  
17 you able to help us then? Why were ministers being  
18 asked to approve such significant sums of spending at  
19 such short notice, and why were these spending decisions  
20 not subject to greater scrutiny?  
21 **A.** The question about notice is, I think, difficult for me  
22 to answer. That was the Department of Health and Social  
23 Care and NHS Test and Trace making these requests.  
24 I think I can only say what I said before, in terms of  
25 the Treasury's approach. We had, I should say, in

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1 **A.** So I think a couple of things that are in the documents  
2 that we've disclosed with respect to this module. The  
3 first point I should make is the one I've already made,  
4 which is generally where the Treasury is engaged in  
5 spending control and the approval of spending proposals,  
6 it's for the department responsible for a programme to  
7 produce the equalities analysis.  
8 We did provide the Chancellor, as he notes, as  
9 Mr Sunak notes in his statement, with periodic updates  
10 on the equalities impact of the pandemic in general, and  
11 there was some advice that we gave him, which is part of  
12 the disclosures for this module, about the strategy for  
13 the winter, which noted the differential impacts by  
14 different protected characteristics of the economic  
15 impacts of the pandemic but also the restrictions.  
16 We also, where, for example, we approved the pilot  
17 of the Test and Trace Support System, the Test and Trace  
18 Support Payments in the north west, noted the equalities  
19 analysis produced by the Department of Health and Social  
20 Care. So we did keep it in mind, and indeed it was one  
21 of the driving factors between the Treasury's -- the  
22 Treasury's view on, for example, the reopening of  
23 different sectors was the equalities characteristics of  
24 the people particularly affected, in, say, retail or  
25 hospitality.

40

1 **Q.** Thank you. Mr York-Smith, we thank the Treasury for  
 2 this six pages of lessons learning that's within this  
 3 statement. The statement will be published, the  
 4 details -- and sets those out.  
 5 I'm afraid my time with you is now up so I'm going  
 6 to turn to the Core Participants for them to ask their  
 7 questions, please. Thank you.

8 **LADY HALLETT:** Mr Jacobs.  
 9 Mr Jacobs is right down the end.

10 **Questions from MR JACOBS**

11 **MR JACOBS:** Good morning. I have a few questions on behalf  
 12 of Trades Union Congress. Starting, if I may, with the  
 13 issue of loss of income as a disincentive to  
 14 self-isolation, and starting, really, with the basic  
 15 point. In January 2021, a food manufacturing worker  
 16 described to the GMB union that at their factory, "most  
 17 of the workers here work for £9.36 per hour, living from  
 18 week to week just managing to pay their bills without  
 19 much extra".  
 20 Do you think that in the pandemic the Treasury  
 21 recognised that for workers in that position, two weeks  
 22 of lost pay would be a powerful disincentive to  
 23 self-isolate?  
 24 **A.** I think, as I've said in response to some of the earlier  
 25 questions, the Treasury did provide advice on the

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1 **Q.** I'll try once more. I am going to suggest, actually,  
 2 that you can provide an answer, because the Treasury  
 3 officials are entitled to have a sense of whether the  
 4 options taken fly in the face of the reality for people  
 5 on the ground of the reality of the advice given?  
 6 **A.** I'm afraid I'll have to disagree. Our role is to  
 7 advise. Ministers decide.

8 **LADY HALLETT:** You've given it your best shot, Mr Jacobs.  
 9 Move on.

10 **MR JACOBS:** I have. I'll move on to the next issue, which  
 11 is the accessibility of the Test and Trace Support  
 12 Payment Scheme.  
 13 A Covid-O paper in December 2020 described that the  
 14 application process was too complex. So an individual  
 15 had to find the relevant authority, find the criteria  
 16 applied by that authority, find the forms, find what  
 17 that particular authority required by way of evidence  
 18 and provide it.  
 19 Was that recognised by the Treasury to be a problem  
 20 with a local-authority-delivered scheme for support for  
 21 self-isolation?  
 22 **A.** The Treasury was concerned about the delivery of the  
 23 scheme through the -- throughout the -- its development  
 24 and its implementation. I do think -- and this was set  
 25 out in our advice to the Chancellor -- that

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1 economic impacts of the pandemic, and did provide advice  
 2 about the characteristics of people who might benefit  
 3 from the Test and Trace Support Payment, but the  
 4 decisions about the appropriate level of the payment is  
 5 one for ministers which I can't --

6 **Q.** Sorry, my question wasn't so much whether advice was  
 7 provided. I'm aware that advice was provided. But was  
 8 the prevailing view in the Treasury, did it acknowledge  
 9 that two weeks' of lost pay for people on low income  
 10 would be a disincentive to self-isolation?  
 11 **A.** I think, as a civil servant, my job is to advise rather  
 12 than have a prevailing view. So I'm afraid I can't add  
 13 to what I've said.

14 **Q.** I'll try putting it in a slightly different way. As  
 15 you're providing advice, as your colleagues are  
 16 providing advice to the Chancellor, is there a sense  
 17 that the reluctance to provide financial support, the  
 18 reluctance, apparently, to acknowledge that financial  
 19 support, or lack of, would be a disincentive to  
 20 self-isolation, just flies in the face of reality for  
 21 people working, for example, in a food processing  
 22 factory?  
 23 **A.** I don't think I can add to what I've already said, which  
 24 is of course we advised on the impact, but it's for  
 25 ministers to decide.

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1 a local-authority-led scheme was the best option to  
 2 deliver, because local authorities, for example, had  
 3 existing legal powers to make payments to individuals.  
 4 They had access to the same data as the Department for  
 5 Work and Pensions, about people's benefit entitlement  
 6 and about their incomes through realtime information.  
 7 But, clearly, the fact that it was -- the  
 8 administration was complicated affected the take-up and  
 9 the take-up was lower than we would hope.

10 **Q.** And does it really come to the point that it was too  
 11 complex to achieve its objective, which was to  
 12 incentivise or support self-isolation?  
 13 **A.** I can't say whether it was too complex, because it would  
 14 depend what the alternatives were. As we saw with the  
 15 economic -- the direct economic support schemes, it was  
 16 necessary for the Self-Employed Income Support Scheme  
 17 for people to make a claim, because it is not possible  
 18 for the government to make a payment to someone without  
 19 having their information. So the people who are in the  
 20 benefit system, the DWP, can make payments. There were  
 21 reasons that it wasn't possible for DWP to make these  
 22 payments but for people who were not in the benefits  
 23 system, the government required some information from  
 24 people in the first place in order to make a payment to  
 25 them. So, you know, HMRC had to -- there was an

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1 application process for that, so I think it was an  
2 inevitability that there was an application process  
3 involved in this, simply because the government doesn't  
4 hold the information in order to make direct payments to  
5 individuals.

6 **Q.** On the observation that sort of assessing relative  
7 complexity depends on the alternatives, do you think  
8 that the alternative of Statutory Sick Pay and expanding  
9 it if necessary temporarily, would avoid some of that  
10 complexity of a novel and locally-administered scheme?

11 **A.** So it would be a decision for ministers so I don't want  
12 to speculate too much, but I think the types of  
13 advice -- the types of factors that I would want to have  
14 in advice to them is that Statutory Sick Pay is paid by  
15 employers, therefore can only benefit those people who  
16 were in employment, which doesn't capture the entire  
17 group that this policy was concerned with.

18 There is also, therefore, a cost to employers, and  
19 it has to be seen within the system of whether people,  
20 the level of Statutory Sick Pay would be higher than the  
21 level of income that someone would get from employment,  
22 recognising the variety of employments people have.

23 **Q.** So clearly, as with all these issues, more than one  
24 consideration, and clearly Statutory Sick Pay can't be  
25 the complete answer, but would utilising that existing

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1 locally administered welfare support schemes. I think  
2 it's incumbent on everyone to promote these schemes, and  
3 I think it might be something that your organisation  
4 might promote in future to your members.

5 **MR JACOBS:** It certainly did reference it once or twice.

6 But I think I've used my time, my Lady. Thank you  
7 very much.

8 **LADY HALLETT:** Thank you, Mr Jacobs.

9 Mr Thomas. Mr Thomas is over there.

10 Questions from PROFESSOR THOMAS KC

11 **PROFESSOR THOMAS:** Good morning, Mr York-Smith. My name is  
12 Leslie Thomas and I'm representing FEMHO, the Federation  
13 of Ethnic Minority Healthcare Organisations.

14 Just before I get into my questions, just to be  
15 clear, so in the Treasury you were providing advice, you  
16 were not making decisions. Yes?

17 **A.** Yes.

18 **Q.** Okay. So, with that in mind, let me ask you this, and  
19 I'm interested in the advice you were given, was the  
20 level of Statutory Sick Pay considered sufficient to  
21 enable low income and ethnic minority workers, who were  
22 statistically more likely to be in precarious  
23 employment, to comply with the self-isolation  
24 requirements? What was the advice?

25 **A.** The advice was not -- the decision about whether

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1 scheme address the accessibility problem and the  
2 complexity problem? Because it's a scheme that everyone  
3 knows, it's via employers, et cetera.

4 **LADY HALLETT:** Well, not for those who aren't in work,  
5 I think was the point Mr York-Smith was making.

6 **A.** Yes.

7 **MR JACOBS:** No, of course.

8 **A.** It's a different scheme and ministers would have -- you  
9 know, it would be for ministers to decide whether they  
10 wanted to change Statutory Sick Pay. It has a -- there  
11 are sets of people that wouldn't benefit that did  
12 benefit from the Test and Trace Support Payments.

13 **Q.** Yes. Final point, which is perhaps linked with the  
14 complexity issue, is: TUC research found very low levels  
15 of awareness of the scheme on a survey, finding only one  
16 in five workers were even aware it existed.

17 Is your impression from your perspective in the  
18 Treasury that that too was a feature of it being  
19 a locally administered scheme?

20 **A.** I don't think I can take a view on that, because I don't  
21 know -- yeah, I don't think I can take a view on that.  
22 I guess the responsibility for publicising it would be  
23 for the department that was responsible for it. There  
24 were a large number of locally administered schemes for  
25 businesses and individuals and there continue to be

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1 something was sufficient was for ministers.

2 **Q.** That wasn't what I asked you.

3 **A.** Our advice --

4 **LADY HALLETT:** Let him finish, Mr Thomas, please.

5 **A.** Our advice noted the evidence on Statutory Sick Pay,  
6 including how it compared to the system in other  
7 countries, and that is what our advice -- and --  
8 therefore ministers could take a judgement.

9 **PROFESSOR THOMAS:** Sorry, what was the advice? You went  
10 around in a circle.

11 **A.** No, I said that our advice about whether ministers  
12 wanted to make a change to Statutory Sick Pay included  
13 a reference to the level of Statutory Sick Pay compared  
14 to other countries.

15 **Q.** Sorry, it may just be me being slow, but what was the  
16 advice in relation to whether ethnic minority workers  
17 would be able to comply, given the self-isolation rules?  
18 What was the advice?

19 **A.** I can't really add to what I've said about what the  
20 advice was, which was the advice, when we were asked  
21 about making changes to Statutory Sick Pay in  
22 March 2020, noted the -- noted the cost to employers of  
23 that, the impact on individuals gaining eligibility to  
24 it. When it came to advice about self-isolation, we  
25 didn't provide advice about self-isolation until it was

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1 in response to a request from the Department of  
 2 Health -- the Prime Minister and the Department of  
 3 Health and Social Care in the summer of 2020.  
 4 **Q.** Let me move on.  
 5 Financial support and inequality. That's the next  
 6 theme. And again, I'm just concentrating on the advice,  
 7 not decisions, that you gave, and the Treasury gave.  
 8 So the question is this: what role did community  
 9 leaders or representative groups of ethnic minorities  
 10 play in the consultation process for financial support  
 11 schemes like the Test and Trace Support Payment Scheme?  
 12 So what role did they play?  
 13 **A.** The Treasury did not consult on the Test and Trace  
 14 Support Payment because it was not a Treasury policy, so  
 15 I'm afraid I can't answer what consultation was done by  
 16 the Department of Health and Social Care.  
 17 **Q.** All right.  
 18 Moving on. I want to look at data. Did the  
 19 Treasury gather disaggregated data to assess how ethnic  
 20 minority and low-income communities were impacted by the  
 21 test, trace and isolate measures? And if so, how was  
 22 this data used to adjust policy in real time during the  
 23 pandemic?  
 24 **A.** We, as I have said in answer to one of the previous  
 25 questions, the Treasury provided advice to the

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1 other economic support and the interaction of, for  
 2 example, income support through employers from the --  
 3 for the furlough scheme or an equivalent, with specific  
 4 support for those people who were unable to access that  
 5 support. So I think there are a number of lessons to be  
 6 learnt.  
 7 **Q.** Finally this: would you recommend automatic eligibility  
 8 mechanisms or enhanced payment sick schemes,  
 9 entitlements, to remove financial disincentives to  
 10 isolate? Would that be part of the advice?  
 11 **A.** I think, as I just said, it would depend on the  
 12 circumstances. So we would have to tailor the advice  
 13 that we gave and the schemes to the circumstances of  
 14 a future pandemic. And then, of course, it would be for  
 15 ministers to decide precisely what combination of things  
 16 they wanted to go for.

17 **PROFESSOR THOMAS:** Thank you, Mr York-Smith.

18 **LADY HALLETT:** Thank you Mr Thomas.

19 Ms Munroe, who is just there.

20 **Questions from MS MUNROE KC**

21 **MS MUNROE:** Good morning, Mr York-Smith.

22 My name is Allison Munroe. I ask questions on  
 23 behalf of the Covid Bereaved Families for Justice UK.  
 24 I have just two questions, Mr York-Smith, but given your  
 25 answers to Mr Jacobs's first questions, I anticipate

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1 Chancellor in the summer of 2020, which noted the impact  
 2 on particular groups of the pandemic measures in  
 3 a general sense, and they influenced, for example, the  
 4 Treasury's involvement in the reopening of sectors where  
 5 employment was particularly heavy -- heavily from  
 6 certain groups, including people from an ethnic minority  
 7 background.

8 In terms of adjusting the policies, like I say, the  
 9 policy of test, trace and isolate was one for the  
 10 Department of Health and Social Care; the Treasury's  
 11 role was about approving the funding for that programme.

12 **Q.** I want to be forward looking, and look at lessons that  
 13 could be learned, and recommendations. How can future  
 14 funding frameworks better support low income and  
 15 precarious workers, who are disproportionately from  
 16 ethnic minority backgrounds, to safely comply with  
 17 public health requirements like self-isolation? So what  
 18 would be the advice, having learned lessons from the  
 19 last pandemic? Help us.

20 **A.** I think it would depend on what the -- I think it would  
 21 very much depend on the circumstances, what the health  
 22 restrictions were, what the wider economic support was.

23 And I think we have definitely learnt some lessons  
 24 about being able to flush out different views between  
 25 different departments more quickly, the trade-offs with

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1 what your answers may be but we'll see how we get on.

2 Effectively, in February of 2020, the Treasury  
 3 officials are advising on a budget packet, aren't you,  
 4 to tackle Covid for the March 2020 Covid budget?

5 You've been taken through Statutory Sick Pay, and  
 6 that's what I want to concentrate on. In particular,  
 7 there were some minor changes to Statutory Sick Pay in  
 8 the Covid budget, but this did not include expanding SSP  
 9 to self-employed, nor did it include an increase in the  
 10 amount of Statutory Sick Pay.

11 Now, my question, first question, is this: why were  
 12 those measures not introduced to provide financial  
 13 support and other assistance to enable those such as the  
 14 self-employed, who were required to shield or isolate,  
 15 to stay at home? And I bear in mind what you say, that  
 16 the Treasury advises, ministers decide. But it was --  
 17 part of the consideration of your advice was about SSP  
 18 and extending it to the self-employed.

19 **A.** If I could put it in context, though, when the measures  
 20 were developed for 11 March, there was not at that point  
 21 any requirement for anyone to isolate, and when advising  
 22 the Chancellor, the Chancellor's objectives there were  
 23 to try -- and the understanding of the virus and its  
 24 impact was very, very different at the end of February  
 25 to even by the middle of March.

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1 So when advising the Chancellor on that, his  
2 objectives were to try to deal with what he perceived at  
3 that point to be some of the impacts of Covid, where  
4 I think the belief at the time was that -- and the  
5 reason that there was a change to Statutory Sick Pay,  
6 was that we were unaware of the seriousness of the  
7 virus, and therefore that there would be lots of people  
8 who would have a two-week period where they had to stay  
9 at home because they were a little bit sick.

10 So that was the context in which that decision was  
11 made. The requirement to isolate and the closure of  
12 sectors didn't come until after that point.

13 **Q.** But the Treasury officials did flag up, didn't they,  
14 that an increase in SSP was one of the measures that  
15 potentially was viable, but it had the risk to business?  
16 When was that flagged up, then?

17 **A.** That was after the budget.

18 **Q.** Right.

19 **A.** So that was -- so the budget was on 11 March. The  
20 documents that we looked at earlier were from 19 March,  
21 and they were in the context of a package of measures  
22 which is intended to address the economic consequences  
23 of closing sectors and asking people to stay at home.  
24 So that was specifically about providing businesses with  
25 money to pay their staff's wages so that they didn't

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1 today. Thank you.

2 I shall return at 11.35.

3 **MS CARTWRIGHT:** Thank you.

4 (11.17 am)

(A short break)

6 (11.35 am)

7 **LADY HALLETT:** Ms Cartwright.

8 **MS CARTWRIGHT:** Thank you.

9 Could I ask, please, for Ms Daniels to stand,  
10 please, and take the oath. Thank you.

11 **MS JO-ANNE DANIELS (affirmed)**

12 **Questions from LEAD COUNSEL TO THE INQUIRY FOR MODULE 7**

13 **MS CARTWRIGHT:** Could you please give the Inquiry your full  
14 name.

15 **A.** Jo-Anne Therese Daniels.

16 **Q.** And can I check, is it Miss or Mrs?

17 **A.** Miss.

18 **Q.** Ms Daniels, can we, first of all, identify the corporate  
19 witness statement that you have provided, if we can go  
20 to page 169, please. We see your signature and the  
21 statement dated 3 April of this year. And can I ask  
22 you, are the contents of that statement true to the best  
23 of your knowledge and belief?

24 **A.** They are, yes.

25 **Q.** And perhaps if we identify the corporate organisation in

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1 have to lay them off, but also recognising that some  
2 people would become unemployed and therefore increasing  
3 the generosity of the welfare system.

4 **Q.** Thank you.

5 My second question is, then, by August of 2020, and  
6 bearing in mind you were taken this morning to the SAGE  
7 advice which you said wasn't particularly widely known  
8 in the Treasury department, but in answer to my Lady you  
9 said the principle was, did the Treasury recognise by  
10 August 2020 that unless people were supported to enable  
11 them to isolate, policies and isolation simply weren't  
12 going to work or not going to be as effective as they  
13 could be?

14 **A.** In August 2020 we were providing advice on what became  
15 the Test and Trace Support Payment. So yes.

16 **MS MUNROE:** Thank you very much.

17 Thank you, my Lady.

18 **LADY HALLETT:** Thank you, Ms Munroe.

19 I think I'm going to be consoled by the fact,  
20 Mr York-Smith, your knowledge of figures is  
21 extraordinary, your ability to recall them. Thank you  
22 very much indeed for the help that you and your  
23 colleagues in the Treasury have given to the Inquiry in  
24 providing the witness statement and all the information  
25 contained therein, and for your help giving evidence

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1 respect of which this statement is provided, is it right  
2 it's provided to give the context from the Health and  
3 Social Services Group?

4 **A.** It is, yes.

5 **Q.** Thank you. Can we, then, first of all, start with  
6 identifying you and why you are the individual speaking  
7 to this corporate statement.

8 It's right, isn't it, that in April 2020 you were  
9 appointed as the director of Test, Trace, Protect?

10 **A.** Yes, that's correct.

11 **Q.** And I think there is one correction in your statement  
12 which is in the end date of that role, and if we,  
13 perhaps, display paragraph 7, which is page 3.

14 I think you identify in your statement that you held  
15 the role from April 2020 until 3 April 2024. I think  
16 that's, in fact, incorrect. I think, is the end date of  
17 you being in that role 31 March 2022?

18 **A.** That's correct, yes.

19 **Q.** So save for that correction, everything else is correct,  
20 is that --

21 **A.** It is.

22 **Q.** Thank you. And let's, then, look at your background,  
23 please, just to understand that role you were in.  
24 I think you tell us that between January of 2020 and  
25 June of 2022, you held the position also as being

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1 director of Mental Health, Vulnerable Groups and NHS  
 2 Governance?  
 3 **A.** I did, yes.  
 4 **Q.** Thank you. And I think if we take things to the current  
 5 day, you currently work with Cardiff Council as part of  
 6 a collaborative agreement with the Welsh Government and  
 7 have been since 30 April 2024?  
 8 **A.** Yes, that's right.  
 9 **Q.** And before that date you were the interim director  
 10 general for education, social justice and the Welsh  
 11 language?  
 12 **A.** I was, yes.  
 13 **Q.** And you'd held that position from 1 April 2022?  
 14 **A.** Yes, that's correct.  
 15 **Q.** Thank you. Now, again, we've already heard some  
 16 evidence about the group, but can we just make sure that  
 17 there's a good understanding about the group and how it  
 18 fits together with the decision making in the Welsh  
 19 Government. It's right, isn't it, that the Health and  
 20 Social Services Group provide strategic leadership and  
 21 oversight of the NHS in Wales?  
 22 **A.** It does.  
 23 **Q.** And it's the conduit between the NHS in Wales and the  
 24 Minister and Deputy Minister for Health and Social  
 25 Services?

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1 what you know is a live issue, in particular for the  
 2 Covid Bereaved Families for Justice Cymru, on the issue  
 3 of asymptomatic transmission and testing.  
 4 So can we together identify the sources of advice  
 5 for the group and then that informs government, please.  
 6 Because you touch upon it in your witness statement. If  
 7 we perhaps start, first of all, with identifying who was  
 8 the decision makers.  
 9 So if we turn to paragraph 24, please, of your  
 10 witness statement. Thank you.  
 11 If we then move down, please, you identify that  
 12 essentially cabinet was the main decision-making body  
 13 within the Welsh Government throughout the pandemic and  
 14 that Test, Trace, Protect would be discussed at cabinet,  
 15 and that matters in relation to testing and contact  
 16 tracing sat largely under the remit and responsibility  
 17 of the Minister for Health and Social Services who we'll  
 18 hear from this afternoon, who made decisions in relation  
 19 to the Welsh Government's Test, Trace, Protect policy.  
 20 **A.** That's correct, yes.  
 21 **Q.** Can you assist, then, when you were in the role of the  
 22 Test, Trace, Protect group, how did that work  
 23 practically during that time from your being in the  
 24 role, please, to inform decision making?  
 25 **A.** So advice was presented to ministers in the form of

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1 **A.** Yes, that's correct.  
 2 **Q.** Thank you. And it's right, isn't it, that the Welsh  
 3 Government is responsible for social care policy in  
 4 Wales and the group leads on engagement with the local  
 5 authority, social services directors and the relevant  
 6 ministers?  
 7 **A.** It does, yes.  
 8 **Q.** And as we've already identified, during the pandemic,  
 9 the structure of the pandemic expanded to create the  
 10 Test, Trace, Protect directorate?  
 11 **A.** It did, yes.  
 12 **Q.** And you were in that significant role as the director  
 13 of Test, Trace, Protect?  
 14 **A.** Yes, I was.  
 15 **Q.** Thank you. Now, plainly, a huge amount of work has gone  
 16 into the statement that deals with the involvement  
 17 throughout the pandemic, and with the time I have with  
 18 you, it's not going to be able to establish all of the  
 19 chronology, but the statement will be published. But  
 20 with your assistance, there's certain topics or themes  
 21 that I'd just like your assistance to perhaps see if you  
 22 can expand any further to that which you say within the  
 23 witness statement.

24 And the first topic on which I'd like your  
 25 assistance, because it's going to become relevant as to

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1 ministerial advice papers which set out the matter for  
 2 decision, the evidence and arguments relating to that  
 3 decision, and then the recommendation of officials.  
 4 Alongside those formal ministerial advice submissions,  
 5 we also had regular meetings with ministers throughout  
 6 the pandemic period.  
 7 **Q.** Thank you. Can we then look at some of the paragraphs  
 8 just on the issue of the flow of scientific advice,  
 9 please and can we move to your paragraph 100, please,  
 10 which is internal page 30. Thank you.  
 11 You detail that advice to support the development of  
 12 Test, Trace, Protect was primarily provided by Public  
 13 Health Wales, the Welsh Government's Technical Advisory  
 14 Cell and Technical Advisory Group and UK-wide structures  
 15 that we were part of, for example the Testing  
 16 Initiatives Evaluation Board. And you say that Test,  
 17 Trace, Protect also developed specific forums for  
 18 discussion and debate on clinical and scientific  
 19 evidence.  
 20 And so can I be clear, please, about those forums  
 21 for discussion and debate, please, in respect of  
 22 scientific evidence. And if it helps, I think it's  
 23 going to be most significant linked to the issue of  
 24 asymptomatic transmission and testing, please.

25 **A.** So the two groups that I was referring to here was the

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1 virology and testing subgroup of the Technical Advisory  
2 Cell which was established, I think, in June or  
3 July 2020, and then subsequently I think it was in  
4 November or December 2020 we set up the Testing and  
5 Clinical Advisory Board.

6 **Q.** Thank you, and to see that in context, if we perhaps  
7 move to paragraph 103 on the next page, you identify, as  
8 you've just said, the Virology and Testing Technical  
9 Advisory Cell, the Testing Clinical Advisory  
10 Prioritisation Group, which I think you just mentioned,  
11 but also the International Intelligence Technical  
12 Advisory Cell, and can I ask you, in respect of that  
13 International Intelligence Technical Advisory Cell, can  
14 you tell us in a little more detail about that and how  
15 it worked in practice, please.

16 **A.** Thank you.  
17 This group wasn't specifically dedicated to testing  
18 or tracing, it was a broader group that was looking at  
19 international evidence in relation to Covid and then  
20 feeding that into the discussions and the debates within  
21 the Technical Advisory Group and Technical Advisory  
22 Cell.

23 **Q.** Thank you.  
24 Can we please then look at what's said about other  
25 sources at 114, please, which on page 34.

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1 transmission?  
2 **A.** So the groups that I'm referring to in this paragraph  
3 were predominantly concerned with new testing  
4 technologies, and were groups that we were part of in  
5 the latter part of 2020 and into 2021.

6 In terms of the advice on asymptomatic testing in  
7 the early stage of the pandemic, so, as you say, in the  
8 sort of March, April, May period, that advice would have  
9 come almost exclusively from Public Health Wales, from  
10 the Technical Advisory Cell and, of course, from SAGE.

11 **Q.** Thank you.  
12 Thank you. That can be removed, please.  
13 Can we then move to another topic that you identify  
14 linked to something perhaps that may have been informed  
15 by advice.

16 Can we turn to your paragraph 118, please, which is  
17 at page 35.

18 You've given a clarification on earlier evidence  
19 that the Inquiry has heard on the issue of herd  
20 immunity, and you say this at paragraph 118:

21 "As far as I am aware, no steps were taken by the  
22 Health and Social Services Group in this early phase of  
23 this pandemic to consider or implement a strategy  
24 consistent with furthering '[herd] immunity'."

25 You then reference Mr Drakeford's Module [2B]

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1 You detail in paragraph 114:

2 "The four nations approach to the National Testing  
3 Programme also meant that the Health and Social Services  
4 Group had access to evidence, research, evaluations and  
5 perspectives from the wider academic, scientific and  
6 clinical community. This enhanced the range of sources  
7 of advice to support policy and decision-making  
8 alongside the structures for Wales. Evaluation studies  
9 and assessments of new testing technology were  
10 a significant component of the UK testing programme."

11 Now, can I ask you, then, in respect of then  
12 academic literature and the like, how did that operate?

13 And again, in the context of asymptomatic  
14 transmission, we know that the decision making in  
15 respect of Wales and the testing for asymptomatic  
16 transmission came in in the May of 2020, but there's --  
17 we've already heard some evidence about the knowledge  
18 and what was in academic literature about that  
19 developing need to test workers in particular,  
20 healthcare workers, for asymptomatic transmission, and  
21 I think you'll be aware that one of the concerns is the  
22 delay with introducing that testing.

23 Are you able to help us as to how the wider academic  
24 literature was being considered by the group and the  
25 government on the issue of asymptomatic testing and

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1 statement, which said:

2 "Discussion of herd immunity could be found in  
3 newspapers and in scientific community consideration.  
4 It was never a practical proposition in Wales and never  
5 proposed as such to the Welsh Cabinet."

6 And you say this:

7 "I am not aware of any discussion or conversation  
8 during the subsequent or remaining period of the  
9 pandemic relating to herd immunity involving [yourself]  
10 or anyone else from the Test, Trace, Protect team."

11 **A.** That's correct, yeah.

12 **Q.** Thank you.

13 Now I'm going to come on, please, to ask you if you  
14 can assist us any further than what you say in your  
15 witness statement about the decision on 12 March to stop  
16 testing and contact tracing in Wales, which I think you  
17 know is, again, another issue of concern to the Covid  
18 Bereaved Families for Justice Cymru.

19 If we turn to your paragraph 124, please, which is  
20 where you start telling us ...

21 At page 36, please, paragraph 124. Thank you.

22 We can see the decision of the UK Government on  
23 13 March 2020 to end community testing, the reference to  
24 the SAGE advice, and essentially, we follow through that  
25 that also is the position adopted by the Welsh

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1 Government.

2 And so, appreciating that you were not in the role  
3 until the April of 2020, are you able to assist us any  
4 more as to around the decision making that led to  
5 a particular decision in Wales to stop testing?

6 **A.** No, I'm afraid I can't add any more than is set out in  
7 the statement.

8 **Q.** Okay. But then can we then together identify what  
9 testing availability and the laboratory system existed  
10 in Wales.

11 You deal with the different laboratories that  
12 existed, and I just want to make sure we've got absolute  
13 clarity as to infrastructure, but also availability for  
14 testing, particularly, then, as we move to when Wales  
15 also had the assistance through the national testing  
16 programme of the Lighthouse laboratories.

17 Now, you tell us in the witness statement -- and if  
18 we go to paragraph 65, please, that's at page 19,  
19 please -- you say:

20 "At the beginning of the pandemic, the NHS in Wales  
21 had a network of NHS laboratories -- the majority of  
22 these were managed by Public Health Wales to deliver  
23 pathology testing across the NHS."

24 Just so we're absolutely clear about capacity and  
25 what existed, can you give us a bit more detail, please.

65

1 **Q.** Thank you. And are you able to give us some idea as to  
2 the capacity within the laboratories themselves to do  
3 PCR testing before the decision to stop testing in  
4 March 2020?

5 **A.** I don't have that figure, I'm afraid, no, at that point.

6 **Q.** Thank you.

7 **LADY HALLETT:** Sorry to -- I appreciate you weren't part of  
8 the decision itself but just in case anybody  
9 misunderstands where the evidence is going, you talked  
10 about Public Health Wales expanding the testing from 800  
11 to 15,000 by September, but isn't the plain fact that in  
12 March 2020 the reason community testing was ended was  
13 because there weren't enough tests to do it around the  
14 community and they had to be focused on certain groups?  
15 Isn't that your understanding?

16 **A.** My understanding from the statements issued at the time  
17 was that the focus for testing was intended to be  
18 clinical use and diagnostics of particularly patients in  
19 hospital with Covid symptoms.

20 **LADY HALLETT:** And the end of that sentence is "because  
21 there weren't enough tests to carry them out in the  
22 community"?

23 **A.** I wasn't aware of the testing volumes at that time, so  
24 I can't speak personally to that.

25 **LADY HALLETT:** Well, we can put it to other witnesses.

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1 **A.** So, early in the pandemic, Public Health Wales had  
2 developed a test, a PCR test, for Covid-19, and had  
3 begun to expand the capacity within their laboratory  
4 network. So they expanded testing from being able to  
5 test something in the region of 800 samples a day  
6 through to, by September 2020, they had capacity for up  
7 to 15,000 samples a day.

8 **Q.** Can I just pause you there because I want to try to  
9 capture essentially numbers of laboratories that  
10 existed.

11 I think you reference that there were  
12 13 laboratories, is that right, in Public Health Wales?

13 **A.** So they had a primary laboratory in Cardiff and then  
14 they had a number of smaller laboratories across the NHS  
15 estate.

16 **Q.** Thank you. And -- well, perhaps -- at paragraph 117 you  
17 reference the local diagnostic services through  
18 13 laboratories. That's page 35. I just want to make  
19 sure we've got complete understanding of capacity in  
20 Wales, particularly when there's later analysis of the  
21 decision to stop the testing in March of 2020.

22 So, 13 laboratories. And are they public health  
23 laboratories separate to the laboratories that existed  
24 in the hospitals?

25 **A.** They were Public Health Wales-managed laboratories.

66

1 Thank you.

2 **A.** Thank you.

3 **MS CARTWRIGHT:** Can I perhaps just see if you can help us  
4 any further about that, just to understand the position  
5 on the ground as detailed in your statement. At  
6 paragraph 128, please, on page 38 you say that:

7 "On 16 March 2020, Public Health Wales confirmed  
8 34 new cases had tested positive for Covid-19 ... which  
9 brought the total number of confirmed cases to 94 ..."

10 And that's why I just want to understand, I suspect  
11 you're not going to be able to help any further with the  
12 answers you've already given to her Ladyship, but in  
13 terms of a decision that was taken, was it taken through  
14 the perspective of what could have been possible and  
15 continued in Wales in March 2020 by way of the available  
16 testing capacity and laboratories that existed in Wales?

17 **A.** I'm afraid I don't think there's anything more I can add  
18 to what's in the statement.

19 **Q.** Thank you. And then the same topic of the decision to  
20 stop testing and contact tracing. It's clear from  
21 everything in your witness statement and that is known,  
22 that the approach to contact tracing in Wales throughout  
23 the pandemic and pandemic response retained its local  
24 feature. So using the local teams to do contact  
25 tracing. And can you just perhaps give your overview

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1 about contact tracing and how it operated in Wales?

2 **A.** Do you mean throughout the pandemic period or at the

3 initial phase?

4 **Q.** Initially what was available in March of 2020, please?

5 **A.** So in March 2020 contact tracing was being undertaken by

6 Public Health Wales so it was being undertaken by the

7 one organisation on behalf of the whole of Wales.

8 I think it was recognised by Public Health Wales that in

9 order to be able to operate at the scale envisaged as

10 part of Test, Trace, Protect that that would not be

11 feasible, and they advocated for a locally-based contact

12 tracing operation which involved local authorities as

13 the primary frontline deliverer of contact tracing

14 services working with health boards and other partners.

15 **Q.** Thank you. And in terms of the system or the structure

16 of contact tracing in Wales in March, is it fair to say

17 that it was well established for that local community

18 testing, albeit not of a scale of a pandemic?

19 **A.** So Public Health Wales had operated contact tracing in

20 a number of contexts in terms of public health disease

21 outbreaks, for example, I think in the statement it

22 refers to cases of tuberculosis, other infectious

23 diseases that they'd used contact tracing approaches to

24 contain.

25 **Q.** Thank you. Can I ask you a question, please, just to

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1 **Q.** Thank you very much indeed. And that can be taken down.

2 Now, if you can then assist me with the next topic,

3 please. That is, please, in respect of if you could

4 help us just to understand, when you're using, then, the

5 available testing infrastructure in Wales, as to how it

6 evolved then to utilising the National Testing Programme

7 and the Lighthouse laboratories, and I'm going to just

8 identify the Lighthouse laboratory that came online in

9 Wales, please.

10 If we could just display the Lighthouse laboratories

11 map, I'm afraid it's INQ000587450 -- sorry, my eyesight

12 is struggling with that. It's the map of the Lighthouse

13 labs.

14 It's been shown. Thank you so much.

15 Now, we can see and we're going to come on to deal

16 with Newport that was opened in October of 2020.

17 Can you then help us with identifying that date.

18 Was Wales, once it was utilising the National Testing

19 Programme, sending its samples, then, into the national

20 testing Lighthouse labs that existed outside Wales?

21 **A.** That's correct. So to a significant extent, Wales

22 started to use the testing capacity within the

23 Lighthouse laboratory network in May of 2020. At that

24 point, samples were being sent to a number of

25 laboratories across the UK under the operational

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1 complete the section on the decision to stop testing and

2 tracing in March 2020, just by reference to

3 paragraph 609 of your witness statement, please, which

4 is page 162, if that could be displayed.

5 Thank you.

6 You tell us at paragraph 609 about a response plan

7 produced by Public Health Wales that set out the

8 international evidence at the time of writing that

9 report, and it also articulated various networks and

10 fora that Public Health Wales was involved in through

11 which international evidence and experience of

12 responding to the pandemic including test and trace

13 systems that could be shared.

14 The question is: are you able to assist at all with

15 what advice was also received in January to March 2020

16 informed by international experiences and best

17 practices, including early widespread testing and

18 contact tracing of asymptomatic individuals and

19 asymptomatic contacts?

20 **A.** No, I'm afraid that period is one I can't speak to.

21 **Q.** Thank you. And so in terms of identifying the best

22 person to help us with that in the witnesses that are to

23 follow, would that be Mr Gething?

24 **A.** Yes, I believe you're also hearing from Robin Howe from

25 Public Health Wales and he may be able to assist.

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1 direction of UK Test and Trace.

2 **Q.** Thank you. And in terms of that happening and also

3 you've also got the system of using the local testing

4 labs, did that create any difficulty in terms of the

5 data and the results that was captured? Was -- I think

6 was there a different system relating to the barcodes of

7 the test results?

8 **A.** So the digital systems that existed to identify the

9 sample and track the sample through the laboratory

10 networks were different between the Lighthouse lab and

11 Public Health Wales. But the flow of the test results,

12 both to the patient and into the patient's medical

13 records, that flow was, in effect, the same.

14 **Q.** It was the same.

15 **A.** (Witness nodded).

16 **Q.** So was there any issue in terms of the systems of the

17 testing through the different routes in Wales?

18 **A.** So the routes were separate in the sense that you had

19 sampling centres linked to a specific laboratory route,

20 so the Lighthouse laboratory route, and then you had

21 separate sampling centres linked to the Public Health

22 Wales laboratory network and you could not switch

23 between the two different routes.

24 **Q.** Thank you. Now, in terms of the development and the

25 availability of a laboratory specifically in Wales,

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1 you've told us in the witness statement, essentially,  
 2 about how the thought was that was going to come online,  
 3 I think sooner than October 2020 --  
 4 **A.** (Witness nodded).  
 5 **Q.** -- and of the delays in establishing it. Did that have  
 6 any impact, then, in terms of the availability of  
 7 testing in Wales that you didn't have your own bespoke  
 8 Lighthouse laboratory?  
 9 **A.** So the benefit of being part of the Lighthouse  
 10 Laboratory Network was that we had a share of the tests  
 11 across the network as a whole. So we were not  
 12 exclusively confined to the capacity that was available  
 13 through the Newport lab. So for example, tests taken  
 14 from sampling sites in North Wales quite often went to  
 15 Alderley Park because that was the nearest laboratory  
 16 location. So while the delay in the Newport laboratory  
 17 being established would have affected the capacity of  
 18 the Lighthouse Lab Network in totality, it didn't have  
 19 a specific or disproportionate impact on Wales because  
 20 we had a share, a Barnett share, so a population  
 21 equivalent share, of the whole of the Lighthouse  
 22 laboratory network capacity.  
 23 **Q.** Thank you. And can I ask you, then, in terms of the  
 24 Barnett share that was then allocated before Newport  
 25 came online, was there ever any issue that you didn't

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1 **A.** So the Lighthouse lab in IP5 that was operated by  
 2 PerkinElmer was -- no longer exists, but the Public  
 3 Health Wales laboratory that was established alongside  
 4 it, is still operational.  
 5 **Q.** Thank you. And so just help us understand. So  
 6 PerkinElmer operated the Newport site and why was there  
 7 a public health laboratory alongside the PerkinElmer  
 8 laboratory?  
 9 **A.** So initially Public Health Wales -- as you identified at  
 10 the start, Public Health Wales had a network of  
 11 laboratories. In order to increase capacity, but in  
 12 order to also increase the speed with which tests could  
 13 be processed and results issued to the public, they  
 14 presented us with a business case to enable them to  
 15 consolidate their lab capacity at IP5 in Newport. That  
 16 was in, I think, June or July of 2020. That business  
 17 case was approved and they developed a larger laboratory  
 18 at IP5.  
 19 At the same time that site was identified by UK Test  
 20 and Trace as an ideal location for a Lighthouse  
 21 laboratory. So, from September/October 2020 through,  
 22 the two labs operated from the same facility.  
 23 **Q.** Thank you. So there's no ambiguity, was it ever  
 24 intended, as part of what we see in paragraph 173, that  
 25 essentially the PerkinElmer side of the Lighthouse lab

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1 have an ability to get the tests back because of  
 2 capacity at any point after March of 2020, please --  
 3 well, April 2020, when the Lighthouse laboratories were  
 4 available?  
 5 **A.** So, I think I've set out in the statement that during  
 6 August and September there were capacity constraints  
 7 within the Lighthouse laboratory network which affected  
 8 Wales but also England, Scotland and Northern Ireland.  
 9 So there were particular instances in August and in  
 10 September when the availability of tests at sampling  
 11 sites were curtailed in order to prevent a backlog of  
 12 samples building up within the laboratories.  
 13 **Q.** Thank you. Can I ask you, please, again just by  
 14 reference to Newport -- can we display your  
 15 paragraph 173, please, which is at page 49.  
 16 Paragraph 173 at page 49, please, of the statement,  
 17 INQ000587349. Thank you. If that could be expanded.  
 18 I just want to check the position relating to the  
 19 Newport laboratory. Obviously you detail there the  
 20 ministerial advice and when it was expected for the  
 21 laboratory to be operational, but it also indicates that  
 22 after the 12-to-18 month period, it was intended it  
 23 would be inherited by Wales to form part of Wales's  
 24 national laboratory infrastructure for the future. And  
 25 has that taken place for the Newport laboratory?

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1 would then become part of the infrastructure in Wales?  
 2 **A.** I think at the outset it had potentially been considered  
 3 as an opportunity to benefit from that laboratory  
 4 set-up, but because it was commercially procured, once  
 5 that contract ceased, the laboratory equipment and so  
 6 on, was disassembled.  
 7 **Q.** Thank you.  
 8 Can I then ask you, please, about -- again, some of  
 9 these, we appreciate that the fuller context is within  
 10 the statement, but can I ask you, then, about the topic  
 11 of the involvement of Roche and testing, please.  
 12 You deal with it at your paragraph 131, please,  
 13 which is page 38.  
 14 And it's just to see if there's any additional  
 15 assistance you can give us on the expectation that Wales  
 16 was going to receive a capacity of tests from Roche,  
 17 which then didn't transpire.  
 18 So we can see you detail:  
 19 "Expectations on testing capacity ..."  
 20 And this is in March 2020:  
 21 "... included volumes that were dependent upon  
 22 negotiations taking place between Public Health Wales  
 23 and Roche Diagnostic ... Public Health Wales led on the  
 24 discussion with Roche. An agreement did not  
 25 subsequently materialise which the Welsh Government

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1 understands was attributed to a miscommunication of  
 2 Wales' position by the UK Government which was also in  
 3 negotiation with Roche at the time. Roche subsequently  
 4 entered an agreement with the [United Kingdom]  
 5 Government to supply tests for all four nations and  
 6 Wales was allocated a share of these -- around 900 per  
 7 day at that time. This was significantly less than had  
 8 been anticipated from the expected Public Health Wales  
 9 deal."

10 And so --

11 **LADY HALLETT:** I think -- can we just pause here. This is  
 12 quite a controversial issue, as I recall, from my time  
 13 in Cardiff, and I'm not sure the position is yet clear.

14 So, question: how much can you help, Ms Daniels?  
 15 Because you're relying here on documents that others  
 16 have produced.

17 **A.** That's correct, I am. And so I can reference to those  
 18 documents but I can't add beyond what's in them.

19 **LADY HALLETT:** I think one of the problems is that Roche  
 20 don't necessarily agree with other people's positions;  
 21 is that right?

22 **A.** That may be the case, yes.

23 **LADY HALLETT:** Question: can I get any further than I got in  
 24 Cardiff?

25 **MS CARTWRIGHT:** No. I will move on then, my Lady.

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1 group but did not have access to data by laboratory.  
 2 There was also activity on social media of people  
 3 reporting that they'd been positive on lateral flow  
 4 devices, but their PCR test had been negative. Without  
 5 the data from the laboratory the initial focus centred  
 6 on lateral flow device accuracy."

7 So, pausing there, is it fair to say that the  
 8 laboratory itself didn't identify the issue to you: it  
 9 was picked up by other routes in Wales relating to the  
 10 Immensa test?

11 **A.** That's correct. So, if I may, and just go back  
 12 a little, the Immensa lab had been contracted by UKHSA  
 13 at an earlier point in time. So I think in  
 14 February/March of 2021. And at that point, Public  
 15 Health Wales had raised some concerns with UKHSA about  
 16 the test results and seeming anomalies in the results  
 17 emerging from that lab.

18 Those concerns were raised at one of our Test,  
 19 Trace, Protect programme board meetings. I made contact  
 20 with UKHSA laboratory colleagues to set out that we were  
 21 worried about the data emerging from this lab, and we  
 22 were assured that everything was in order.

23 The contract with the lab then ended, and a second  
 24 contract was put in place that covered this  
 25 September/October period, where, again, it seemed that

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1 Can we, then, just on the topic of testing on  
 2 Immensa and the Immensa samples, please.

3 Can we display your paragraph 243, please, at  
 4 page 69.

5 And you detail, as we move through this section on  
 6 Immensa and over the page, please, about -- thank you --  
 7 highlight paragraph 245.

8 Essentially it's right, isn't it, that tests from  
 9 Wales were then being processed at the Immensa  
 10 laboratory and then there was the issue as to the  
 11 accuracy of those Immensa samples.

12 And if we look at 245 you say:

13 "I was very concerned about the impact of the  
 14 incorrect reporting on Welsh residents as Welsh tests  
 15 had been diverted to the Immensa laboratory at that time  
 16 due to high demand and to alleviate pressure on the  
 17 Newport lighthouse laboratory where the majority of  
 18 samples were processed."

19 You say:

20 "In early October 2021, analysts in the Welsh  
 21 Government had noticed that in some parts of Wales, the  
 22 relationship between case rates and positivity rates was  
 23 showing an unusual pattern with positivity rates falling  
 24 more rapidly than would be expected. Analysts tried to  
 25 investigate by looking at cases by locality and age

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1 there were anomalies in results emerging. And as the  
 2 paragraph there states, primarily the concern was being  
 3 raised by individuals receiving positive lateral flow  
 4 tests and then negative PCR tests and feeling that it  
 5 just wasn't correct.

6 **Q.** Thank you. And are you able to help, when -- was there  
 7 any sort of issue then taken with the laboratory about  
 8 why they'd not directly raised this issue, from an audit  
 9 point of view, and it needed essentially the other  
 10 routes by where you identified the problem to flag that  
 11 there was the issue?

12 **A.** Yes, so I think the Immensa lab wasn't just utilised for  
 13 tests coming from Wales; it was also the south west of  
 14 England. And public health colleagues in the south west  
 15 of England I think had noted similar discrepancies and  
 16 discordance in results between lateral flow and  
 17 PCR tests.

18 That was raised again with UKHSA, at which point  
 19 they investigated the lab and found that there were some  
 20 significant and serious errors, and that a number of  
 21 false negative results had been issued to members of the  
 22 public.

23 **Q.** Thank you.

24 Can I ask to be displayed next, please,  
 25 paragraph 140, which is at page 41, please. Thank you.

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1 And it's where you've helpfully detailed, with  
 2 another issue that the Inquiry has heard some evidence  
 3 about, the Cardiff City Stadium testing centre. You say  
 4 this:  
 5 "On 2 April 2020, it was announced that  
 6 a UK Government-operated drive-through test sampling  
 7 site was opening at Cardiff City Stadium as part of the  
 8 UK Testing Programme through arrangements with Deloitte.  
 9 The opening of this test site had not been communicated  
 10 before the announcement by the UK Government to Public  
 11 Health Wales or the Welsh Government. As a result of  
 12 this, rapid joint working with Public Health Wales and  
 13 other key partners was required to get the site  
 14 operational and set up for opening on 7 April."  
 15 Can you expand at all about this, because we heard  
 16 some evidence yesterday from Deloitte's perspective that  
 17 they understood it was known and certainly there would  
 18 have been arrangements that had to have been entered  
 19 into with a local authority. And so can I ensure that  
 20 we've got the totality of evidence as to what was known  
 21 by the department, please.  
 22 **A.** Yes. So I think it's important to put into context in  
 23 this period that the National Testing Programme was very  
 24 much at, sort of, an embryonic stage, mechanisms for  
 25 communication between Welsh Government and UK Government

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1 So I would probably put this down to oversight  
 2 rather than anything more than that.  
 3 **Q.** Thank you.  
 4 Can I now, please, explore with you the topic of  
 5 asymptomatic testing and transmission, please. And  
 6 please can we go to your paragraph 167 at page 47,  
 7 please.  
 8 Please bear with me: there's a number of documents  
 9 that I want to take you to, to explore with you that  
 10 which you say in paragraph 167. You say this:  
 11 "On 16 May 2020, the Minister for Health and Social  
 12 Services announced that all care home residents and  
 13 staff were able to access tests on the UK Government  
 14 portal under the National Testing Programme  
 15 arrangements."  
 16 And you provide a copy of that with your statement.  
 17 And then over the page, please, it says:  
 18 "This announcement followed new advice from the  
 19 Scientific Advisory Group for Emergencies on how testing  
 20 should be deployed in care homes to help reduce  
 21 transmission into and within care homes, including  
 22 offering testing to all (asymptomatic as well as  
 23 symptomatic) care home staff and residents in care homes  
 24 that reported an incident or outbreak."  
 25 And you go on:

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1 hadn't been formalised in terms of oversight of the  
 2 National Testing Programme, so I think it's probably  
 3 fair to say that communications were not optimal.  
 4 I don't -- I am aware that Deloitte were in contact  
 5 with the local authority to discuss the establishment of  
 6 the site but we've not been able to identify any  
 7 communications with Welsh Government at that time to  
 8 suggest that we were aware that the site was going to be  
 9 established.  
 10 **Q.** Thank you. In terms of that as part of the  
 11 collaboration that was taking place between you and the  
 12 UK Government, did that raise any concern, the fact  
 13 that, essentially, plans were well afoot to establish  
 14 the a laboratory, a testing centre, sorry, in Cardiff  
 15 that the relevant organisations within Wales weren't  
 16 aware of, particularly where health is a devolved  
 17 matter?  
 18 **A.** So I think it's fair to say at the time, and this period  
 19 was before I took up post so I wasn't directly involved  
 20 but I was very aware that it caused some consternation  
 21 across the department, but I think I'd reflect that this  
 22 was a period of quite frenetic activity and probably  
 23 just reflects the speed with which people were trying to  
 24 roll out and establish sampling sites and build testing  
 25 capacity.

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1 "The new approach built on and expanded the existing  
 2 approach in place."  
 3 And then you attach the relevant advice.  
 4 But can I then explore with you the fact that it's  
 5 being headlined on 16 May as "new" by reference to  
 6 a number of documents, please.  
 7 Can we look, first of all, at the 12 May SAGE  
 8 advice, please, which is INQ000217624, and if we look at  
 9 page 5 of that paper, please. Thank you. We can see  
 10 that it references:  
 11 "A strong scientific rationale to test all  
 12 residents, irrespective of whether symptomatic or not,  
 13 giving strong evidence of asymptomatic transmission in  
 14 care homes."  
 15 Now, the evidence for asymptomatic transmission  
 16 underpinning this advice was in fact not new and I think  
 17 there's a large body of source material supporting the  
 18 SAGE paper that existed from earlier months.  
 19 The position I want to ask you about is what we've  
 20 discussed already in terms of access to scientific  
 21 advice. The Welsh Government decision makers had access  
 22 to a lot of evidence of asymptomatic transmission prior  
 23 to May of 2020, and perhaps if we can look at some  
 24 examples of that, please.  
 25 If we look at INQ000195520, please. This is Public

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Health Wales's advice from 10 February 2020. Thank you.

We can see, just on page 1, it details:

"This document summarises the pathway to be initiated following a first presumptive case of 2019-nCov in Wales. It identifies the stages of initial assessment and diagnostic testing ... and to provide reassurance to Welsh Government ..."

If we move within this document, please, to page 4.

Thank you.

We can see on page 4 that it summarises the pathway to be initiated following a first presumptive case of Covid-19 in Wales, identifying the stages of initial assessment and diagnostic testing, information flow on receiving a positive result.

And then if we move, I'm sorry, through this paper to the appendix. Thank you.

Again, I think the appendix also identifies the questions around:

"Does the call relate to a potential case (... person with symptoms or asymptomatic contact with confirmed case?) ..."

"Are they an asymptomatic contact of a confirmed case?"

Now, again, this is February 2020. And I think also it's that the Diamond Princess cruise ship had

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removed -- which is INQ000136783, and I want to go into page 48 in that document, please.

So this is the ministerial advice.

And can we move to page 48, please.

I think there may be a problem with the reference to the paragraph. So I'm just going to -- so this is the advice from 14 May but within that advice, and I apologise I can't display it to you at the moment, it identifies that asymptomatic positive individuals could be infectious prior to exhibiting symptoms.

We've also got a statement that's been provided from Public Health Wales. Thank you. Sorry, can we -- just within that, sorry, just to go to, then, paragraph 173 within the statement of Mr Gething please. Thank you.

Thank you. So this is the context, I think, that advice was based on advice provided by the SAGE group -- thank you -- concerning the testing of asymptomatic care home staff and residents.

Thank you.

So essentially there's a body of evidence, it's suggested, that means it should have informed decision making sooner. I appreciate that it's already been addressed by the Welsh Government in their opening as to the position about whether that could have been addressed sooner, but have you anything further you can

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identified asymptomatic transmission at that point, in February 2020.

So can I just ask you to pause there, because otherwise I'm going to be giving you a lot of dates before May. Was there an appreciation by the department and by the government of asymptomatic transmission in the February of 2020?

**A.** This is -- you're talking about a period before I was in post, so I can't necessarily address the specifics of what was known by individuals at that point. This document in itself I don't think suggests that there was knowledge of asymptomatic transmission. It's reflecting that contacts of positive cases may not have symptoms because they may not be infected.

I think it is fair to say that there was acknowledgement that asymptomatic transmission was possible, as was the case with a number of other respiratory viruses, however in this -- up until much later in the period, I don't think the extent of asymptomatic transmission, nor the potential infectivity of an individual who was asymptomatic, was well understood.

**Q.** Thank you.

Can we perhaps then just look at advice that was received by Mr Gething, please -- thank you, that can be

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add that assists us about whether there should have been a change in the policy before May of 2020 that identified the need for asymptomatic testing, please?

**A.** So the advice from SAGE that you've displayed and referred to was 12 May. In that advice, SAGE gave a very clear recommendation that there should be asymptomatic testing in care homes of staff and residents.

Subsequent to that, as you've displayed again, on 14 May advice was given to ministers that we should introduce asymptomatic testing in care homes. That advice was approved and agreed by ministers and was then operationalised within two or three days of that decision being taken.

So, upon that SAGE evidence on the 12th, which I think was a significant turning point in terms of the understanding of the risks associated with asymptomatic individuals and their level of potential infectivity, the decision to introduce and implement routine and regular testing within care homes was taken.

**Q.** Thank you.

Can we then perhaps just look at the ministerial advice from March, please, which is INQ000235863. Thank you. If we move, please, to page 2 of this advice from March. This advice suggests that it was understood that

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around a third cases are asymptomatic, and at paragraph 3, it details:  
 "... the Test, Trace, Protect programme board considered the testing of all asymptomatic as well as symptomatic close contacts but recommended that asymptomatic testing was not implemented due to concerns at the time over PCR testing capacity. There were also concerns about the possible behavioural effects notably the risk that close contacts who test negative, might 'break' their self-isolation ..."

Can I ask you, then, was it a capacity issue rather than the current position of scientific advice that may have also factored into the decision to implement asymptomatic in the May?

**A.** The May decision on asymptomatic testing in relation to care homes was not constrained by capacity. That decision was driven by the advice of SAGE.

**Q.** Thank you.

Can we then, please, just clarify, because you are identifying in your statement about this being new, the advice of SAGE in the May, and I just want to question, do you stand by that referencing it as "new" evidence is appropriate in the full context of academic literature that was available in May of 2020 that did indicate there was good evidence of asymptomatic transmission?

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workplace, which in and of itself could then create harms if you were not able to staff appropriately and safely.

So, whenever testing decisions were being made, there was always a balance of harms that was being considered.

But as I say, in the case of care home testing and asymptomatic testing there, as soon as the evidence pointed conclusively to there being benefits from doing so, we did so.

**LADY HALLETT:** What was the evidence to suggest the significant number of false positive tests?

**A.** So there were -- there was evidence from Public Health Wales and from the Technical Advisory Cell, that was subsequently published then, I think, in July there they talked about the most effective use of PCR testing, and there are some tables in that document that set out the potential for false positives in low prevalence environments, and the need to consider whether that, in and of itself, would create more harm.

**MS CARTWRIGHT:** Thank you.

Can I move on to a new topic, please: the contact tracing app.

Perhaps if we orientate ourselves in your statement for this topic, please, at page 96, paragraph 349.

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**A.** So in -- there were previous submissions to ministers. I think there was one on April 30 that set out advice on testing in care homes, that certainly did discuss and raise the issue of asymptomatic transmission. However, at that point the best evidence that was available to us was that the asymptomatic transmission that was known and understood did not warrant universal testing in care homes.

As I say, subsequently, SAGE was asked to provide advice, which it did on 12 May, and on the basis of that, further advice was given to ministers with a revised recommendation that asymptomatic testing of staff and residents be introduced.

**Q.** Thank you.

**LADY HALLETT:** Accepting that, and accepting that obviously capacity is always a factor, but did people consider the possibility that there was asymptomatic transmission, and therefore the right approach, if one was going to contain this pandemic, was to operate on the basis that there was asymptomatic transmission?

**A.** So the advice at the time also asked us to consider the potential risks of testing on an asymptomatic basis, in particular that you might get, in periods of low prevalence, a significant number of false positives that would lead to individuals being extracted from the

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Thank you.

We know essentially that the app -- so Wales, essentially, tagged on to England's development of their Covid-19 app; is that correct?

**A.** We considered the possibility of developing a Wales-specific proximity app, but decided for a number of reasons, including the importance of interoperability with England, given the porous nature of the border between England and Wales, that an England and Wales app would be most appropriate.

**Q.** Thank you. And if we move along to paragraph 353, we see just that you've told us about, the interoperability group discussions on ensuring the usability of that app.

Obviously the full details are in the statement, but I wonder if you're able to help with the perspective on the take-up of the app once it was available. So we know the app was available from 24 September 2020, but we've had now some analysis provided, presented as to the take-up of the app, and I know you've had access to it today, but can I just show you, please, INQ000574818.

That's INQ000574818, and it's internal page 2 where there's a map that identifies -- thank you. If we move to page 2, and if we just expand the map, please. If we expand it a little bit more.

So I'm looking at b, and I know you've had a chance

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1 to look at it, we can see that the uptake in Wales was,  
2 almost consistently throughout the whole of Wales, low  
3 at the sort of 15-20% rate, and are you able to -- first  
4 of all, had you ever been provided with this data, first  
5 of all, as to uptake across Wales?

6 **A.** So we did have access to the uptake data. I've never  
7 seen it presented in this format before, though.

8 **Q.** Thank you. And are you able -- and I don't want to, if  
9 it is speculation, please don't, but are you able to  
10 help us understand why there was such a low uptake of  
11 the app in Wales?

12 **A.** So I'm not aware of any specific analysis that's been  
13 undertaken to explain the differences in uptake, but  
14 some reflections that I would offer. Comparisons  
15 between England and Wales, it's quite important to use  
16 parts of England that are more similar to Wales in terms  
17 of their socioeconomic make-up. So that may be  
18 something that we would typically look at the north west  
19 of England, for example, rather than the generality of  
20 England.

21 I think digital exclusion, it's referenced,  
22 actually, in the Public Health Wales response plan that  
23 ONS estimates suggest that about 20% of the Welsh  
24 population are what they would term digitally excluded.  
25 So, again, that may have had an impact on uptake.

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1 communities, due to precarious work status, refugee  
2 status, or otherwise?

3 **A.** So I think we were aware that there were a number of  
4 barriers to isolating when people had been asked to do  
5 so. Those concerns about the impact of isolation, also,  
6 probably, we were concerned were reducing take-up of  
7 testing, as well. So we had set in place, right from  
8 the outset, the strand of work known as "Protect" to try  
9 to support and facilitate people to adhere to isolation.

10 I think we were clear that the barriers to isolation  
11 were largely structural rather than motivational, so by  
12 "structural" I'm referring to those socioeconomic  
13 challenges that people faced. So we had been advocating  
14 for financial support and ministers had been advocating  
15 for financial support in their discussions with  
16 UK Government for some time, but the October/November  
17 was the first point at which we were able to introduce  
18 that because we were able to benefit from financial  
19 consequential from the UK Government following the  
20 introduction of financial support there.

21 **Q.** Thank you. And are you able to give any additional  
22 assistance? Wales was unique in increasing the  
23 availability up to £750. Did that take much decision  
24 making to increase it for the period from the August of  
25 2021 to the January of 2022?

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1 I think it's also fair to say that we saw the app as  
2 being an adjunct to contact tracing. We tended not to  
3 refer to it as a contact tracing app. We tended to  
4 refer to it as a proximity app, which may sound pedantic  
5 but actually reflected, I think, that we thought it was  
6 a useful way of telling people that they may have been  
7 in proximity rather than as an instruction, as it were,  
8 to isolate in the way that contact tracing was.

9 And as a consequence, I think it's also fair to say  
10 that we didn't promote uptake specifically in Wales  
11 beyond the promotional efforts that were made by  
12 UK Government.

13 **Q.** Thank you. Just three further short questions from me,  
14 please.

15 Thank you. That can be taken down.

16 Financial support for isolation. We displayed  
17 earlier in evidence with another witness the financial  
18 support that became available in Wales, initially at the  
19 500 rate and then increased to the 750 rate from the  
20 August of 2021.

21 But can I ask you more broadly, you talk about  
22 financial support for isolation. Are you able to assist  
23 as to or respond to criticism of the financial support  
24 payments which there's a general view that they were not  
25 enough, especially for individuals from vulnerable

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1 **A.** So that decision was very closely bound into the  
2 decision at that point to remove the requirement to  
3 isolate for contacts who were vaccinated or who were  
4 under 18. And I think it was well understood that the  
5 unvaccinated population at that point in time tended to  
6 be those from lower socioeconomic groups, black, Asian,  
7 and minority ethnic groups, et cetera, and that they  
8 would therefore be disproportionately affected by the  
9 continuing need to isolate if they weren't vaccinated,  
10 and so the decision was made to provide additional  
11 financial support, so the increase of £250.

12 **Q.** Thank you. And can I ask you, in respect of the  
13 Self-isolation Support Scheme, was there an equality  
14 impact assessment for that?

15 **A.** So in the advice that was given to ministers in  
16 October 2020, there is reference to an equality impact  
17 assessment being undertaken, and a summary of the  
18 headline conclusions of that equality impact assessment  
19 were set out for ministers to consider.

20 **Q.** Thank you. And then finally, for my purposes, because  
21 my time is nearly up, recommendations. Again, there's  
22 a number of paragraphs that deal with lessons learning  
23 and recommendation on behalf of the department, but can  
24 I ask you, just briefly, about paragraph 630, please, at  
25 page 167.

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1 If that can be displayed, thank you.  
 2 You say at paragraph 630 that:  
 3 "Planning for future preparedness needs to consider  
 4 the standing capability and scaling up of test, trace  
 5 and isolate required across the five routes of  
 6 transmission."  
 7 Are you able to assist about what the present state  
 8 of the standing capability in scaling up is in Wales  
 9 currently, please?  
 10 **A.** So having left the post in March 2022, I can't speak  
 11 personally to the current state of preparedness, but  
 12 a review of public health arrangements was undertaken,  
 13 and those recommendations are in the process of being  
 14 implemented and as I understand it, in part, that  
 15 relates to having standing capacity for contact tracing.  
 16 **MS CARTWRIGHT:** Thank you.  
 17 My Lady, those are my questions. Thank you,  
 18 Ms Daniels.  
 19 **LADY HALLETT:** Thank you.  
 20 Mr Thomas, who is over there, that way.  
 21 **THE WITNESS:** Thank you.  
 22 Questions from PROFESSOR THOMAS KC  
 23 **PROFESSOR THOMAS:** Sorry.  
 24 Good afternoon.  
 25 **A.** Good afternoon.

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1 different accessible formats were developed to  
 2 communicate Test, Trace, Protect to black and Asian and  
 3 minority ethnic people and vulnerable groups in Wales.  
 4 My question is this: how successful do you consider  
 5 that the outreach plan was, given all of that you were  
 6 doing?  
 7 **A.** So we didn't undertake a formal evaluation of those --  
 8 of the work that those individuals undertook, but we did  
 9 have feedback at our regular TTP oversight group  
 10 meetings, where health board colleagues, local authority  
 11 colleagues, would talk to us about activities that were  
 12 being undertaken locally and regionally. And we were  
 13 able also to gather case studies of good practice,  
 14 effective practice, across testing and contact tracing.  
 15 **Q.** Given all that you were doing, were you ever consulted  
 16 by the other UK governments about the potential utility  
 17 of your outreach plan?  
 18 **A.** Oh, that's an interesting question.  
 19 No, I don't think we were. I think, in my statement  
 20 I've reflected that some of the UK arrangements for  
 21 discussion on tracing or the protect element weren't as  
 22 formalised as they were for testing, because of the  
 23 National Testing Programme. But we did meet with  
 24 colleagues fairly regularly on an informal basis to  
 25 exchange experiences, evidence, emerging practice. It's

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1 **Q.** Let me just give you a little bit of an introduction.  
 2 My name is Leslie Thomas and I'm representing FEMHO,  
 3 that's the Federation of Ethnic Minority Healthcare  
 4 Organisations. I only have a couple of questions for  
 5 you. But in your witness statement, you say this -- and  
 6 just forgive me, I just need to quote a little bit of it  
 7 to you, you say:  
 8 "In October 2020, the Welsh Government funded the  
 9 appointment of dedicated Black and Minority Ethnic  
 10 public health outreach workers in each health board ...  
 11 The community outreach workers were focusing on  
 12 providing support aimed at breaking down barriers  
 13 preventing Ethnic Minority groups from taking Covid-19  
 14 tests, supporting people to self-isolate when necessary,  
 15 encouraging vaccine uptake and facilitating a two-way  
 16 communication between organisations and communities.  
 17 The outreach workers each in each health board also  
 18 supported engagement work for refugees, asylum seekers  
 19 and migrant groups. This aimed to maximise outreach for  
 20 Test, Trace, Protect and widen engagement on all matters  
 21 related to prevention or further Covid-19-based deaths.  
 22 This was based on learning from international models for  
 23 mobilising community outreach like the Barefoot Workers  
 24 in India."  
 25 And you say a suite of 28 different languages in

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1 possible that during those meetings this was discussed,  
 2 but I personally wasn't involved in any.  
 3 **PROFESSOR THOMAS:** Thank you.  
 4 Thank you, my Lady.  
 5 **LADY HALLETT:** Thank you, Mr Thomas.  
 6 Ms Munroe, who is just there.  
 7 **Questions from MS MUNROE KC**  
 8 **MS MUNROE:** Thank you, my Lady.  
 9 Good afternoon, Ms Daniels. My name is  
 10 Allison Munroe and I represent Covid Bereaved Families  
 11 for Justice UK. Just two questions.  
 12 They arise out of your discussion in your statement  
 13 on equality assessments, where you set out that there  
 14 were equality impact assessments, and these were  
 15 continually reviewed as Test, Trace, Protect developed  
 16 and evolved in respect of certain groups from the  
 17 population with protected characteristics under the  
 18 Equality Act.  
 19 However, why were there delays in getting National  
 20 Testing Programme advice and support materials to  
 21 certain groups, to certain vulnerable groups in the  
 22 population?  
 23 **A.** I'm not aware that there were particular delays in  
 24 information being made available to those vulnerable  
 25 groups. The materials that we produced to provide

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1 the -- the communication materials that we produced for  
2 Test, Trace, Protect were always translated into  
3 multiple languages, and we had a number of forums and  
4 groups that we were engaged with that we used to  
5 disseminate information. So the Race Equality Forum,  
6 disability forums, just as two examples.

7 **Q.** But in that paragraph where you are discussing equality  
8 impact asset management, you say:

9 "I recognise there were at times delays in providing  
10 materials to advise and support for some groups."

11 You don't name which groups they are but you  
12 acknowledge that there were delays. So why were there  
13 those delays?

14 **A.** There may have been delays because of requirements for  
15 translation, for example. But I'm not aware of  
16 significant delays beyond those operational impacts that  
17 there might have been.

18 **Q.** And are you able to be more specific in terms of which  
19 particular groups you had in mind when you say  
20 "particular or certain vulnerable groups"?

21 **A.** No, I'm afraid I can't expand on the statement.

22 **Q.** The second question is this: bearing in mind your answer  
23 just now, and what you've said in your statement, what  
24 should and could have been done to ensure that all  
25 groups that were described as vulnerable and those with

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1 **A.** Myself and my former colleagues.

2 **LADY HALLETT:** Well, thank you to all of you. Obviously it  
3 was quite some achievement to prepare such a detailed  
4 statement, so I promise you we will be taking into  
5 account the written evidence as well as your oral  
6 evidence.

7 **THE WITNESS:** Thank you very much.

8 **LADY HALLETT:** Thank you for your help.

9 I shall return at 1.45.

10 **MS CARTWRIGHT:** Thank you, my Lady.

11 (12.47 pm)

12 (The Short Adjournment)

13 (1.45 pm)

14 **LADY HALLETT:** Ms Cartwright.

15 **MS CARTWRIGHT:** Thank you.

16 My Lady, please could I call Mr Gething, who appears  
17 over the link. Thank you.

18 **LADY HALLETT:** Can you see and hear us, Mr Gething?

19 **THE WITNESS:** I can hear you and see you on the screen  
20 indeed.

21 **LADY HALLETT:** And if Ms Cartwright can speak because the  
22 last time the person on the link could hear me but not  
23 hear her.

24 **MS CARTWRIGHT:** Good afternoon, Mr Gething, can you see and  
25 hear me?

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1 protected characteristics received information in  
2 a timely fashion, so there wasn't any -- whoever it was  
3 for, and whatever the delay was, there shouldn't have  
4 been any, and what should have been done to alleviate  
5 that?

6 **A.** So the feedback that we had from our communications was  
7 that we achieved quite significant reach with our  
8 communications. We were, I think, very fortunate to be  
9 able to use our local authority colleagues to  
10 disseminate information beyond the sort of traditional  
11 channels that government would be able to use.

12 I think I would reflect on the importance of doing  
13 that, that sometimes national campaigns, while they are  
14 often very, very effective, actually utilising local  
15 communication channels, could be of more significant  
16 value in being able to reach out to groups that perhaps  
17 sometimes are lesser heard.

18 **MS MUNROE:** Thank you very much, Ms Daniels, it's not the  
19 first time we've heard about the importance of local  
20 groups. Thank you.

21 **LADY HALLETT:** Thank you, Ms Munroe.

22 That completes our questions for you, Ms Daniels.

23 Thank you very much indeed for the help that you've  
24 given. I mean, having left, was it your former  
25 colleagues who prepared the very full witness statement?

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1 **THE WITNESS:** I can indeed.

2 **MS CARTWRIGHT:** Thank you very much. If I can ask the  
3 witness to be sworn, please. Thank you.

4 **MR VAUGHAN GETHING (affirmed)**

5 **Questions from LEAD COUNSEL TO THE INQUIRY FOR MODULE 7**

6 **MS CARTWRIGHT:** Thank you.

7 Could I ask you, please, to give your full name to  
8 the Inquiry.

9 **A.** My full name is Humphrey Vaughan ap David Gething. I'm  
10 commonly known as Vaughan Gething.

11 **Q.** Mr Gething, can we, please, identify your Module 7  
12 witness statement. Hopefully you've got a copy in front  
13 of you there?

14 **A.** I do.

15 **Q.** Thank you. It's dated 20 March 2025, and can I take you  
16 to internal page 103, please. Thank you. And can I ask  
17 you to confirm, are the contents of that statement true  
18 to the best of your knowledge and belief?

19 **A.** I believe there are. If there are typographical errors,  
20 I'll be happy to correct them during the course of the  
21 evidence.

22 **Q.** Thank you. And, in fact, Mr Gething, this is Module 7  
23 and in fact that statement represents your seventh  
24 witness statement you've provided to the Inquiry, and  
25 it's right, isn't it, also, that this is now your fourth

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1 appearance before the Inquiry giving evidence in respect  
2 of different modules, as you'd previously given evidence  
3 on 20 November, 11 March 2024, and 4 July 2023?

4 **A.** That's right, yes.

5 **Q.** Thank you. I appreciate, Mr Gething, you've previously  
6 been identified and your background also, but it's  
7 right, isn't it, that during the pandemic you were  
8 acting in the role of the Minister for Health and Social  
9 Services and the Minister for Economy?

10 **A.** That's correct.

11 **Q.** Thank you. And it's in respect of that role that I'll  
12 be asking questions, but perhaps, again, just to give  
13 some context by way of your background, could I ask you,  
14 Mr Gething, just to give your relevant background prior  
15 to March of 2020 by way of your political experience,  
16 please.

17 **A.** I was previously a Cardiff councillor from 2004 to 2008.  
18 I was elected to the Senedd in May 2011. I then was  
19 appointed to the government in 2013, as a deputy  
20 minister. I joined the cabinet as the then Cabinet  
21 Secretary of State for Health, Wellbeing and Sport in  
22 2016 after the Senedd elections. I can give you  
23 a fuller CV but it's covered in my statement at  
24 paragraphs 6 and 7.

25 **Q.** No. Thank you very much indeed.

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1 **LADY HALLETT:** Mr Gething, I'm sorry to interrupt. The  
2 stenographer is having trouble. It may be something to  
3 do with using the link but if you could speak more  
4 slowly I think it might help her capture every word.

5 **MS CARTWRIGHT:** Thank you.

6 **THE WITNESS:** I will try to, my Lady.

7 **MS CARTWRIGHT:** I don't know whether it is when you move  
8 your head to the side, Mr Gething, that some of your  
9 answers drop out, so I don't know whether the microphone  
10 that amplifies you -- maybe if you keep a fixed position  
11 towards that, it may help.

12 **THE WITNESS:** I shall try.

13 **Q.** Thank you.

14 Can you assist us, then, in particular -- because  
15 I'm going to explore with you, please, the decision that  
16 was made, essentially by the Welsh Government, in line  
17 with the UK Government, on 13 March, to essentially stop  
18 all testing in Wales but also to stop contact tracing.

19 Module 7 wishes to explore this because plainly  
20 infrastructure and capabilities potentially differs  
21 across the four nations, so I want to ask first of all,  
22 in respect of the contain to delay, your full capture,  
23 please, of what was considered at that time, please.  
24 And can we move, then, to your paragraph 104, where we  
25 deal with the decision making.

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1 I appreciate a number of these topics have been  
2 previously touched upon in other modules, but can I ask  
3 you and capture from your perspective, bearing in mind  
4 you had the ministerial decision-making role, as to  
5 where you accessed your scientific advice from,  
6 particularly in respect of the pandemic and decisions  
7 relating to Test, Trace, Protect, please?

8 **A.** So we have two scientific advisers for health, and  
9 I understand you've got a statement from Rob Orford, who  
10 was the chief scientific adviser for health at the time.  
11 That's in addition to the structures that are created,  
12 so the Technical Advisory Cell and the Technical  
13 Advisory Group, and they overlap a little. So they  
14 provide a report looking at the science, they  
15 synthesise, for ministers and others, lots of advice  
16 internationally, including from a UK perspective around  
17 SAGE, Rob Orford or Chris (inaudible) I think were  
18 observers at various points in time on SAGE as well, and  
19 participants, and that's all allied to and taken account  
20 of together with the advice we get from the Chief  
21 Medical Officer. I understand there's a distinction  
22 between medical and public health advice in science,  
23 but that's the advice that's primarily coming towards  
24 ministers for us to consider.

25 **Q.** Thank you.

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1 It's at page 23, paragraph 104, please.

2 **A.** So things had moved quite rapidly in the previous  
3 two weeks, where we started to have our first cases  
4 being reported in Wales and obviously the case numbers  
5 growing in the UK. We'd agreed a Coronavirus: action  
6 plan across the four nations that had these different  
7 phases, including contain and then delay.

8 **Q.** Can just ask you to slow down a bit, Mr Gething.  
9 I think you're speeding up again. Thank you.

10 **A.** Sorry. So the UK Government decides on 13 March that it  
11 will cease community testing because it has sustained  
12 community transmission.

13 The agreed move from contain to delay talks about  
14 the number of different phases in trying to deal with  
15 the pandemic. In Wales, we carried on with community  
16 testing for a few days more, which I think I cover in  
17 the next couple of paragraphs in my statement. But  
18 I think it's 13 March when I announced that the NHS is  
19 going to cease a range of standard activity. So it's  
20 quite an important day, with lots of decisions made  
21 about how much more serious the pandemic is.

22 And this is really driven by the fact that the --  
23 that Covid-19 is now established in the UK and  
24 spreading. It's at a slightly different point, though.  
25 So, essentially, most of the importations taking place,

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1 largely in the south east, not just in the south east,  
2 so it's moving essentially west and north across the UK.  
3 The importations in Wales largely took place, actually,  
4 from the February half term, when people were returning  
5 from Europe so we had our own direct import into Wales  
6 for the virus, and that's what its taking place.

7 So paragraph 104 of my statement covers both what's  
8 said at the meeting on 13 March, the COBR meeting, and  
9 the move from contain to delay. I also set out here in  
10 the notes that we stopped community testing in Wales on  
11 17 March, based on Public Health Wales' advice, but, as  
12 I've just said, it's the day when I announced that  
13 a number of measures will be taken in the NHS to allow  
14 the NHS to get ready for what we believe is coming.

15 **Q.** Thank you.

16 Can I then capture from your perspective, because  
17 obviously you were involved in that decision and the UK  
18 COBR meeting, but can you give us your perspective of  
19 what existed by way of testing capacity and capability  
20 in Wales as at 13 March, please, of 2020?

21 **A.** I think we had hundreds of tests available each day at  
22 the time, as opposed to thousands and thousands.  
23 I can't remember but I'm sure there's a chronology to  
24 correct the understanding. But at that point, for the  
25 contact tracing that we're still doing with community

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1 **A.** So as at 13 March we're still in a position where we  
2 were contact tracing from new confirmed cases. That was  
3 being undertaken by Public Health Wales. And I don't  
4 think it was on the 13th but I think within a day or two  
5 I did visit -- it is covered in my statement, forgive  
6 me, I can't remember the paragraph -- I visited the  
7 Public Health Wales centre and I met the chief executive  
8 and number of people and they talked me through what  
9 they could see happening and the staff who were doing  
10 the contact tracing.

11 The challenge is, I think I've covered this in the  
12 statement, that Public Health Wales and the system they  
13 had was fit for purpose for a localised outbreak.  
14 I then give the example of the Llwynhendy TB outbreak.  
15 You could contact trace a community outbreak that could  
16 have dozens, potentially, of people with contacts.

17 But as community transmission becomes more  
18 sustained, their resources to do that can't match the  
19 tests they're being asked to meet, so they're  
20 redeploying people. And because they don't have the  
21 capacity to do that, there's a challenge about whether  
22 that's the right thing to do. And in any event they're  
23 starting to say: this isn't a sustainable position.

24 So on the 13th we're not in that position. By the  
25 time we come to community testing ending, there's

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1 testing, we had enough tests and the tests at the front  
2 door of the health service.

3 The move from contain to delay and then, in Wales,  
4 the ending of community testing is really about the  
5 progress of the virus. It's about the fact that you're  
6 in a position where the advice changes on how to deal  
7 with it. So, rather than trying to contain it by  
8 contact tracing and isolating people, getting anyone  
9 with symptoms to get a test, I think it moves into  
10 paragraph 105, where I talk a bit more about the Public  
11 Health Wales advice, which is that if you have symptoms  
12 stay at home, unless you're too ill, then contact the  
13 NHS 111, and that broadly means that you'll then be  
14 given advice on whether to attend the health service or  
15 actually be given a test.

16 So, you know, this is in the last few days in the  
17 run-up to lockdown, it came quite quickly, actually.

18 **Q.** Thank you.

19 Can I then ask the same question from the  
20 perspective of what capacity there existed in Wales as  
21 at 13 March in respect of contact tracing. And  
22 obviously you talk about the local contact tracing  
23 availability but can we please just solidify your  
24 evidence about that as a resource in Wales as of  
25 13 March 2020, please.

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1 a recognition that Public Health Wales can't carry on  
2 community testing and contact tracing and still doing  
3 the job that's required, and we're into sustained  
4 community transition -- transmission by then.

5 And that I think I cover in paragraphs 105 and 106  
6 of my statement.

7 **Q.** Thank you's.

8 And can I ask you, you've obviously mentioned an  
9 earlier TB outbreak and learning from that. I think  
10 there was a specific recommendation arriving from that  
11 outbreak linked to contact tracing. Are you able to  
12 assist in terms of the learning from that earlier TB  
13 outbreak, if that had been responded to by reference to  
14 contact tracing?

15 **A.** I can't assist you with that specific point, and about  
16 whether Public Health Wales were able to expand their  
17 contact tracing abilities or not.

18 **Q.** Okay.

19 **A.** But a TB outbreak that was localised, or even a measles  
20 outbreak, are entirely different to the challenges that  
21 we faced with the Covid-19.

22 **Q.** Thank you.

23 Can we then, please, go and display your  
24 paragraph 109, please, at page 26.

25 You tell us that:

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"On 21 March 2020, [you] issued a Written Statement ... to update on testing capacity in Wales. Public Health Wales at that time had capacity for over 800 tests per day. The ambition that [you] had was for 6,000 tests a day by the 1 April, 8,000 by 7 April and 9,000 by the end of April."

So I'm just going to pause there but if that can remain on the screen, please.

Can I then ask you, please, Mr Gething, when did the serious planning around upscaling the testing ability in Wales start, please?

**A.** So Public Health Wales were the lead body before the pandemic, and they had been doing the work on trying to increase testing capacity, and I know that in the witness statement provided by Public Health Wales and from Giri Shankar and Rob Howe, I think, they go through in some more detail the work they were doing.

So this is one of, I think one of the definite points of learning is, at the start of the pandemic Public Health Wales are operating and doing this work as if it's, if you like, an enhanced incident as opposed to a nationwide challenge. And I say that in the sense that they were trying to deal with the challenge, and they were giving us their best understanding of what they'd be able to do.

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there's a Military Assistance Team review that goes through this as well.

So I think the suggestion on the expansion was more optimistic than fired in hard reality about what it would definitely be able to do.

Now, some of that is because there were things outside of people's control and so it was that the Roche agreement wasn't nailed down and legally enforceable and those tests went elsewhere.

**Q.** Thank you. And I appreciate that her Ladyship and you have touched upon the Roche agreement, but can we just deal with what you've recorded at paragraph 109 and appreciating that we may be only able to take this evidence some distance. You tell us that you agreed the figures based on a recommendation by officials and Public Health Wales in March to increase testing capacity. The recommendation used figures from Public Health Wales which was in discussions with Roche Diagnostics Limited to procure test kits.

Just pausing there, were you party to any of those discussions with Roche Diagnostics?

**A.** No, it was Public Health Wales directly dealing with Roche.

**Q.** Thank you. And you go on to say:

"The political pressure to give numbers on how

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I think in the statement of Dr Shankar and Dr Howe, they go through about the different groups of people they were talking with, the different platforms they were trying to increase, and of course the significant chunk of this that was the 5,000 tests that (unclear) that agreement from Roche. So Public Health Wales tell us this is what we think we can do and we then, I say we as in the government, me, issue a statement saying this is what we think we'll be able to do. Because there are lots of questions about testing by this point.

So only some of this is really about the uses for testing at that point in time. It's really, even by then, an understanding that if you're going to have sustained community transmission and community testing is going to come back, you need a much bigger testing infrastructure, so this is about the scale-up that needs to take place.

Unfortunately, as took place, the scale-up didn't happen. Some of that is down to the Roche agreement that never was. And some of that is also -- and I think this is covered in other statements as I've mentioned before -- some of the alternative testing platforms that were ordered didn't actually come through in the timescale that had initially been expected. So we had to take a number of steps, and including, I think

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quickly and by how much testing would increase was understandable, but there were a number of elements which we could not control and which could not be incorporated into a numerical target. The numbers stated were the best estimate of the available capacity if we were able to increase capacity in line with the work that Public Health Wales led. The objective was to increase available capacity and set out the timeline."

And you have already referenced Roche on a couple of occasions and so can you help us understand from your perspective at that time how you were accommodating the figures that you anticipated you'd be receiving as tests pursuant to a potential contract with Roche, please?

**A.** So the Roche tests would have been 5,000 tests a day. So that's over half of the increase in tests that we were expecting to be able to achieve.

**Q.** Thank you.

**A.** It takes up the biggest part of it, and when that doesn't happen, obviously, we're never going to get to the ambitions that have been set out. And, you know, there's plenty of lessons, and I'm really keen not to point fingers at people. It's what happened. And in normal times when you're having discussions about wanting to do something and you reach the depth that Public Health Wales say they did, you'd expect to be

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1 able to rely on that. But once you say that in public,  
 2 it takes on a different form. And I think there were  
 3 plenty of people bruised by it, but we just had to get  
 4 on and deal with where we were.

5 **Q.** Thank you.

6 **A.** But it was challenging.

7 **Q.** Can I then ask you, before March, when essentially it  
 8 could be seen certainly from the January onwards that  
 9 something was coming that needed tests and the PCR  
 10 tests, did you have any direct discussions with Public  
 11 Health Wales about the scaling up of the testing  
 12 capacity within the Public Health Wales laboratories and  
 13 what additionally that could harvest by way of available  
 14 capacity?

15 **A.** So from the January, when there was an incident, it  
 16 wasn't clear that coronavirus would arrive or arrive in  
 17 the same way that it had done. But I think,  
 18 collectively across the UK, because SARS and MERS hadn't  
 19 been worldwide issues in the way they were in the  
 20 southeast Asia, there was a view, and I think this is  
 21 gone through in the evidence of multiple chief medical  
 22 officers, not just Frank Atherton, but the view was that  
 23 it was something to keep an eye on as opposed to to plan  
 24 to have to expand testing in the way that we did.  
 25 Public Health Wales and their analysts do set out

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1 Can we then move along and I'm not going to deal  
 2 with all of the chronology of the detail you set out in  
 3 the witness statement, but can we look, please, at  
 4 paragraph 115, please. You tell us that --

5 **A.** Yes.

6 **Q.** -- sorry, 115 on page 27. Thank you.

7 "Following Ministerial Advice ... [you] agreed the  
 8 first National Covid-19 Test Plan. This was the start  
 9 of the Test, Trace, Protect programme in Wales."

10 You tell us that:

11 "The National Covid-19 Test Plan was developed under  
 12 the direction of the Chief Scientific Adviser for  
 13 Health, Dr Rob Orford, and with the benefit of  
 14 contributions from a range of stakeholders and experts."

15 You tell us that the plan proposed six workstreams  
 16 which included Public Health Wales leading on increasing  
 17 testing for Covid-19 infection through PCR testing with  
 18 the priorities being to test patients, vulnerable groups  
 19 and frontline staff.

20 So can I ask you then, please, you'll know that one  
 21 of the issues that's particularly important to the Covid  
 22 Bereaved Families for Justice Cymru is the availability  
 23 of tests in respect of asymptomatic transmission, and  
 24 I think you've been asked about this before, but can I  
 25 ask you now to turn to your paragraph 175, please.

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1 that they were looking at how to increase testing  
 2 capacity and how laboratory tests were developed that  
 3 would allow you to understand if someone had Covid or  
 4 not.

5 The challenge of what was being done by the NHS  
 6 laboratory network was largely run by Public Health  
 7 Wales. There was scale-up that took place, and I think,  
 8 in later documents, it goes through the work that they  
 9 were already doing. So as we go through the pandemic,  
 10 and the need to increase the tests, Public Health Wales  
 11 are telling us in the government with the Chief Medical  
 12 Officer and directly in some meetings with myself and  
 13 with (unclear) the First Minister, what they're doing,  
 14 and what they think they'll be able to do. That's the  
 15 basis of the announcement that I make.

16 We continue despite the Roche issues, to try to  
 17 increase capacity and by the end of May we have  
 18 significantly increased capacity across our own NHS  
 19 Wales network, but the challenge is, in this period of  
 20 time, that we weren't going to be able to go as fast as  
 21 we had anticipated and it was announced in struggling.

22 **Q.** Can I ask you, Mr Gething, just to keep your voice up.  
 23 I'm struggling slightly. Your voice tapers off at the  
 24 end of answers so if you could perhaps keep your  
 25 voice up, please. Thank you.

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1 Thank you. So at page 49, please, paragraph 175.

2 **A.** Yes.

3 **Q.** Now, essentially, this is where you land about whether  
 4 or not there could have been asymptomatic testing,  
 5 I think, before it was introduced on 18 May of 2020.  
 6 You say this:

7 "Looking back at this period, I do not think it  
 8 would have been practicable to adopt a more  
 9 precautionary approach and implement a programme of  
 10 asymptomatic testing at the early stage of the pandemic.  
 11 Our understanding about the value of asymptomatic  
 12 testing was still developing and the advice I received  
 13 at the time [to which you have obviously given the  
 14 run-up before we get to this position] did not advise  
 15 that testing should be required of those without  
 16 symptoms. If I had chosen to do so despite the public  
 17 health and scientific advice, then I would have  
 18 consciously chosen to move resource away from identified  
 19 and understood priorities. More so, I could have  
 20 potentially increased harm if tests had not been  
 21 available for identified high risk areas. Had the  
 22 advice in fact have been to implement such a programme,  
 23 the testing capacity was simply not available at the  
 24 time to implement it and there is no value in adopting  
 25 a policy which cannot be implemented."

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1 And please Mr Gething, if you can allow me to  
2 explore the theme of asymptomatic testing and  
3 transmission but before doing so can I just be clear, we  
4 know that 18 May 2020, the policy changed to permit the  
5 testing, but can I be clear: is it your position that  
6 there was no point prior to 18 May where there would  
7 have been sufficient tests available in Wales to have  
8 tested those without symptoms?

9 **A.** Well, I think it depends which cohort of the population  
10 you're looking to test, and that's the point. So our  
11 understanding of asymptomatic testing progresses, as  
12 I set out in this paragraph. From a point where the  
13 advice is: only test people with symptoms to then being  
14 there could be a case to test asymptomatic people but  
15 actually you should still prioritise testing for these  
16 groups of people with symptoms and, in particular,  
17 vulnerable people, people coming to admission in  
18 a hospital, and we also have the challenges of testing  
19 on discharge because there was a real risk that  
20 discharge from the hospital to the care home environment  
21 would cease if we weren't able to test on discharge.

22 And what I'm trying to set up in this paragraph is  
23 that when our evidence changes, and we also then have an  
24 increase in capacity, so when we don't have the  
25 capacity, I know there are, somebody said we should have  
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1 provided to Wales in May 2020? Appreciating it's very  
2 early days of the Lighthouse laboratories.

3 **A.** No, I couldn't tell you offhand but I'm sure we could  
4 find the figures for the practical increase in testing  
5 availability, because I think in later documents there  
6 are documents that refer to the amount of tests.  
7 I think I saw a document that talked about 2,100 tests  
8 being available from NHS Wales at the start of May, and  
9 that then increases in the next couple of weeks. But we  
10 do -- by then, we're starting to get access to  
11 Lighthouse labs as well. And it's through these early  
12 few weeks in May that the home testing routes are  
13 opened, and so tests can be sent out and then returned  
14 to Lighthouse labs.

15 So, forgive me if I'm wrong, I think at the start of  
16 May we had 2,100 tests available each day, and that  
17 increases in the next few weeks, so I think by the third  
18 week of May we're into several thousand more. But if  
19 it's an important point of accuracy I need to (unclear),  
20 then I'm sure we can find the correct figures.

21 **Q.** No, thank you, I'm sure all of that data is available  
22 for us when we do the interrogation work, Mr Gething.

23 So, broadly speaking, we've captured your view about  
24 testing availability, but I want to then come back on  
25 the asymptomatic point, please, to understand the advice  
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1 been testing asymptotically at a much earlier point,  
2 but at that point the advice and the evidence wasn't  
3 there to test asymptotically.

4 If we had had that evidence, we would have had  
5 a very practical challenge of how to prioritise the  
6 tests. So even if we'd had that advice at a much  
7 earlier stage, we would still have had to prioritise  
8 about who we're testing and why. And it's as we go  
9 through into May that our testing capacity has started  
10 to significantly increase, both from the UK portals,  
11 that are starting to become available for tests being  
12 sent out, as well as the increase in NHS Wales testing  
13 capacity as well. So I'm trying in this paragraph to  
14 honestly reflect that journey of the state of knowledge  
15 at the time and even, looking back, what we would have  
16 done with the limited capacity we had that was starting  
17 to increase.

18 **Q.** Thank you.

19 And can I ask you then to give an idea -- we know  
20 that the Lighthouse laboratories in the United Kingdom,  
21 so the four that were operating from April of 2020, were  
22 starting their increase in scaling up of testing, so,  
23 looking at May 2020, are you able to give us an idea as  
24 to how many tests through the National Testing Programme  
25 and through the Lighthouse laboratories were being  
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1 and the understood position in May of 2020, because it  
2 seems there was dual considerations. You've already  
3 dealt with capacity, but can I ask you then, in terms of  
4 before May 2020, from your perspective, had anyone  
5 provided advice to you in terms to the effect of this is  
6 a serious issue of asymptomatic transmission that needs  
7 to be addressed because it is particular issue for  
8 healthcare workers?

9 **A.** Not in those bald terms. So -- and there's -- I think  
10 the points that are made by both Frank Atherton and  
11 Rob Orford about the difference between asymptomatic  
12 infection and asymptomatic transmission, and there was  
13 a Diamond Princess incident, the cruise ship where  
14 a number of people tested positive but didn't have  
15 symptoms. So this wasn't a position where people denied  
16 the possibility that anyone could have Covid without the  
17 symptoms. It was more about are you able to infect  
18 other people if you don't have symptoms, and the  
19 changing state of knowledge at the time.

20 And as it became, it's not just possible but more  
21 likely that some people without symptoms can transmit  
22 the virus, it's still, then: what do you do with the  
23 resource that you have? But the advice was still very  
24 much, up to the end of April, towards the end of April,  
25 that the case had not been made for us, in terms of the  
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advice that we received as ministers to make decisions, from our public health advisers or indeed our scientific advisers, that there was a compelling case to test asymptomatic individuals.

By the end of April, though, at the end of April, we are coming to a very uncomfortable couple of weeks and changes in policy, and announcements made in England. And this is particularly different because I know that our Chief Medical Officer was unhappy about the way that announcements were made without there being a discussion between chief medical officers about why the position had changed. And I've covered this in both my Module 2B evidence and indeed in this statement as well. But the state of knowledge and the advice provided to ministers changes over this two to three-week period fairly significantly.

**Q.** Thank you. And is that to address, really, the fact that the testing for asymptomatic healthcare workers essentially came in at a later date to that introduced in the United Kingdom?

**A.** I'm trying to understand the question you're asking.

**Q.** So the question is, I think you've just indicated there's concerns about the advice and sharing advice with the Chief Medical Officer. And what I want to ask you is: is that answer you've just given, that had there

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from that answer, a degree of frustration about what was happening at the time, essentially you finding out at the time of announcements being made by the United Kingdom Government and, to use your phrase, finding out about decisions "on the hop", did you challenge and give feedback about that, and that being unacceptable by way of a partner who equally needed to be sighted on matters before they were put in the public domain?

**A.** Yes. And I wasn't the only one. You know, health ministers talked about it, and I wasn't the only health minister who said this isn't healthy and shouldn't be done. And I think in the notes you've got a meeting that took place on 30 April where Frank Atherton is unusually robust in expressing his disappointment at a meeting with other CMOs about what's been happening and announcements that are being made.

There's a human part to this, you know, about the frustration of "I shouldn't find out this way", but actually it matters when you're still trying to take the public with you and about trying to trust you on really significant choices you're still having to make. So ...

**Q.** Thank you.

**A.** It's a point of learning that I've gone through in more than one part of my evidence in this module and others about governments, plural, regardless of political

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been clarity about what the United Kingdom was doing there might have been a similar response and policy implemented in Wales rather than --

**LADY HALLETT:** You mean England?

**MS CARTWRIGHT:** In England, sorry -- no, in Wales -- in Wales would have come in line with the United Kingdom Government, rather than the later date on 18 May?

**A.** Yeah, we were finding out things as they were being announced, and the frustration is that chief medical officers are talking, health ministers are having a weekly call, and that actually the evidential base isn't being shared in the way it's then being used to justify announcements.

That's one of the challenges of having to deal with announcements on the hop. And then from a point of -- the criticism that is then made is "This is happening across England" rather than "This a change in policy that will take time to implement". And actually, I think we could all have moved at the same speed if there had been rather more informed and trusting discussions, which -- like I said, it's not just in my evidence; it's in the evidence of a range of others, including our own Chief Medical Officer at the time.

**Q.** Thank you.

And then can I ask you, with what appears to be,

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differences, needing to trust each other and share information on a much more timely basis.

**Q.** Thank you.

Now, you've referenced steps that Mr Atherton took, but can we just be clear who you took that issue up with when you were raising the concern. Is there an identifiable individual where you were saying, "This is simply not acceptable" --

**A.** Oh, I'm sure that I raised it in one of our four nations health ministers calls. And I am confident that I wasn't the only health minister that raised it (unclear) was also pretty robust when announcements were made by the UK Government for England.

**Q.** Thank you. Sorry I interrupted the end of that answer and it drifted off, but can I ask you then, when you were raising that concern, was it also, through the context that you've just said, that it was as important then that the public had confidence in the decision making of the respective governments?

**A.** Yes, it was a point that I regularly raised in a range of fora, not just on this issue, but on other times where UK Government choices were made for England, and they were -- you know, I knew to ask when they were made. Because if you were doing an interview, as I regularly did -- I did media rounds late at night and

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early morning -- and then you are asked, "Why has this decision been made and why are you doing it?", I think it's a terrible answer to say, "Because I didn't know and no one talked to me."

That is no way to maintain public trust and confidence at a really crucial time.

So it isn't really about the politics of it, it is actually about the job is too serious at this point in time, and we can have all of our disagreements, but on this we should at least be able to share information to make sure we're not put in the invidious position of looking like you're having -- you know, you're taking an opportunity to score political points rather than actually just saying to the public: health ministers don't talk to each other and don't know what's going on.

That's a really poor position to get into and I think the watching and listening public would rightly be concerned about it.

**Q.** Thank you. And did the dialogue between health ministers improve throughout the pandemic?

**A.** Well, health ministers regularly talked to each other even when we didn't agree with each other. So even in an instance like this where, you know, I think, quite rightly feeling bruised and annoyed -- and I'm being polite about what's happened -- you still need to turn

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to shift their position on testing as well. So I certainly wasn't aware about the Diamond Princess in February 2020 and I don't think the paper had been written at that time either.

**Q.** Okay, thank you. Well, then can we look at the ministerial advice from 8 March, please which, is INQ000235863. That's INQ000265863. Thank you.

This is ministerial advice a year later, 8 March 2021.

**A.** Yes.

**Q.** If we can turn to page 2, please, to just see the identified volume. I think it identifies a third cases are asymptomatic. And we can see reference to May of 2020 again:

"... the scope and scale of contact tracing should include the rapid testing of all suspected cases of Covid-19 ... Contacts of positive Covid-19 cases have only been advised -- to date -- to take tests when they become symptomatic, unless they are part of a separate scheme under our testing strategy."

Can I then -- take that down, please, but ask you then -- and this is information that sort of builds on what you said in Module 2B, I think Mr Drakeford, we're aware of spoke, to the Senedd on 24 March 2020, and gave the information to the Senedd that while you're

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up and talk to your colleagues across other nations, because the alternative of walking away is worse, because then you really don't have a way to try and share things and try to get things right.

So you can't express all your frustration in public at the time, because that isn't always very productive. And that's hard because politicians like to express their frustrations in public, and I recognise I'm guilty of that on occasion.

**Q.** Thank you.

Now, Mr Gething, I'm just going to complete the point on asymptomatic point and knowledge and advice, please. You've obviously already referenced in giving your answer to the Princess cruise which was in February 2020, which I think had identified a high volume of transmission and asymptotically, I think it got near to the figure of 50 per cent. So is it likely, then, from what you have said that you would have had some knowledge about that in February 2020, with you volunteering that information?

**A.** Not in February 2020, because that isn't when it was reported or brought up to me, but as we came through April, certainly I was aware there had been an incident on a cruise ship that had been reported to me, and then I started to see the studies that England had relied on

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asymptomatic you could be passing on the virus on to somebody who is much more vulnerable, and that fed into the decision to stay at home.

Were you aware of that position as of about 24 March 2020?

**A.** It was a possibility yes. This is definitely 24 March 2020, not '21?

**Q.** We're 2020 now.

**A.** Yeah, so we're asking people to stay at home. You know, that's when we're starting to go into lockdown. That's all the choices that are being made at that point about why does everyone have to stay at home.

**Q.** Thank you. Can I then take you, please, to the ministerial advice from the 30 April 2020, please, which is INQ000336477. Thank you.

So ministerial advice now 30 April 2020. And if we can turn, in that document, please, to the second page. I think it identifies that 25,000 extra tests would be needed to test any asymptomatic care home residents in Wales and that choices need to be made about how to deploy testing capacity which inevitably means trade-off.

So certainly by the end of April, would you agree that there seems to be knowledge developing around asymptomatic testing needed in care homes?

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1 A. Yes, and this advice sets that out on the next page, it  
 2 isn't on the screen. It goes through --  
 3 Q. Thank you. Can we turn to the next page. Thank you.  
 4 A. Yes, so it goes through more of those numbers and  
 5 support of the sector and then looks at the bottom of  
 6 this about what's happening in England. And the  
 7 announcement that the department make in England,  
 8 I think I saw in a later note that it will take four  
 9 weeks to get through the testing that they announced in  
 10 England.  
 11 Q. Yes.  
 12 A. So we then had to think about what are we going to do,  
 13 what is our access to the different routes that are  
 14 available? And so there's the point about maintaining  
 15 confidence as well as what does our advice tell us about  
 16 what is the right thing to do, and this is giving  
 17 a summary of those different factors with the  
 18 recommendations at the end of the advice.  
 19 Q. Thank you. That can be removed from the screen, please.  
 20 Mr Gething, we appreciate also that an opening  
 21 statement was made by the Welsh Government that  
 22 essentially lands that before, essentially, the decision  
 23 was made it probably wouldn't have been possible to have  
 24 made a different approach on asymptomatic testing  
 25 sooner, but can I be clear from your perspective,

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1 basis, that we eventually moved to from the period of  
 2 the end of April to, I think, 16 to 19 May when the  
 3 policy position has changed. And that's pretty  
 4 uncomfortable because you're trying to give assurance to  
 5 people, and actually, you need to be able to move, as  
 6 the evidence base changes around, and this is exactly  
 7 one of those instances, where, as the evidence base  
 8 changes you have to change your position because  
 9 otherwise you're doing the wrong thing in the light of  
 10 the evidence that's around you.  
 11 Q. Thank you. Can we then, in the context of that question  
 12 around an ability -- and I know you've identified  
 13 hindsight -- has to be considered here. But can we  
 14 look, please, at INQ000530780.  
 15 Just in terms of capacity as at the end of April,  
 16 please. Thank you. I think if we go -- thank you -- we  
 17 can see there the capacity that existed at the time but  
 18 also availability, and I think it's right, isn't it,  
 19 that essentially during this period of time there was  
 20 greater capacity in Wales than was being utilised. So  
 21 there would have been available capacity.  
 22 A. Yeah, and in fact I think I've got emails that show --  
 23 I don't know if it is this set of figures or a different  
 24 one, but I ask officials: what is happening? Why do we  
 25 have capacity that's going unused? When, actually, we

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1 looking at that advice from April of 2020, and in the  
 2 knowledge that there's a further 18 or so days before it  
 3 was introduced in Wales, would you accept that there was  
 4 a potential for at least two weeks earlier, for testing,  
 5 asymptomatic testing to have been introduced in Wales?  
 6 A. Well, there's always potential, but that advice in the  
 7 next page that wasn't on the screen goes through the  
 8 choices to try to make. So it does say at that point,  
 9 if there's a single case in a care home, to treat it as  
 10 an outbreak and test everyone in the care home. Staff  
 11 and residents. It then goes through the challenges of  
 12 surveillance testing, where people can request tests by  
 13 getting access to the -- it's called the home delivery  
 14 portal but, of course, a care home isn't a home in the  
 15 traditional sense for staff, certainly.  
 16 So we're going through, then, what we're trying to  
 17 do about making testing more widely available in line  
 18 with our understanding of asymptomatic transmission and  
 19 the risks at the time.  
 20 It's always possible, when you look back in  
 21 hindsight, that you could have introduced the policy  
 22 earlier. And given the state of knowledge we have now,  
 23 then as soon as we have the capacity available, then  
 24 yes, it would have made -- there would have been  
 25 a proper case for providing testing on a different

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1 know we've got a range of policy challenges we're  
 2 talking about and we're not making use of the capacity  
 3 we have. Why on earth is that? I don't have the number  
 4 of the document but I know it's in the pack.  
 5 So it isn't as if there's a -- there's either  
 6 a complacent or, you know, sort of lackadaisical view  
 7 from me as a minister, I am both asking questions about  
 8 what is happening with our ability to scale up our  
 9 testing, and also, why we're not making more significant  
 10 use of the capacity we have, and that is set out in the  
 11 documents from the time as opposed to a matter of  
 12 hindsight, about why are we not using more of these  
 13 tests that we have available to us?  
 14 Q. Thank you. I think can we just display, to do with the  
 15 point of underusing capacity, please, INQ000136804.  
 16 Thank you.  
 17 And can we move within this ministerial advice of  
 18 5 August 2020, please, to internal page 7.  
 19 I think, again, we can see essentially the summary  
 20 there that indicates availability and underuse of the  
 21 tests that did exist in Wales, that continued until the  
 22 August of 2020. So is this a further illustration of,  
 23 even following on from May onwards, that Wales did have  
 24 more tests than were being utilised by individuals  
 25 living in Wales?

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1 A. No, the situation is quite different by August. So in  
2 April and May we're coming towards the end of lockdown,  
3 prevalence is still relatively high compared to August.  
4 And we then think about what then happens when you look  
5 to start easing as well as trying to protect the care  
6 home environment?

7 By August the situation is really different. Covid  
8 levels are really low across Wales, they're sort of one  
9 or two per hundred thousand. So at this point, part of  
10 the reason why people aren't getting tested is more than  
11 one: it's both because Covid rates are low, but it's  
12 also because people are, at this point, looking forward  
13 to more easements as we are going through what was  
14 mercifully a good summer, weather-wise. So I wouldn't  
15 have expected there to have been the highest use of  
16 tests at this point in time. The real issue, though, is  
17 making proper use of the capacity we have and that  
18 becomes more and more of an issue as we go into  
19 September and October as rates start to rise.

20 Q. Okay. And then can I ask you in terms of the final  
21 bullet point before paragraph 15, because obviously we  
22 see now you've got the access to the Lighthouse  
23 laboratory test, you say this -- sorry, the document  
24 says this:

"In the event we choose to route all asymptomatic  
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1 home when there might be an outbreak, you can switch  
2 away from the Lighthouse labs to the extra capacity  
3 we've already created in NHS Wales labs at that point,  
4 NHBs, our local health boards.

5 So if health boards were concerned about an issue  
6 within a local population or a local care home, they  
7 could route those tests through the NHS Wales labs if  
8 there were a problem at Lighthouse labs, efficiency and  
9 speed at that point in time.

10 Q. Thank you.

11 A. It's flexing our resource.

12 Q. Thank you. And that can be taken down now, please, and  
13 I think -- can I ask you, then, about alongside the,  
14 obviously, increase of testing with the access to your  
15 share of tests from the Lighthouse laboratories, can I  
16 ask you a question about the contact tracing that then  
17 followed the increase in testing, please and can we move  
18 to your paragraph 147, please, at page 39.

19 That's paragraph 147 at page 39. Thank you.

20 Now you, following on from the ministerial advice of  
21 18 May, you indicate that the advice:

22 "... was submitted to me advising on an all-Wales  
23 digital contact tracing and case management platform.  
24 A rapid review of existing relevant digital  
25 infrastructure in the UK and elsewhere had concluded  
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1 testing of care home staff through the UK portal and the  
2 Lighthouse labs and issues arose relating to the  
3 capacity of the Lighthouse labs, we would have the  
4 contingency of being able to ask the LHBs to conduct  
5 testing through the NHS Wales labs."

6 Can you just make clear what's being discussed there  
7 about choices, to route asymptomatic testing through the  
8 Lighthouse labs as opposed to the local health boards,  
9 please?

10 A. So if you have regular asymptomatic testing it's  
11 a predictable amount going on every week, because  
12 I think at this point we're testing care homes every --  
13 I think we moved from weekly to fortnightly, but there  
14 was a slightly higher rate in North Wales so they stayed  
15 on a weekly rate. We had got a predictable amount of  
16 tests we were using through the Lighthouse labs, and as  
17 I say, prevalence is low but this is now providing some  
18 reassurance and rooting out cases that come through  
19 without symptoms.

20 If there is a problem with Lighthouse labs in the  
21 earlier part of the advice, coming on the two bullet  
22 points above, talks about how Lighthouse labs weren't  
23 operating at their usual daily capacity. So if there's  
24 a problem with Lighthouse labs and you know you need to  
25 do something, for example, on targeted testing on a care  
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1 that a new all-Wales platform was needed to support  
2 effective and consistent delivery of the Test, Trace,  
3 Protect approach at the scale which would be required."

4 You say this:

5 "My understanding of the risks and benefits of an  
6 all-Wales platform was based on the advice from  
7 officials which explained that the platform was  
8 necessary as the Public Health Wales' 'Tarian' system,  
9 which had been used to trace contacts earlier in the  
10 pandemic, was not designed to undertake the scale of  
11 tracing envisaged and the review had shown that it could  
12 not be re-engineered to cope with the task at hand."

13 Over the page, please:

14 "I understood that the new platform would initially  
15 use the UK Contact Tracing and Advice Service ...  
16 website, but instead of the limited, selective, data  
17 collected by the UK Contact Tracing and Advice Service  
18 in England, a full data feed would be taken for users in  
19 Wales to support the more detailed contact tracing  
20 approach we planned to implement. The advice sought my  
21 agreement to the deployment of a new all-Wales digital  
22 customer relations and case management platform to  
23 support overall arrangements for Covid-19 contact  
24 tracing across Wales. I agreed to this recommendation.  
25 Again, I had discussed the development of and rationale  
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1 for this approach with officials before the formal  
2 advice was provided."

3 Can you assist us, then, with the timing of this?  
4 And again, Mr Gething, whether steps to have that  
5 contact tracing service set up in Wales could have been  
6 done sooner, please.

7 **A.** This goes back to some of your earlier questions,  
8 counsel, where you were asking about the contact tracing  
9 system and the end of community testing. So Tarian, the  
10 Public Health Wales system, is fine for a community  
11 outbreak; it's not fine for a national contact tracing  
12 effort with the much greater volumes that are required.  
13 So we had to get a new system. And there had been  
14 discussions. I remember several meetings with officials  
15 looking at the options to do that. There was the  
16 prospect of using the same system as the UK Government  
17 were using for England and there were a couple of other  
18 potential options as well and we eventually came down to  
19 a system that -- I was advised, and I took and accepted  
20 the advice after discussions, that we would have  
21 a greater ability with more utility if we had a slightly  
22 different system to the one that England had.

23 Now, the reason why our contact tracing system  
24 needed to be dealt with was (a) because we knew the  
25 Public Health Wales system couldn't cope, we knew that

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1 involved in it, including the people who transferred and  
2 moved around local authorities and others to provide the  
3 actual service.

4 **Q.** Thank you. And sorry I --

5 **A.** And that's where we got to.

6 **Q.** Thank you. And with looking at this being explored on  
7 18 May, are you able to help us as to when in fact the  
8 platform was operational, please?

9 **A.** I think the platform was fully operational for at least  
10 the week of 8 June. We opened the service on 1 June, so  
11 contact tracing started. But I think we did, for  
12 a week, make use of the service from the UK Government  
13 front-end portal. But by then all of the data was then  
14 coming through our own system. So -- yes, that's the  
15 period of time.

16 And, you know, 18 May is when the advice comes up,  
17 but there are weeks of discussion with -- discussions  
18 with officials about this, so it isn't that this  
19 suddenly appears as a new thing in the middle of May.

20 **Q.** Thank you.

21 Can we look at that ministerial advice, please.

22 Which is INQ000144886, thank you.

23 And if we just move through the document, it was one  
24 of the documents provided -- thank you.

25 Obviously this was looking at the range of options

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1 contact tracing coming out of lockdown would be really  
2 important to understand where new infections were taking  
3 place and the chains of transmission, and that meant you  
4 had to have a system that could cope with that, both the  
5 digital aspect, if you like, I think this is referred to  
6 as the customer relations and case management platform,  
7 but you also then need the people to do it. And as we  
8 were going through, actually having contact tracing  
9 available from early June is really important, because  
10 of the stage we're at in further easements and more  
11 people see each other, there's more potential for the  
12 virus to take off again as more contact is made, and in  
13 particular, for the reopening of schools, because  
14 schools were due to open for a check-in, and having  
15 a symptom that was working was important for the  
16 reopening of schools.

17 So there's a range of different areas, and  
18 I actually think that going from not having a national  
19 contact tracing platform to having not just a platform  
20 but a service that was staffed and ready to go in  
21 a couple of months was a really significant achievement.

22 **Q.** Thank you.

23 **A.** You could always look and say: could we and should we  
24 have done it sooner? But I still think that this is  
25 a significant achievement for all the people who were

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1 for the platform, and then -- thank you.

2 Having refreshed your memory, admittedly at speed,  
3 Mr Gething, one of the things I want to ask, and  
4 appreciating where you've landed with my questions so  
5 far is you were able to achieve it as quickly as you  
6 did, that you think was a commendable thing, but I just  
7 want to ask this question, please: obviously it looks  
8 like steps were being taken as a rapid piece of work in  
9 late April and early May to scope the main requirements  
10 for this contact tracing system and that one of the key  
11 factors in assessing various platform options against  
12 Welsh requirements was being able to deploy it in the  
13 extremely challenging timescale of three weeks, noting  
14 that this requirement ruled out a number of potential  
15 platforms.

16 Do you have any view as to there was an ability,  
17 first of all, to have this available sooner, and, if  
18 there was, to what extent that had an impact on  
19 infections and deaths at that time, please?

20 **A.** So I don't think this does affect infections and deaths  
21 in the first phase of the pandemic. That's because,  
22 when the lockdown choice is made, it squashes the curve  
23 of infections really significantly, so it's actually the  
24 behaviour response of the public that really takes the  
25 top off the exponential curve. And that was more so

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than, to be fair, was expecting. The level of public compliance and behaviour change made an even bigger difference than our behavioural science and public health advisers thought it would do.

By this point in May, we are thinking about the next stage of easements to gradually come out of lockdown. And so the work that starts from, you know, the very, very challenging circumstances at the end of March and early April, where we're then looking at needing to have a contact tracing service and system with a digital capability behind it, part of it is wanting something that is bespoke to do with our circumstances but is from a stable platform, it's got a record of being used. So that then means that you're not looking at an entirely novel system because you'd have to test that in a way that you didn't have time to.

So the speed at which this has to be done does govern some of the choices that you have practically. But -- because you need it to work. You know, you can't go through a development phase and say "We'll have six months of trialling it." In normal government terms, doing something within a year on a national basis is rapid. We're doing this in a matter of weeks. And it's that urgency that is very much there in the work of officials and the way in which the service was created.

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So in a roundabout way, I think the learning is there, and I think the capability would be there, but I can't tell you what the digital platform would be available likely in another 10 to 20 years' time. You're going to need to constantly look again at what is available for this purpose, if we ever had to do it again.

**Q.** Thank you.

That can be removed from the screen, thank you.

Can I then ask you a question about the contact tracing app that then was available within Wales, and it's a question, really, whether you can assist by way of information we have about the uptake of the contact tracing app, and whether, in your role as the relevant minister, you can give any reflections or insight into what looks to be relatively low uptake in Wales.

Now there may be a better version than the INQ I'm about to give but the INQ where -- the graph that I want to take you to, that I'm aware of at the moment, is INQ000574818, at page 2, but if a better version is now available, please display that document. I'm afraid I don't have the INQ. But if not the default position would be, please, INQ000574 -- ah, thank you. And can we expand, please, the map B.

And I hope Mr Gething, that you can see that clearly

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So, not having an effective service would have made a difference when we opened up through the summer and go into the autumn, and if we had got this wrong, then that definitely would have made a difference on infections and mortality, I'm afraid.

**Q.** Thank you. And Mr Gething, having scoped up and scaled up this contact tracing resource, does that still exist in Wales?

**A.** No, there is no national contact tracing service of this scale because we're in a different phase.

**Q.** No, sorry. My question was unclear. I do apologise.

Is the platform still available, though, for scaling up if it needs to be used in a future pandemic?

**A.** I think the learning that's there from what the system is, yes, that learning is there. And it all depends about your ability to make choices. Because if you're having a new pandemic, and say it was, I don't know, god forbid, this winter, well, all the learning we've had, you'd probably make choices much earlier about what to do, including when and how to re-scale-up contact tracing and how to get the testing infrastructure right as well.

So if there were another pandemic, I would expect that it could happen sooner, because I think you'd make choices earlier to get contact tracing up and running.

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enough.

Now, this graph is to reflect the uptake of the contact tracing app when it was available from 24 September 2020 onwards, but we can see that almost universally across Wales, the uptake by way of usage and downloading of that app, save for the small pockets in the darker green and yellow, is almost at the 16-20% uptake for what was intended to be an app that essentially had lots of abilities, including to notify of tests but also the need to isolate, particularly when the isolation became enforceable both in the United Kingdom -- sorry, in England, but also Wales similarly made the isolation also enforceable.

Are you able to help us as to any reflections or evidence you have that might assist with why there was such a low uptake in Wales?

**A.** It's a proximity app. I think calling it a contact tracing app is perhaps to overstate what it is, but it's the NHSX app that we went in with on an England and Wales basis as a useful addition but not a substitute to the contact tracing system we'd created.

As for the lower take-up, I can't give you mathematical or scientific explanation, but I do think it is worthwhile reflecting that trust in the person promoting the application matters. And so, you know, do

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you think that this will help you? Do you trust the people delivering it? And also, whether or not this was seen as necessary, in the sense of -- you know, by this point we'd already been running through contact tracing come September, we were publishing our figures, there were people being called, as well as the digital interface, and we had a pretty good record of both getting to large numbers of people and their contacts but also getting to them pretty quickly as well.

So -- but I think beyond that I'd be getting into real supposition that I don't think would assist the Inquiry.

**Q.** No, and, Mr Gething, I'm not asking you to do that. But can I, though, just expand about the Covid-19 app, which you're right to confirm it didn't just have a contact tracing role, in terms of it also had other functionality which included, if you were told via the app that you needed to isolate, it was essentially linked to the regulations that meant it was enforceable if you didn't isolate, and it also had the countdown counter within the app that then told you when you were able then to essentially stop isolating.

And was there any work then being done, particularly when Wales made the decision also -- so England and Wales had determined that the isolation requirement was

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It's paragraph 286 at page 80, please.

Thank you. I think you're dealing there with the fact that self-isolation became a legal requirement.

And can I ask you a question linked to, please, whether you can assist: given the difficulties some from the black, Asian, minority ethnic community faced with isolating, do you accept or have any views as to whether the measure of making isolation enforceable may have put those individuals in a precarious position?

**A.** I think the challenge was the financial support that came with it, because, you know, I know I've covered this in my Module 2B meeting, it definitely was part of discussions we had both in the Senedd and indeed in health ministers meeting, that -- and it's all linked to Statutory Sick Pay as well. If you're asking people to isolate, you're asking them to do something that both benefits them and people around them as well, and their wider community.

Asking someone to do the right thing when you're potentially asking them to choose between whether to pay their bills or feed their family or do the right thing for other people is an invidious position to put people in. So people who have less income find self-isolating more challenging from a financial point of view, as well as people in their own individual circumstance, if

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enforceable with essentially criminal or penalty sanction. Northern Ireland and Scotland did not do so. Was there any thought given around how that was being communicated, linked to the fact that Wales had made a decision to also make isolation enforceable if the individual did not do so?

**A.** Well, we ran a Keep Wales Safe campaign, where we tried to have simple messaging about what we'd encourage people to do to keep themselves and loved ones and people that they would probably never meet as safe as possible. I think the risk always is that if you add an extra layer of messaging that (unclear) whether you're taking away from your main -- what you're asking people to do.

Certainly in press conferences and in the Senedd we talked about the fact that there was an app. I downloaded it and used it myself. We certainly talked about the fact that the strong guidance moved into being the law and enforceable. So we didn't not talk about it, but I couldn't honestly tell you about why the take-up differed so visibly between Wales and England for take-up and usage of the app itself.

**Q.** Thank you. Can I then ask a question, please, around the legal enforcement, please. And can we move, please, to your paragraph 286 within your witness statement.

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they're already isolated and going out to work as part of them not being isolated, in a pretty precarious position.

So the duty also came about wanting to have a new settlement after the fire break ended in Wales, because that's the timing we're talking about here, about self-isolating within guidance to the law, and also we'd finally had to agree that there be funding a payment that was currently at £500, we eventually moved that to £750 in Wales, to help people to self-isolate because otherwise you really are placing people in the invidious position that I mentioned.

I think the position for black and brown people is that, broadly, we're more likely to be in lower income occupations. So, you know, black and Asian minorities are much more likely to be covered in this group in a population as a whole, but you need to make a choice about whether this is the right thing to do. And in many ways it's about the messaging: the messaging that this is so serious that we're changing the law.

And as I said, at this point this is a -- this is a deeply uncomfortable time, because we're going through the fire break and the politics has really taken up. It's much more contested. There's open criticism by the UK Government of the measures we're taking in Wales,

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where there's a really different approach, sort of "This lockdown in Wales is going to destroy jobs and it's not necessary", and dealing with all of that at the time is a really big challenge. And then we get to the firebreak ending and rates took back off fairly quickly. So this is very, very uncomfortable.

I think if we hadn't provided a payment to help manage self-isolation, then I genuinely think the situation would likely have been worse, not better, with people actually complying with the requirement.

**Q.** Thank you. Can we move to paragraph 200 briefly.

There's this topic and then any views on recommendations, and then that will complete my questioning. Paragraph 200, please, at page 57, essentially picking up on two of the themes we've just looked at together, so paragraph 200, page 57.

Now, starting with paragraph 200, you've already identified that Wales introduced an isolation payment of £500 to cover lost income, that came on in the -- just after September, I think it was October, the date in 2020 that Wales' scheme was available. So, first of all, can you assist us, having identified the importance of a payment to support isolation, why it took so long for that to be available in Wales, first of all?

**A.** Because you need to make sure that payment can actually

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**A.** So it was a discussion that went through the police force, so that was chaired by the Deputy Minister for Social Partnership and the First Minister attended as well. I think I attended a handful of those meetings. But, you know, 7% of people in Dyfed Powys are not from a black or Asian background so the chief constable had recognised that what looked, on the face of it, a disproportionate use of fixed penalties against black and Asian-origin people.

So that recognition that this is a problem, I think it's positive that the police recognised it, but it's then what they do with their officers, because I think on these issues, they are often unconscious. And I know that that's uncomfortable for people to still talk about unconscious bias, but it's real, and I think this is a very good example of that. I don't think that the Dyfed Powys Police Force has got lots of overtly racist officers, but this just shows that when you apply a blanket measure and you apply it to a whole population it can have a disproportionate impact, and that isn't explained by differing levels of criminality; it isn't explained by different levels of income, it's about how the engagement and education approach moves to enforcement.

And that, I think, is the lesson here.

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be processed and delivered to people. So again, it's the time that it takes, and I really would wish that our systems were faster but you're doing lots of novel things to try to get this money out and available.

**Q.** Thank you. And I appreciate, also, that Wales was the only -- that was unique from England, in particular, that you increased the payment to 750 for a short period of time also, and can I ask, in terms of that decision making, were you involved in the decision to increase the figures?

**A.** Yeah, I was copied in on the advice, and of course I was still in the cabinet at the time. So in that sense, yes, but I wasn't the official decision-taking minister. I think it was either the First Minister or the Minister for Housing and Local Government.

**Q.** Thank you. Can we then continue with this paragraph, please, because the question I want to ask you about, if you look over the page, please, you essentially are detailing in paragraph 200 discussions and interactions you had with the chief constable of Dyfed Powys Police Force about the disproportionate use of fixed penalty notices against the black, Asian and minority ethnic community. And can I ask you, then, what action did you or other members of the Welsh Government take in response to these issues?

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**Q.** Thank you.

**A.** And it shouldn't be a surprise, either.

**Q.** Mr Gething, can I move then finally from my questions before we go to Core Participants to your recommendations and lesson learning section please, but it's your paragraph 382 I want to take you to, please, on page 102.

**A.** Yes.

**Q.** I think you detail there, that:

"By advising people to self-isolate without clear advice on financial support we were essentially forcing them [to] make, for what would be for many an impossible choice between their own, their family, and their community's health and financial survival. It is important that we recognise the difficult position we put people in and address Statutory Sick Pay much earlier in the event of a future pandemic."

Can I ask you, would you agree that the context of, perhaps, the delay to give or the failure to give clear advice on financial support to people in advising them to self-isolate was something that would or should have been obvious in the planning stages and acted upon accordingly?

**A.** It's obvious now, but, we had not had a nationwide challenge like this. At my most generous, I could

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understand why initially people in the Treasury and others didn't see the importance of this. But it was a lively discussion through health ministers' meeting, and I wasn't the only one who was making the case but I certainly made the case for changes to Statutory Sick Pay, and, you know, it was essentially a Treasury choice not to change that. This is not devolved. I got a very unsatisfactory letter from Thérèse Coffey that I cover in my evidence, but if you ask people to make this choice, don't be surprised they choose to keep on putting a roof over their family's head.

And, you know, if you're not going to equip them financially, to make the right choice for the community and the country, then, you know, this is what you can expect. I don't think you can say that the people who are making this choice are selfish, or are deliberately making a choice that is wrong for the country and they don't care about that. They're making a choice that is rational in the circumstances that they live in, and I think this is definitely a lesson, and I think I've put this in some previous evidence as well, my module 2B statement, that I think we could and should have a system where, in a pandemic, you rapidly change the rules to provide financial measures to support people in self-isolation, who have got to meet the reality of

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different (unclear) communities resources strength, the (unclear) in terms of spreading the transmission of it but it's also about the fact that if you've got four comorbidities and you're 50, and a counterpart in different community is in a different place, over a whole population, the person with the four comorbidities at 50 is much more likely to come to harm. It's not a secret.

But that, though, is a really big challenge that requires sustained policy choices to be made about better paid jobs in different parts of the country, access to good quality food and nutrition, exercise, diet, smoking, alcohol, all those things, and they're not one thing that this Inquiry can deal with. They're a basket of measures that the country needs to be serious about, so I say the country, across the UK, if we're going to be in a different position if a future pandemic were to strike. But I think it matters regardless when there's a pandemic or not.

**MS CARTWRIGHT:** Mr Gething, thank you for answering my questions.

My Lady.

**LADY HALLETT:** Thank you, I think we'll carry on and finish, Mr Gething.

Ms Parsons.

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their financial means and obligations as well.

**Q.** Then finally for my question on -- continuing on the theme. We're not hearing live evidence from Dr Orford, but we have evidence from Dr Orford that identifies and says that:

"Unless social inequalities are targeted by governments, then underlying structural and societal factors related to health inequality will influence the accumulation of deaths, hospitalisations and cases in the next pandemic and the resulting policy response, particularly non-medical will lead to other inequities."

Are you able to provide any reflections on how those issues can be addressed to prepare for future pandemics, please?

**A.** Well, that's a much wider question because, you know, he's absolutely right, you know, Covid was not a great leveller. It disproportionately impacted our most vulnerable communities. It disproportionately impacted our least financially well-off communities. If you look at a map of socioeconomic inequality and health inequalities, the two things map neatly on top of each other. If you don't address those socioeconomic and health inequalities, then another pandemic will have a similar disproportionate impact.

There's all the things about informal childcare, the

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#### Questions from MS PARSONS

**MS PARSONS:** Thank you. Thank you, my Lady.

Mr Gething, good afternoon. I ask questions on behalf of the Covid-19 Bereaved Families for Justice Cymru. My Lady, I can't actually see Mr Gething.

**LADY HALLETT:** Mr Gething, can you hear Ms Parsons?

**A.** I can. I can see her and hear her.

**LADY HALLETT:** Right. Thank you.

**MS PARSONS:** I want to ask you first, Mr Gething, about delays in the introduction of asymptomatic testing for healthcare workers in Wales.

Your statement refers to ministerial advice received on 20 November 2020, which advised on policy proposals for testing of healthcare workers and hospital staff. For your reference, that's paragraph 208 of your witness statement. That ministerial advice includes the following statement. I'll read it out:

"We need to build into the consideration a risk assessment approach, and balance the benefits of an asymptomatic testing programme as part of a nosocomial plan with the potential to severely impact operational services which could result in services being closed down where staff receive positive tests."

Now, this advice isn't until 20 November 2020, as

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1 I said. The policy for healthcare workers wasn't  
2 introduced until 14 December 2020, and as we'll come to,  
3 many healthcare workers were not testing until  
4 March 2021. The question is this, Mr Gething: to what  
5 extent were these delays driven by concerns that  
6 positive tests would mean a depleted healthcare  
7 workforce?

8 **A.** Well, that certainly wasn't a consideration for me in  
9 the sense of not wanting to test because of the impact  
10 on the workforce. And we covered this a bit in  
11 Module 2B, and I know it's in the evidence of Phil Kloer  
12 as well, and I think I covered at the time that I was  
13 pretty frustrated at the lack of pace in the use of the  
14 tests. You know, once you've got lots of lateral flow  
15 tests available in particular, this is about protecting  
16 healthcare workers themselves as well as protecting  
17 their colleagues and, of course, the public.

18 So when I made the choice, I made the choice to say  
19 that this should be rolled out and introduced in the  
20 health service. I didn't make the choice to say, "Let's  
21 not do this" because otherwise it might affect areas of  
22 operation if staff have to take leave and isolate,  
23 that's a necessary consequence of where were at the  
24 time.

25 **Q.** I appreciate you say that's why you made the decision  
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1 to implement its policy? And, of course, you'll be  
2 aware that the delay happened over a critical period for  
3 Wales. Nosocomial infections over that period were  
4 incredibly high and when I say "over that period",  
5 I mean November 2020 to March 2021, when your policy was  
6 supposed to be being rolled out. High rates of  
7 nosocomial infection and, of course, winter.

8 **A.** Well, that was the whole point about introducing the  
9 policy, to make sure that you don't compromise care by  
10 having staff who are infectious in the workplace. And  
11 I'm confident that I made this clear in my previous  
12 evidence in -- in previous modules, that I was unhappy  
13 to subsequently discover that this had taken quite so  
14 long to roll out, because that was not the intention  
15 behind the policy choice and it's an area that I do  
16 think there should be some learning on about if you're  
17 going to do this, you need to deal with it. Because if  
18 you don't, there are risks that come for everyone. And  
19 it was a really difficult time because we had the alpha  
20 variant, we had -- were into Christmas, the significant  
21 take-off in rates, the significant increase in mortality  
22 and it's part of the reason why we went into -- you  
23 know, all of those things led into the lockdown that  
24 took place before Christmas that we've covered at some  
25 length in previous evidence.

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1 then, but I'm asking about the delay. To what extent  
2 was the delay driven by concerns that there would be  
3 deleted healthcare workforce?

4 **A.** Well, I think you'd need to ask people who didn't  
5 implement it at the time and the pace that I expected it  
6 to be. And as I say, I think -- to be fair, I think  
7 Phil Kloer in his evidence was pretty upfront about it,  
8 about the reasons why they went at the pace they did and  
9 the areas they chose to roll it out.

10 If you're going to implement a nationwide service,  
11 I wouldn't expect it all to be delivered on the next  
12 day, because you've got to get your systems up and  
13 running, make sure who's getting it, where and how. So  
14 having a phased rollout through areas is fine, but for  
15 it to take that long, isn't fine. But as you know,  
16 I'm -- I think it's to everyone's benefit that I don't  
17 actually run health boards and make clinical decisions  
18 but when I make a ministerial choice, I expect the  
19 system to deliver on that choice. And equally, you  
20 know, if it's not happening, then I can't do anything  
21 about it if I don't know, and I don't think Welsh  
22 Government officials were really properly sighted on it  
23 either. It came up much later.

24 **Q.** Well, I was going to ask you about that, Mr Gething.  
25 Was the Welsh Government aware that it had taken so long  
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1 **Q.** Mr Gething, I want to ask you about delays more widely  
2 in your testing policies, please. I'm going to give you  
3 some examples. It's by no means an exhaustive list, but  
4 we know that there was a delay in routine testing for  
5 patients being discharged from hospital to care homes.  
6 We know that routine testing in care homes was announced  
7 on 16 May 2020, implemented in some care homes in  
8 June 2020, and we know that routine testing of  
9 healthcare workers didn't come about, as we've just been  
10 discussing, until 14 December 2020, implemented much  
11 later.

12 And as I say, those are just examples.

13 The Inquiry heard much evidence last week about the  
14 knowledge of asymptomatic transmission, that it was  
15 clearly -- that it had clearly emerged in February and  
16 March 2020 and there was ample evidence by April. And  
17 the question is this, Mr Gething: why didn't the Welsh  
18 Government take a more precautionary approach to  
19 decisions relating to testing throughout the pandemic  
20 that would have prioritised safety and saved lives?

21 **A.** We did take an approach that prioritised safety and  
22 saved lives, and we did that based on the knowledge we  
23 had at the time. And I've been through the real  
24 challenges of the state of knowledge and the advice we  
25 received from public health advising the science about

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the risk of asymptomatic transmission, what it meant, and when that crystallised, in the sense of advice being provided to ministers, that there should be a different approach taken.

And in all of those I've been transparent in my evidence, in this module and in previous ones, about when and how that took place and about the fact that it was deeply uncomfortable. But the choices were made, based on the knowledge at the time. That knowledge is contested and I know that people say it should have been obvious but actually you can see the direct advice that ministers had at the time, and that's the advice that we acted on.

And, you know, that covers the choices that we made and why we made them in Wales. On a whole range of things, not just on asymptomatic testing. But I recognise it's an important issue for the Inquiry to hear evidence on and to look at the evidence that -- of the advice that we were providing, the choices that we made at the relevant time.

**MS PARSONS:** My Lady, may I just follow up on one point Mr Gething has just made? And it's with respect to the Welsh Government acting on advice.

The group would like to know, what advice was that specifically? What scientific advice told the Welsh

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a course of asymptomatic testing. The knowledge we have now, we would it make different choices, and I think it's important to acknowledge that.

Thank you, my Lady.

**LADY HALLETT:** Thank you, Ms Parsons.  
Mr Thomas.

#### Questions from PROFESSOR THOMAS KC

**PROFESSOR THOMAS:** Thank you, my Lady.

Mr Gething, good afternoon. My name is Leslie Thomas and I'm representing the FEMHO, that's the Federation of Ethnic Minority Healthcare Organisations.

Can I just check, can you hear me okay?

**A.** I can hear you and I can see you fine, thank you.

**Q.** Thank you. I only have one question for you, and it's this: in Dr Andrew Goodall's Module 1 statement he said:

"Prior to the Covid-19 pandemic, the Welsh Government statisticians and data scientists had minimal and *ad hoc* involvement in civil emergencies and the preparation for such emergencies."

My question is, to what extent did this lack of data make it difficult to address the health inequalities and disproportionate impact of Covid-19 on the black, Asian and ethnic minority communities throughout the TTI?

**A.** I think we'd be better equipped if there was further integration, and that happens through time during our

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Government not to test asymptotically?

**A.** We had advice from our Chief Medical Officer. We also -- it was covered in TAC and TAG advice notes at the time, about the value of testing at various points in time. We also had Public Health Wales testing advice as well. So this isn't an invention; there are multiple documents of advice at the time that set out that that's the advice that ministers in Wales received.

**Q.** That there was no clinical value in asymptomatic testing?

**A.** Now you're confusing two different things there. The advice was that this was not a route to use the testing resources on, because of the understanding about asymptomatic testing. I think you're confusing the statement made in the Senedd chamber, and I think the nuance or the cut and thrust of the debating chamber doesn't always translate well into trying to have a more forensic examination of it.

Mr Drakeford, as the First Minister at the time, was setting out that the advice doesn't say that we should do this.

I think if he had your time again, that would not be an exact phrase that he's used because I think it's been misused since then but it does cover the fact that the advice we received at the time was not to undertake

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response to pandemic.

I'm not sure it would have made much difference, though, with respect. And that's because the inequalities that we talk about are not a secret. They're not unknown. The healthcare inequalities on the basis of socioeconomic outcome and the fact that black and Asian minority communities typically are over-represented in those least economically advanced communities is not something we don't know about.

It's like the fact that -- you know, seeing a police force with an overwhelmingly white population issuing fixed charges to 7% of its population, which is out of proportion. You shouldn't be surprised at that. A bit annoyed about it and want to do something about it, yes, but it's not a surprise.

I think, though, in future, a greater integration of data and statistics will help us in both understanding in a clearer way, rather than a broad "We know this is a problem" way, a clearer way about the scale of difference and then hope that will help to build some trust around why there are messages about how you want people to behave, as well as the risks.

I'll give you an example of that. Vaccination is a different topic but on vaccine you've got a loud campaigns to vaccinate teachers first, because there was

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1 this impression that teenagers would go back to school,  
 2 they're much like adults, and lots of vulnerable  
 3 teachers would get Covid. It didn't actually happen.  
 4 Actually, if you look at the data, then taxi drivers  
 5 and bus drivers were much more vulnerable, with a much  
 6 more higher infection and mortality rate. And you and  
 7 I both know, taxi drivers and bus drivers, there is  
 8 a disproportionate number of people that look like you  
 9 and me in that trade as well. So, actually, you can see  
 10 where there was an issue where people were facing the  
 11 public, what were the protections? Actually, they are  
 12 more likely to have an infection rate. And also, given  
 13 what we know about the relative mortality of Covid as  
 14 well, we shouldn't be surprised that they had a higher  
 15 mortality and ill health rate.  
 16 The challenge in having the statistics available is  
 17 how useful they are, how reliable they are, and then how  
 18 they inform policy choices.  
 19 **PROFESSOR THOMAS:** My Lady, can I just follow up with one  
 20 thing that --  
 21 **LADY HALLETT:** Quickly, because the stenographer is going to  
 22 have a fit.  
 23 **PROFESSOR THOMAS:** Very quickly, and it is this. My  
 24 question is just slightly more nuanced than that,  
 25 Mr Gething, because if there was only ad hoc data,

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1 I am acutely conscious of the burden we place on people  
 2 like you, asking you to come up back for yet another  
 3 module, and I promise you I have told the teams for  
 4 future modules they must only ask to call a witness or  
 5 place a burden on people like you if it is absolutely  
 6 necessary.  
 7 So please forgive us for the repeated burden, thank  
 8 you again for your help to the Inquiry, and I hope we  
 9 can limit how many times we ask you to come back in the  
 10 future. Thank you.  
 11 **THE WITNESS:** Thank you very much, my Lady, I'm sure I'll  
 12 see you again though!  
 13 **LADY HALLETT:** I'm sure -- I can't guarantee -- I think I'm  
 14 pretty confident there will be at least one more but  
 15 we'll try to limit the ones after that, but thank you  
 16 very much indeed.  
 17 **MS CARTWRIGHT:** Thank you.  
 18 **LADY HALLETT:** I shall return at 3.35.  
 19 **MS CARTWRIGHT:** Thank you, my Lady.  
 20 (3.19 pm)  
 21 (A short break)  
 22 (3.35 pm)  
 23 **MS CARTWRIGHT:** Thank you.  
 24 **LADY HALLETT:** Mr Drakeford, I'm sorry if we've kept you  
 25 waiting for a long time.

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1 surely more targeted data means more targeted  
 2 interventions. Surely you agree with that?  
 3 **A.** It could be. But the point I'd make in response is:  
 4 having more targeted interventions could well have been  
 5 helpful at a theoretical point. We found, though, that  
 6 when you had targeted attempts, you need to be clearer  
 7 about what they are. Is it about testing people? Is it  
 8 about who you're contact tracing? Is it about cultural  
 9 sensitivity in the way you're talking to people? Those  
 10 things could work.  
 11 If you're talking about different rules, we found  
 12 that in the first phase of the pandemic, having specific  
 13 numbers of rules didn't work, and it -- actually it was  
 14 unhelpful in people's understanding of what they were  
 15 being asked to do.  
 16 But if you're talking about could it have then  
 17 informed how services then responded in dealing with the  
 18 public, I think the answer to that is yes.  
 19 **PROFESSOR THOMAS:** Okay, thank you.  
 20 **A.** I'm trying to be helpful.  
 21 **PROFESSOR THOMAS:** Thank you, Mr Gething, thank you, my  
 22 Lady.  
 23 **LADY HALLETT:** Thank you, Mr Thomas.  
 24 Those are all the questions we have for you today,  
 25 Mr Gething. You've probably heard me say it before but

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1 **THE WITNESS:** Not at all.  
 2 **MS CARTWRIGHT:** Thank you.  
 3 Can I ask for Mr Drakeford to be sworn, please.  
 4 **MR MARK DRAKEFORD (affirmed)**  
 5 **Questions from LEAD COUNSEL TO THE INQUIRY FOR MODULE 7**  
 6 **MS CARTWRIGHT:** Can you please tell the Inquiry your full  
 7 name.  
 8 **A.** It's Mark Drakeford.  
 9 **Q.** Mr Drakeford, can we identify, please, your Module 7  
 10 statement. It's dated -- we then, sorry, move to  
 11 page 97. It's dated 26 March of this year, and can I  
 12 ask you to confirm, are the contents of that statement  
 13 true to the best of your knowledge and belief?  
 14 **A.** They are.  
 15 **Q.** Mr Drakeford, it's right, isn't it, that this is your  
 16 third occasion giving evidence to the Covid Inquiry?  
 17 **A.** It is.  
 18 **Q.** You've, I think, provided witness statements to every  
 19 module bar Module 3 to date, and Mr Drakeford, I mean no  
 20 disrespect to you by only dealing with certain topics  
 21 that we have asked you to attend to address today, but  
 22 all of your underpinning statement and evidence will  
 23 form part of the work on Module 7 and your statement  
 24 will be published in full.  
 25 So, with my apologies for the lack of context for

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1 a number of these questions, can we then first identify,  
 2 please, during the pandemic it's right, isn't it, that  
 3 you were the First Minister in Wales?  
 4 **A.** I was.  
 5 **Q.** Thank you. And you became the First Minister and leader  
 6 of the Welsh Labour in 2018?  
 7 **A.** Correct.  
 8 **Q.** And you remained as First Minister until 19 March of  
 9 2024?  
 10 **A.** That's right.  
 11 **Q.** And you remain an elected member of the Senedd  
 12 representing Cardiff West and on 7 August last year you  
 13 were appointed the Cabinet Secretary for Health and  
 14 Social Services until 11 September 2024 when you were  
 15 appointed as the Cabinet Secretary for Finance and Welsh  
 16 language?  
 17 **A.** That's right. That's what I do now.  
 18 **Q.** Thank you, and that remains the position?  
 19 **A.** Yes.  
 20 **Q.** Thank you. Now, can I then, please, ask you a number of  
 21 questions, please, but as you are aware, we have a small  
 22 amount of time together today. And so the first  
 23 question I want to ask you about is under the topic of  
 24 decision making.  
 25 Now, you've provided the details of the COBR  
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1 there was joined-up decision making in response to the  
 2 fast-moving nature of the crisis.  
 3 Can I ask you, then, in terms of those meetings,  
 4 it's right, isn't it, that that would not just have been  
 5 Welsh Government Covid response that was being  
 6 considered but, obviously, the four nations decision  
 7 making? Or are these meant to represent the ministerial  
 8 calls just within the Senedd?  
 9 **A.** These are simply Welsh Government ministers. You'll  
 10 recall that by now nobody is in the building physically.  
 11 Four of my ministerial colleagues are shielding and so  
 12 are unable to leave home. I was very anxious that all  
 13 my colleagues felt that they were as well informed as  
 14 they could be about what everybody else was doing, this  
 15 is such a busy period, which all my ministerial  
 16 colleagues are discharging responsibilities that are  
 17 directly relevant to Covid, and a call at 9 o'clock in  
 18 the morning for everybody to make sure everybody else  
 19 knows what they're facing that day, and the things they  
 20 will be reporting back on the following day. Decisions  
 21 are not made at these meetings. Those are made formally  
 22 in the cabinet. This is an information exchange  
 23 meeting, making sure all my colleagues feel they are  
 24 fully informed about the work of the government.  
 25 **Q.** Thank you. And plainly, you're identifying all of the  
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1 meetings that you intended and I think, in fact, the  
 2 first of which was 18 February 2020, although we know  
 3 that there were other COBR meetings on 24 January,  
 4 29 January, and 5 February that the Minister for Health  
 5 attended. Are you able to assist as to why you didn't  
 6 attend those earlier COBR meetings, please?  
 7 **A.** The earliest of COBR meetings focused exclusively on the  
 8 emerging evidence around coronavirus in other parts of  
 9 the world and the health response across the United  
 10 Kingdom. They were chaired by the Secretary of State  
 11 for Health in the UK Government, and it was health  
 12 ministers from the other administrations, who therefore  
 13 joined those COBR meetings. Once the Prime Minister  
 14 took over the chair of COBR, then those meetings were  
 15 attended by the first ministers of the other three  
 16 governments.  
 17 **Q.** Thank you. Can we, please, again on the theme of  
 18 decision making, please, I want to ask you some  
 19 questions, please, about the daily ministerial calls and  
 20 to orientate these questions please could I ask for  
 21 paragraph 44 to be displayed, which is at page 13.  
 22 Thank you.  
 23 Now, you tell us that each morning, from early  
 24 April, you were having daily calls at 9 o'clock with all  
 25 ministers and the purpose of this was to ensure that  
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1 work of the government.  
 2 Are you able to give us any idea as to how much of  
 3 a priority was being given to the pandemic during these  
 4 meetings in April of 2020?  
 5 **A.** At this point the meetings are almost entirely devoted  
 6 to the pandemic. Not always completely. Brexit is  
 7 still happening at this point. There are still  
 8 negotiations about leaving the European Union. Every  
 9 now and then we have to attend to that because it has  
 10 legislative consequences for the Senedd, but I would  
 11 have said that 90, or more, per cent of these morning  
 12 calls in April are devoted to the pandemic.  
 13 **Q.** Thank you.  
 14 Mr Drakeford, can I take you, please, to an example  
 15 of one of those meeting minutes, please, which is  
 16 INQ000361519. This is -- when it's displayed, thank  
 17 you. INQ000361519. Thank you.  
 18 Now, I think if we move through this email actually,  
 19 that I think is reflecting a meeting of that day, which  
 20 we can see what's being discussed. What I want to ask  
 21 you is that we can see that a range of topics were being  
 22 discussed at that meeting including second home rules,  
 23 finance, the agenda for the next meeting, including food  
 24 banks and funding for the local government.  
 25 So the question I want to ask, please, is: were  
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1 these daily meetings giving sufficient focus on testing  
 2 issues in the April time, please?

3 A. Well, you'll see from the top of the page that testing  
 4 was discussed at this meeting, "Pressing ahead with work  
 5 currently under way to increase testing capacity". So  
 6 testing would be a very regular theme in these meetings.  
 7 There would be number of very regular themes. PPE would  
 8 be a very regular theme. Testing would be a regular  
 9 theme. Ventilators, which we now don't talk so much  
 10 about but at the time was a real pre-occupation as to  
 11 whether we would have sufficient ventilator capacity.  
 12 Staffing capacity. We know that people are falling ill  
 13 in our key public services. So those four themes you'd  
 14 see, I would think, very regularly, reported on a daily  
 15 basis.

16 Q. Thank you.

17 That can be taken down from the screen.

18 Then, again in terms of meetings, can I ask you,  
 19 please, Mr Drakeford, the first Covid-19 positive case  
 20 was reported in Wales on 28 February 2020, and it  
 21 appears as if the next meeting was not until 16 March  
 22 when the cabinet next met. Does that fit with your  
 23 recollection as to broadly being correct in terms of  
 24 first Covid case in Wales and then the next occasion  
 25 when the cabinet met?

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1 tests, for example, on 5 May 2020?

2 A. Well, my recollection of the asymptomatic testing issue  
 3 was this: that at the very start of the pandemic the  
 4 advice that we receive was that during MERS and SARS,  
 5 the most recent examples, there'd been very little  
 6 asymptomatic infection and even less evidence of  
 7 asymptomatic transmission. And in the very early days  
 8 the advice was that there was no reason to expect that  
 9 this form of coronavirus would be different.

10 Over time, however, as Chris Whitty --  
 11 Professor Chris Whitty -- says, slowly evidence begins  
 12 to accumulate, Dr Frank Atherton says that gradually  
 13 evidence begins to accumulate, that there is more  
 14 asymptomatic infection. And beyond that, there becomes  
 15 evidence that asymptomatic transmission is taking place.  
 16 But this is an evolving pattern in which evidence slowly  
 17 moves in that direction, and the Welsh Government's  
 18 policy position follows that evidence.

19 So the early evidence is that you would not divert  
 20 tests that you would otherwise use for symptomatic  
 21 people to test asymptomatic people. And by the middle  
 22 of May -- it's not until the middle of May there is  
 23 evidence that there is greater utility to be had from  
 24 greater use of asymptomatic testing.

25 But well beyond that, you know, in July -- on 9 July

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1 A. I think you're right about the date of the first Covid  
 2 case. Cabinet meets weekly so it would not have not met  
 3 until 16 March. Cabinet meets every Monday, would have  
 4 been meeting every Monday during those three weeks.

5 Q. Thank you. So, in terms of -- your evidence is the  
 6 frequency of the meetings remained the weekly meetings  
 7 of cabinet, and that would have been the same in  
 8 February of 2020?

9 A. It would have been, yes.

10 Q. Thank you.

11 Can I then, please, move to a different topic,  
 12 please, and can we display, please, first of all,  
 13 paragraph 175 of your Module 7 statement, please, which  
 14 is at page 49. Thank you. Actually, it's page 50,  
 15 sorry -- no, it's not page 50, it's page 51, please.

16 Now, it's questions really on the theme of  
 17 asymptomatic testing, and I think you're well aware,  
 18 Mr Drakeford, that there is an issue and concern in  
 19 particular from the Covid Bereaved Families for  
 20 Justice Cymru about the delays in introducing  
 21 asymptomatic testing at an earlier stage of the  
 22 pandemic. So can I capture, and so there's clarity from  
 23 your perspective, as to why asymptomatic testing was not  
 24 introduced sooner, bearing in mind, perhaps if we can  
 25 use this as an example, there was capacity of 2,100

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1 the World Health Organization still says that there is  
 2 inconclusive evidence about asymptomatic transmission,  
 3 and in August of that year, Chris Whitty is writing to  
 4 the House of Commons Health Select Committee saying that  
 5 the evidence is still not concluded on that matter.

6 Q. Thank you.

7 Can I then, please, just ensure that there's  
 8 complete clarity as to the sources of the advice and the  
 9 scientific advice that was informing your decision  
 10 making linked to asymptomatic transmission of testing  
 11 that you've just plainly given quite a lot of  
 12 information about. And so where were the sources of  
 13 scientific advice that you were relying upon to inform  
 14 the policy decisions around asymptomatic transmission  
 15 please?

16 A. Well, directly to ministers there would be around four  
 17 or five layers of evidence. My Lady, this is a sort of  
 18 funnel, in a way, isn't it? You know, at the top end of  
 19 the funnel there are the scientists who are directly  
 20 working on the research and the evidence. By the time  
 21 ministers see evidence, it's been distilled down to the  
 22 evidence that you get, which tells you what other people  
 23 are working on and concluding.

24 So that evidence would come directly to ministers  
 25 via the Chief Medical Officer, via the chief health

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1 scientific officer, via the Chief Executive of the NHS.  
 2 So I would meet all of them weekly. And then you would  
 3 have the evidence from the Technical Advisory Cell and  
 4 the Technical Advisory Group, and they themselves are  
 5 linked into SAGE and SPI-M and all the other form -- but  
 6 ministers aren't looking directly at SAGE agendas and  
 7 SAGE papers, you're relying on the distillation of that  
 8 that comes to you through the people who advise you  
 9 directly.

10 Q. Thank you. Can I ask you then when, obviously, the  
 11 decision making and the policy changed following on from  
 12 18 May 2020 for asymptomatic testing, there is certainly  
 13 a proportion of evidence that suggests that there -- so  
 14 there was capacity, more capacity for testing than was  
 15 being utilised in Wales and particularly up to the  
 16 August time. Was there any thought given as to the  
 17 better utilisation of the tests that were available in  
 18 Wales to utilise for testing, to give healthcare  
 19 workers, in the context of asymptomatic transmission?

20 A. Well, I think there are two very distinct halves in this  
 21 time period. In the initial time period all the effort  
 22 is going into trying to increase the volume of testing  
 23 that's available to us. We don't have enough tests and  
 24 we're trying to increase the number that we can deploy.  
 25 There is some frustration. You've heard it directly

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1 number of tests we have available is not being taken up  
 2 is much more to do with the fact that there is far less  
 3 Covid in circulation, you know. On many days in June  
 4 you're talking about 35 cases across the whole of Wales.  
 5 And yet, luckily by now, we've got 12,000 tests  
 6 available. And in a way, that's, thank goodness for  
 7 that, because by the time we get to the autumn we're  
 8 very glad indeed that we have built up the tests we have  
 9 available in that way, even though they weren't needed  
 10 in the height of the summer.

11 Q. Thank you. Can I then ask a question, please, linked to  
 12 the liaison between the Welsh Government and the United  
 13 Kingdom Government and can we please, to give some  
 14 context to this question, please, look at your  
 15 paragraph 53 on page 16. Thank you.

16 Paragraph 53. Thank you.

17 I think this is under your section where you deal  
 18 with four nations engagement and we can see from this  
 19 paragraph that you detail that you attended the majority  
 20 of the Chancellor of the Duchy of Lancaster calls, and  
 21 that these would consider issues relating to Test,  
 22 Trace, Protect, where appropriate, and then you provide  
 23 a context of the various calls and the like.

24 And so can I ask as to a general overview, whether  
 25 the four nations collaboration was sufficient and

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1 from, but you'll have seen the evidence from Vaughan  
 2 Gething particularly, that we then don't appear to be  
 3 using all the tests that we've got available.

4 Now, he's offered three explanations for that.

5 First of all, we're told that you don't -- you shouldn't  
 6 plan to use all your tests for planned use because on  
 7 any day, there will be some emergency in the Covid  
 8 context where you will need some spare tests that you  
 9 can apply to people who you weren't expecting.

10 Secondly, the advice was you can't run the system at  
 11 full throttle every single day. You will have machinery  
 12 that breaks down, you will have staff that become  
 13 exhausted, you will have supplies of reagents and so on  
 14 that you will run out of. So yes, you can have 5,000  
 15 tests in a day, but that's if every single part of the  
 16 system is going flat out and you can't plan to do that  
 17 every day.

18 And then thirdly, you need some tests for non-Covid  
 19 purposes.

20 So I think there are some very forensic questions  
 21 asked by the Health Minister, 21 separate questions he  
 22 asks as to why we appear not to be utilising the full  
 23 capacity of tests we've got and those are the answers  
 24 that he gets.

25 Later on, once you get into June, the reason why the

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1 suitable in your judgement at that time, please?

2 A. Well, I think those meetings in relation to TTPs have  
 3 two main purposes. One is a problem-solving purpose.  
 4 So I know the Inquiry will have heard evidence earlier  
 5 today about periods when the Lighthouse labs weren't  
 6 able to operate at full stretch and there was a reduced  
 7 number of tests available.

8 So when problems arose, the weekly calls with  
 9 Michael Gove at the Chancellor of the Duchy of Lancaster  
 10 were a chance to surface those problems and to make sure  
 11 they were being properly attended to. And then the  
 12 other purpose they served was a good-practice sharing  
 13 purpose, because we are all of us trying to make sure  
 14 that we reach all the people we need to reach, and as we  
 15 know, not all parts of the community are as easy to  
 16 reach as others, all parts of the United Kingdom are  
 17 trying different things, and those meetings served as an  
 18 information exchange so we could learn as rapidly as we  
 19 could from one another.

20 Q. Thank you. Can I ask whether you identified any issue  
 21 that we heard a little earlier from Mr Gething,  
 22 particularly when I was asking questions about the later  
 23 date when Wales introduced the asymptomatic testing on  
 24 18 May, which was a few weeks after the United Kingdom  
 25 had done so. Was there any frustration from your

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1 perspective, ever, that there wasn't the shared  
2 communication on important and key decisions?  
3 **A.** Well, inevitably, there were frustrations. They are  
4 often borne, as I think Vaughan Gething said to the  
5 Inquiry, because everybody is working flat out,  
6 everybody is dealing at full stretch with all the things  
7 we want to, and there are inevitably going to be things  
8 that go wrong.

9 But they do cause frustration, and sometimes,  
10 rarely, but sometimes, they cause risks as well. So if  
11 you wanted my example of that, it would be that early  
12 and sudden arrival of a testing site at Cardiff City  
13 Football Club, unknown to the Welsh Government, the risk  
14 there was that no plan had been made for the results of  
15 those tests to be fed back into the Welsh NHS system.

16 So your GP, for example, would not have known that  
17 you would have had a Covid test at that centre, because  
18 there was no route for the data to be transferred into  
19 the patient record.

20 Now, I think that potentially caused risk to people.  
21 Now, it was sorted out, it was put right and so on, and  
22 I'm happy, you know, and I'm still content to say that  
23 things that went wrong were not because anybody was --  
24 had malign intent, but because everybody is trying to do  
25 everything too quickly, but in all of that, sometimes

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1 in respect of Test, Trace, Protect worked effectively.  
2 As noted above a critical area of challenge was ensuring  
3 clarity between the position in Wales and that of  
4 England, particularly along the border. As the pandemic  
5 progressed, and the national media gained a greater  
6 understanding of the areas of devolved competence, this  
7 did improve but still remained a challenge throughout.  
8 There were also areas of challenge which were presented  
9 by particular characteristics of the population of  
10 Wales, such as the need to operate within a bilingual  
11 environment, and the higher percentage of older people  
12 than the UK as a whole (who were more likely to be  
13 digitally excluded) ..."

14 Which you have addressed also in this statement.

15 And can I ask you then, please, building on that  
16 analysis, please, are you able to assist us on how  
17 socioeconomic and cultural factors were considered in  
18 shaping the communication strategies for testing and  
19 self-isolation, particularly in deprived and ethnically  
20 diverse communities?

21 **A.** Yeah, well, thank you, Ms Cartwright.

22 So, one of the key reasons why it was decided that  
23 we would have our own system of TTP in Wales is because  
24 of language. It seemed to me that if you're going to  
25 get a call from somebody asking you to self-isolate and

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1 risks do occur.

2 **Q.** Thank you. And Mr Drakeford, thank you for identifying  
3 that issue linked to the results in that centre then not  
4 finding their way onto the patient record and the GP  
5 records. Are you able to give us some idea about how  
6 that problem was fixed, and over what time frame?

7 **A.** Well, that problem was fixed by the clever people who do  
8 understand how to make one system talk to one another.  
9 It was done pretty rapidly over just a -- my  
10 recollection is only over a couple of weeks.

11 So these were problems that were fixable but had  
12 there been more notice at the beginning -- that was a,  
13 you know, a helpful development, to have more tests  
14 available in Wales, had we understood more about it in  
15 the beginning, we could have stopped that from beginning  
16 a problem that had to be put right.

17 **Q.** Thank you.

18 Can I move on, please, Mr Drakeford, to a short  
19 topic on public communication, please. And can we have  
20 displayed before you your paragraph 315, please. It's  
21 internal page 90. There's a section before this that  
22 gives the full context around communication. But I want  
23 to just expand some questions, please, following this  
24 statement. You say as follows:

25 "On the whole, I consider that public communication

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1 being able to answer questions from you as to how you  
2 could then protect yourself, you would be more likely to  
3 act on that advice if it came to you from someone who  
4 knew the area that you lived in, who was able to  
5 pronounce the name of the town or village you were  
6 living in. And I couldn't see how that would  
7 effectively be done from a call centre in Billericay.  
8 You know, in the part of Wales that I come from, there's  
9 a village called Llanfihangel-ar-Arth. I don't know how  
10 many people --

11 **LADY HALLETT:** Are you going to explain to the stenographer?

12 **THE WITNESS:** I'm sorry, I'll do my best. I couldn't see  
13 how somebody in a call centre elsewhere would have been  
14 able to have communicated effectively -- even if that  
15 person was happy to speak in English rather than their  
16 preferred language, which would very likely, in that  
17 part of Wales, be in Welsh.

18 So, you know, the decision to have a bilingual  
19 service provided locally is very much part of the answer  
20 to part of your question. But then there are other  
21 groups who we need to reach, and you've heard earlier  
22 about the decision of the Welsh Government to fund  
23 a cadre of frontline workers, often drawn from the black  
24 and minority ethnic communities, who could go door to  
25 door, who could be trusted intermediaries between people

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1 who maybe didn't completely understand or trust what was  
2 being asked of them, and to be able to be that bridge  
3 between the service we wanted people to use and the  
4 lives that people led every day.

5 **MS CARTWRIGHT:** Thank you.

6 Now, the paragraph I just took you to dealt with the  
7 issue that you've identified that's particularly  
8 pertinent in Wales, regarding digital inclusion.

9 Mr Drakeford, could I seek any assistance you can  
10 provide, relating to -- and we know the Covid-19 app was  
11 available after 24 September 2020. There is information  
12 to suggest that there was low uptake in Wales.

13 Can I ask, please, to be displayed INQ000574818.

14 It's a map, if you were following of the evidence of  
15 Mr Gething, that I asked about by reference to uptake to  
16 the Covid-19 app.

17 If it could be expanded, please.

18 I've asked all the Welsh witnesses today if they can  
19 assist with what appears to be quite a significant trend  
20 in relation to the uptake of that Covid-19 app, of an  
21 almost universal low uptake at the 16-20% and, in  
22 a pocket of Wales, even lower, at 11-15%.

23 Are you able to assist us as to why it was that  
24 there was this low uptake of the Covid-19 app?

25 **A.** Well, Ms Cartwright, if this map had been presented to  
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1 And I think the third reason is that getting the app  
2 available to Wales, and getting it to work for Wales,  
3 you know, getting it to be -- have a Welsh language  
4 capability had been quite a struggle. So although we  
5 decided to go in with it, hours and hours were taken up  
6 of Welsh Government's officials' time in trying to make  
7 sure that the app genuinely reflected Welsh needs and  
8 circumstances. And I think amongst the reasons, as  
9 I say, if the map is a genuine reflection, which would  
10 be my first question, then I think those reasons are  
11 amongst them.

12 **Q.** Thank you.

13 Thank you, that can then be taken down, please.

14 Can I then ask a question, please, by reference to  
15 your paragraph 203 of your statement, please? It's  
16 internal page 59 of your witness statement.

17 Thank you.

18 You detail within the statement that:

19 "The social and economic impacts of self-isolation  
20 were at the forefront of our consideration of the  
21 'Protect' element of Test, Trace, Protect. Support in  
22 the form of financial, practical and emotional  
23 assistance was funded by the Welsh Government. This  
24 included support for individuals who were isolating as  
25 close contacts, having been contacted by Test, Trace,

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1 me in one of my research methods classes, my advice  
2 would probably have been to check the data, because  
3 I don't think that I necessarily believe what I'm seeing  
4 here.

5 So the first thing I would have done would be to  
6 make sure that this map is comparing like with like,  
7 that it's drawing its information from the same sources,  
8 that we can be confident that this pattern really is  
9 a reflection of use, rather than, you know, an artefact  
10 of the way in which information has been collected and  
11 is being presented.

12 If I was doing it from a research methods  
13 perspective, that's the first question I would have  
14 asked about this map.

15 If it is a genuine representation of differential  
16 use, as starkly as it seems to be there, then I think  
17 there are two or three explanations that might help to  
18 cast some light on it. One is the digital exclusion  
19 example. Wales has a higher proportion of its  
20 population in over 65, 75 and 85, and, as we know, the  
21 older people get, the less familiar they can be with  
22 some of those ways of doing things.

23 Secondly, we didn't rely on the app to the same  
24 extent in Wales. You know, we had a very successful TTP  
25 service that people knew about.

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1 Protect tracers. This support was provided by every  
2 local authority in Wales."

3 Can I ask you in respect of that, how did the Welsh  
4 Government ensure that information about these support  
5 schemes reached vulnerable and marginalised groups,  
6 particularly those with language or trust barriers?

7 **A.** Well, we would have used universal means of making sure  
8 people knew it, so the Chief Medical Officer wrote  
9 regularly to every single person on the shielding list,  
10 for example, and then that cascades to people's families  
11 and so on.

12 There are digital form, you know, the local  
13 authorities all have their websites, all with lists --  
14 and the amount of practical assistance that was  
15 available was a huge range, from people who needed help  
16 with buying food or having medicines delivered to having  
17 their dog walked. I mean, I remember being very struck  
18 during the pandemic as to how important it is to people,  
19 particularly people who live alone, and who now aren't  
20 allowed to go out, that somebody comes and helps them to  
21 help them look after, you know, another sentient being  
22 that they have a really strong relationship with. It  
23 seems odd in the middle of a global pandemic that dog  
24 walking becomes important but, in a practical sense, it  
25 really matters.

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1 Now there then is the question you asked about how  
 2 do you reach those communities where maybe levels of  
 3 trust are less? You've got to find intermediaries who  
 4 are trusted, so I spent a number of weekends with Muslim  
 5 Doctors Cymru, a fantastic group of young doctors who  
 6 would go to mosques, and explain to people as they came  
 7 in why it was important that they would be vaccinated,  
 8 why they ought to follow the advice they were given.  
 9 And faith groups were very often, we found, a way into  
 10 the lives of people who might have hesitation in acting  
 11 on information that simply came from government sources.

12 Q. Thank you.

13 And perhaps can we just display again that page,  
 14 thank you.

15 You've obviously just identified the engagement you  
 16 had through the mosques. We can see at paragraph 200  
 17 you identify that you sought input from a wide range of  
 18 stakeholders, including local authorities and the third  
 19 sector, in developing accessible testing provision.

20 Obviously you've clarified one source of assistance,  
 21 but is there anything else you can assist by way of  
 22 clarification as to engagement with ethnic-minority-led  
 23 health and community organisations as part of these  
 24 consultations, please?

25 A. I wonder, my Lady, whether I might just make one general  
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1 it's a more general lesson about not assuming that  
 2 something as simple as a letter, which we think of as  
 3 being a good way of getting hold of people and  
 4 translating it into the language and so on, may have the  
 5 opposite effect than the one that you're intending.

6 Q. Thank you.

7 And finally for my questions, please, Mr Drakeford,  
 8 can we please move to your lessons learning/reflections  
 9 on facing a future pandemic, please, and paragraph 333.  
 10 It's page 95, please. Thank you.

11 Now, you detail at paragraph 333:

12 "My view is that the first question that the Inquiry  
 13 might ask is whether the Test, Trace, Protect (or its  
 14 equivalent) system was the correct system to use in  
 15 response to a pandemic of this scale. I consider that  
 16 it may not have been the correct answer to make use of  
 17 a conventional public health approach to dealing with  
 18 communicable diseases, that were tried and tested and  
 19 successful in those sorts of outbreaks [sorts of  
 20 outbreaks, I think that should be] that public health  
 21 technicians were used to dealing with, by simply  
 22 replicating the same thing on a larger scale."

23 Can we have complete clarity about what you're  
 24 saying and what your view is here, Mr Drakeford,  
 25 particularly informed as the fact that you were the  
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1 point here, and it came partly from my own experience of  
 2 being the Health Minister during a large measles  
 3 outbreak in the Swansea area of Wales, where we would  
 4 write to families, sometimes knowing that they were from  
 5 different backgrounds, and what I think I realised is --  
 6 you know, I feel like I have been very fortunate in my  
 7 life, that, on the whole, I've lived in a context where  
 8 if you are contacted by the state, you think that's  
 9 because it's got a benign intention behind it. A letter  
 10 from the council is going to be telling you something  
 11 you need to know. We were writing to families who came  
 12 from other parts of Europe, now, where a letter from the  
 13 state is something to be worried about.

14 And so instead of opening it and following the  
 15 advice, people were putting it on the mantelpiece and  
 16 making sure they didn't open it at all. So one of the  
 17 more general lessons, I think, to be gained from this  
 18 experience is that some of the ways in which we try to  
 19 communicate are very, very culturally driven. They come  
 20 because of the way we think about things, and we don't  
 21 always realise that that way of doing things may evoke  
 22 a very different response from people whose experience  
 23 has been otherwise.

24 And I think, I hope we took a bit of that into our  
 25 Covid response, but I think we could have -- I think  
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1 First Minister that was intimately involved in what was  
 2 taking place and decision making.

3 A. Well, thank you, and thank you for the invitation to  
 4 reflect at the end of the statement on any lessons that  
 5 I think might be drawn, and it's a "might". I don't  
 6 want to say it is a lesson but I think both at the time,  
 7 and thinking back, I do ask myself the question whether  
 8 the industrial scale of contact tracing, everything that  
 9 we did, whether we got an adequate return on all of that  
 10 activity in terms of public health protection. That's  
 11 my first question. There is a very interesting TAC  
 12 paper that came the way of the Welsh Government, I think  
 13 in March 2021, that said contact tracing does work, but  
 14 by far the largest effect comes from contacting the  
 15 index case and getting them to isolate. And the  
 16 additional protection you get from all the other  
 17 contacts that you make is relatively marginal. And yet  
 18 we were doing it on this huge scale.

19 So I just think there is a question that is worth  
 20 exploring as to whether or not, just taking what public  
 21 health physicians knew, in that measles outbreak, in  
 22 that tuberculosis outbreak, and then thinking that that  
 23 would work, given the scale of challenge faced by Covid,  
 24 whether that turned out to be the right assumption to  
 25 make.  
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1 And then, I think the other thing that I would --  
 2 was concerned about and would be concerned about, is  
 3 because we were putting such an enormous effort into the  
 4 TTP system, did that prevent us from thinking about  
 5 doing things differently? Were we so invested in making  
 6 this work that we didn't have what is sometimes called  
 7 these days a red team, isn't it, a group of people who  
 8 because you not is that system working well, but is that  
 9 the right system to use at all? Were there other things  
 10 we might have been able to do?

11 We never really did ask ourselves that question  
 12 because we were so invested in making the system that we  
 13 had work and I think in future, maybe it would be good  
 14 to build into a reaction, you know, a bit of challenge  
 15 so we don't just take the things we know about already.  
 16 And public health physicians knew about contact tracing.  
 17 And then they decide -- you know, they advised us that  
 18 this was the right way of responding to Covid.

19 **LADY HALLETT:** Thinking of other options, Mr Drakeford, I  
 20 don't know if you heard the evidence about the ZOE App  
 21 from Professor Spector which I gather was taken up to an  
 22 extent in Wales.

23 **A.** Yes.

24 **LADY HALLETT:** But basically, the principle there is, it's  
 25 not test and trace, it's a symptom tracker, and then  
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1 that first report on preparedness that could and should  
 2 have invested in infrastructure in advance of the  
 3 Covid-19 pandemic but had not done so. And if we follow  
 4 it through to the end, we can see the massive cost to  
 5 the nation of building test and trace systems from  
 6 scratch, the building blocks and essential structure of  
 7 the test and trace systems established by the United  
 8 Kingdom Government and the devolved administrations  
 9 during the pandemic should have been maintained, so that  
 10 these systems can be rapidly restored and adapted for  
 11 use in the event of a future outbreak.

12 I appreciate you're no longer the First Minister but  
 13 you were up until 2024. Are you able to assist us why  
 14 the building blocks of test and trace system established  
 15 during the pandemic, particularly in Wales -- well,  
 16 first of all, if any had been maintained, please say so,  
 17 but essentially for those that have not been maintained  
 18 for future deployment in another pandemic, why that is  
 19 the case?

20 **A.** Well, to answer that question directly, and it's part of  
 21 what I think is quite a challenge, in the first sentence  
 22 of the recommendation, because essentially, the  
 23 recommendation is that governments should maintain  
 24 a series of stranded assets, things that you are not  
 25 using, but you are maintaining and spending money on in  
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1 when you know what the symptoms are, including loss of  
 2 smell and taste, which as you know, weren't originally  
 3 thought to be symptoms, then people got symptoms, you'd  
 4 tell them to stay at home.

5 **A.** Yes. Well, I think that's a very good example. I used  
 6 the ZOE App myself every day. The first thing I used to  
 7 do in the morning was to put -- in Wales the reason that  
 8 people did it, I'm not saying this isn't true elsewhere,  
 9 but certainly in Wales the best appeal to make to people  
 10 is not do this because it'll be good for you; it's do  
 11 this because you'll be helping somebody else. So the  
 12 reason people filled in the ZOE App is because they knew  
 13 that if you did that, that would provide information  
 14 that would, you know, help other people to know what was  
 15 going on.

16 So I think that is a very good example of something  
 17 else that was happening, but it was slightly to one side  
 18 of the real effort, which was making TTP work.

19 **MS CARTWRIGHT:** Thank you.

20 And finally for my purposes, please, Mr Drakeford,  
 21 you'll be aware that the first module report has already  
 22 been published, and it's just a brief question on one of  
 23 the conclusions in that report, paragraph 5.68, and  
 24 obviously you'll be aware that the UK Government and  
 25 devolved administrations have been identified through  
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1 case you may need them at some point in the future. And  
 2 in the world of practical politics, that is a very hard  
 3 thing to do.

4 I mean, when I was the Health Minister, I agreed to  
 5 spend a significant sum of money on Tamiflu, which then  
 6 after five years, had to be written off because it was  
 7 no longer -- you know, its usefulness decays over time,  
 8 and we were very, very heavily criticised by opposition  
 9 parties and other people in the public for such a waste  
 10 of money you know, we'd invested in this, and there it  
 11 was, it was useless, and that was a very hard thing to  
 12 sustain in the political world, investing in things that  
 13 cost you money, not because they're useful to you, but  
 14 because they might be needed in the future.

15 In terms of the things that we did invest in, and  
 16 whether we still have them, we do to a certain extent.  
 17 In many ways the human resources, I think we do still  
 18 have, and, you know, we've learned a lot about how we  
 19 can adapt the human resources we have, and we used that  
 20 very successfully in TTP, in using our local government  
 21 colleagues who were not able to work in their normal  
 22 jobs but were good in talking to the public.

23 I heard your question, I think to Jo-Anne Daniels,  
 24 about the Newport lab. I think that's a much less  
 25 satisfactory story. The Public Health Wales part of  
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1 that does continue to operate.

2 The Lighthouse labs were jointly funded by all four  
3 nations, because we could have chosen to have our  
4 Barnett share and done our own but we chose instead to  
5 have a single pot and we could all benefit from it, and  
6 we did all benefit from it. You know, Wales was very  
7 glad to have access to it. But once the contract ended,  
8 the UK Government alone decided not to continue to fund  
9 it. So all that investment of the public purse had made  
10 in those facilities evaporated at that moment.

11 Had the public sector directly owned and run those  
12 facilities, they would still be available. And I think  
13 there's a bit of a lesson there too, about -- I know it  
14 was all hands to the pump and you had to use, you know,  
15 other -- but the contractual basis of some of those  
16 facilities meant that the public return on the money  
17 that was invested was very short-term indeed and, done  
18 a different way, could have had a much longer set of  
19 benefits for the public.

20 **MS CARTWRIGHT:** Mr Drakeford, thank you for answering my  
21 questions.

22 My Lady, there are Core Participant questions, thank  
23 you.

24 **LADY HALLETT:** There are. I think just from Ms Parsons.

25 Round the side of the pillar, Mr Drakeford, if you  
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1 think the Welsh Government ought to have taken  
2 a precautionary approach in relation to asymptomatic  
3 testing?

4 **A.** I think the Welsh Government attempted to follow the  
5 evidence as it was presented to us. I don't think we  
6 were in a position to be wiser than anybody else about  
7 the nature of asymptomatic infection or transmission,  
8 which obviously evolved over time. The decisions we  
9 made were made in the light of the best evidence that  
10 was given to us about whether or not diverting tests for  
11 asymptomatic use was justified by the conditions of the  
12 time. And that changed over time.

13 **Q.** So what is your answer to whether the Welsh Government  
14 ought to have taken a precautionary approach?

15 **A.** Well, I believe we did take a precautionary approach.  
16 And then the question is: could we have taken a more  
17 precautionary approach? And I don't think the evidence  
18 would have justified us in doing so.

19 **Q.** We know, because of the Welsh Government's opening for  
20 this module to the Inquiry, that they've accepted that  
21 they were late on their policy in terms of testing those  
22 being discharged from hospital, so I think we can say  
23 that that wasn't a sufficiently precautionary approach  
24 there; is that fair?

25 **A.** I think what the Welsh Government's statement says is  
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1 want to see where Ms Parsons is.

2 **THE WITNESS:** I can see, thank you.

3 **Questions from MS PARSONS**

4 **MS PARSONS:** Thank you, my Lady.

5 Good afternoon, Mr Drakeford. I ask questions on  
6 behalf of the Covid-19 Bereaved Families for  
7 Justice Cymru. I want to ask you about the Welsh  
8 Government's understanding of asymptomatic transmission.  
9 And you summarise that position at paragraph 75 of your  
10 witness statement, and we don't need to turn it up, but  
11 I understand the position in short is that up until  
12 April 2020, there was, you say, insufficient evidence of  
13 asymptomatic transmission upon which to base operational  
14 decisions. Is that your understanding?

15 **A.** That's right.

16 **Q.** So there needed to be sufficiency of evidence, for  
17 example, to introduce asymptomatic testing of healthcare  
18 workers, and so on; is that right?

19 **A.** Ms Parsons, I think that there needed to be sufficiency  
20 of evidence to prioritise the use of tests for that  
21 purpose, rather than other purposes that were also  
22 required at the time.

23 **Q.** A matter of priorities.

24 I know you're familiar with SAGE's precautionary  
25 approach, Mr Drakeford, and given that approach, do you  
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1 that there was a delay which ought not to have been as  
2 long as it was between a policy decision and the  
3 guidance being published.

4 So in that case the decision was made on 15 April  
5 and the guidance was published on 29 April. And the  
6 Welsh Government's statement acknowledges that that gap  
7 should have been shorter.

8 **Q.** On the subject of gaps, though, Mr Drakeford, I think  
9 what's coming over from the Welsh Government witnesses  
10 is that the evidence, in their view, began to change in  
11 April/May time, hence the policy to test in care homes,  
12 but the policy in respect of healthcare workers didn't  
13 change until November 2020, and even, in practice,  
14 March 2021. So that wasn't a precautionary approach  
15 either, was it?

16 **A.** Well, I think that's more linked to evolution of  
17 technology, isn't it? Healthcare workers were tested  
18 from the very beginning. The first healthcare workers  
19 in Wales were tested on 7 March. And so it's not that  
20 healthcare workers aren't being tested until the late  
21 autumn; it's a question about whether you can use  
22 lateral flow tests accurately and reliably on a wider  
23 scale.

24 There is a gap -- I heard Vaughan Gething answer  
25 questions about the gap between the policy of the Welsh  
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1 Government being determined and its implementation on  
2 the ground, and I think Vaughan acknowledged that there  
3 were gaps in the advice that came to ministers about the  
4 length of time that was taking.

5 But I don't think myself that the policy was  
6 particularly late in being developed.

7 **Q.** Sorry to come back on this, Mr Drakeford, why not? Why  
8 do you say that's not late? The evidence was there,  
9 many say well before April 2020 and, on your own  
10 account, by May, when you changed the policy for  
11 healthcare workers. Why is November -- November through  
12 to March -- not late?

13 **A.** Well, I think I'm not agreeing with the basic premise of  
14 your question, because -- I may be misunderstanding, and  
15 apologies, if I am -- I think what you're saying to me  
16 is that it took from March to November to have a policy  
17 of testing healthcare workers. I simply dispute that.  
18 We were testing healthcare workers from 7 March onwards.

19 **Q.** And I apologise, Mr Drakeford. It's my fault.  
20 Routine testing asymptomatic healthcare workers.  
21 That's the key. I'm so sorry, that's been the heading  
22 for all of my questions, in fact: asymptomatic  
23 transmission and asymptomatic testing.

24 That came in in the November as a policy -- sorry,  
25 that was discussed in November but it didn't come in  
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1 statement highlights the characteristics of Wales, its  
2 size, political structures, strong social partnerships,  
3 and so on, and it highlights them as advantages during  
4 the pandemic response, and you underscore distinctive  
5 decision-making principles in your witness statement  
6 that prioritised trust and equality. That's at  
7 paragraphs 19 to 24. We needn't turn it up. I'm sure  
8 you know what I have in mind.

9 But throughout the pandemic, Mr Drakeford, there are  
10 a number of delays in the implementation of testing  
11 policy as compared to England. I appreciate, of course,  
12 it's a devolved matter, but nevertheless, the delays are  
13 consistent and striking. By way of example, routine  
14 testing for care home patients on discharge from  
15 hospital, routine testing in care homes full stop, and  
16 routine testing of healthcare workers, which we've  
17 already discussed.

18 Given the characteristics that you've highlighted,  
19 as positive characteristics which inform good decision  
20 making, why was there such a delay in testing decisions  
21 that I've just outlined?

22 **A.** Well, I think there is a general difference in approach  
23 between the way in which UK ministers made decisions for  
24 England and the way Welsh ministers made decisions for  
25 Wales, and that disguises something which I think  
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1 until 14 December?

2 **A.** Thank you. I understand the question better now.

3 And as I say, I think that that is related more to  
4 the availability of a different sort of test. There was  
5 a lot of debate in Wales as to whether or not those  
6 tests could be used in that way. Would they be  
7 sufficiently reliable? Would people have confidence in  
8 them? And it did take until later in the -- in that  
9 consequence of events for us to have arrived at a point  
10 where we thought that those tests could be used, and  
11 therefore that asymptomatic testing would be possible at  
12 the scale and in the way that it was after  
13 November 2020.

14 **Q.** But just before we move on from this, of course,  
15 Mr Drakeford, we've been discussing that Wales didn't  
16 use up its capacity of testing, in any event, throughout  
17 2020.

18 **A.** Well, as I've explained, I think there are two phases in  
19 that. The autumn that -- I beg your pardon, the summer  
20 phase is because there isn't a demand for testing. The  
21 gap between tests available and take-up of tests in the  
22 early period was raised, and, you know, I would say very  
23 pointedly raised, by the Health Minister with officials  
24 and he was offered the explanation that he was offered.

25 **Q.** Lastly, and briefly, if I may, Mr Drakeford, your  
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1 doesn't completely emerge in the question.

2 In my experience, the approach in England was to  
3 announce first and then plan. So you can announce that  
4 something is going to happen, but if you don't have  
5 a plan for making it happen, it actually doesn't happen.  
6 So the fact that somebody in England says everything is  
7 going to happen from next Tuesday, believe me, is no  
8 guarantee that it was happening from Tuesday.

9 In Wales, we took the opposite approach: we planned  
10 first and then we announced. And sometimes that makes  
11 us look like we are later doing things than was  
12 happening elsewhere, but I believe that our method was  
13 more effective. It delivered better on the ground, and  
14 it certainly, I think, explains why there were higher  
15 levels of trust in Wales, between decision makers and  
16 those affected by them, than turned out to be the case  
17 in England.

18 **Q.** Just so I've understood your evidence, Mr Drakeford,  
19 does that effectively mean that you're suggesting that  
20 even though England announced policies earlier, in fact  
21 it was just that they introduced them, in reality, at  
22 the same time as Wales?

23 **A.** Well, I think the gap is not the gap that you suggested  
24 in your earlier question by saying, you know, something  
25 was announced in England and then two weeks later  
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1 something happens in Wales. I think the gap is  
2 considerably less than that in practice.  
3 **MS PARSONS:** Thank you.  
4 Thank you, Mr Drakeford.  
5 **THE WITNESS:** Thank you.  
6 **MS PARSONS:** Thank you, my Lady.  
7 **LADY HALLETT:** Thank you, Ms Parsons.  
8 That completes the questions we have for you,  
9 Mr Drakeford. I don't know if you heard what I said to  
10 Mr Gething but I am very conscious of the burden we  
11 place upon you. I know you are still extremely busy.  
12 I've checked. I can't give you any guarantees that  
13 we're not going to ask you to assist us again but  
14 I promise you, the teams are very conscious that we  
15 shouldn't place another burden on you unless it's  
16 absolutely necessary.  
17 Thank you so much for your help today and for your  
18 thoughtful evidence.  
19 **THE WITNESS:** Appreciate it. Thank you.  
20 **LADY HALLETT:** Very well, I shall return at 10.00 tomorrow.  
21 Thank you.  
22 **(4.30 pm)**  
23 **(The hearing adjourned until 10.00 am the following day)**  
24  
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<b>[1]</b> 89/10  '<b>clinically</b> <b>[1]</b> 15/5  '<b>new</b> <b>[1]</b> 20/13  '<b>Protect</b> <b>[1]</b> 191/21  '<b>Tarian</b> <b>[1]</b> 140/8  .  ... <b>[1]</b> 85/20  ... <b>person</b> <b>[1]</b> 85/20  <b>0</b>  <b>000585972</b> <b>[1]</b> 37/24  <b>1</b>  <b>1 April</b> <b>[1]</b> 113/5</p>	<p><b>1 June</b> <b>[1]</b> 143/10  <b>1 May</b> <b>[1]</b> 24/25  <b>1.45</b> <b>[2]</b> 103/9 103/13  <b>10</b> <b>[3]</b> 3/24 85/1  147/4  <b>10 billion</b> <b>[1]</b> 32/12  <b>10 December</b> <b>[1]</b>  37/21  <b>10.00</b> <b>[3]</b> 1/2 209/20  209/23  <b>100</b> <b>[1]</b> 60/9  <b>102</b> <b>[1]</b> 156/7  <b>103</b> <b>[2]</b> 61/7 104/16  <b>104</b> <b>[3]</b> 107/24 108/1  109/7  <b>105</b> <b>[2]</b> 110/10 112/5  <b>106</b> <b>[1]</b> 112/5  <b>109</b> <b>[2]</b> 112/24  115/12  <b>11</b> <b>[1]</b> 5/1  <b>11 March</b> <b>[3]</b> 7/3  52/20 53/19  <b>11 March 2024</b> <b>[1]</b>  105/3  <b>11 September 2024</b>  <b>[1]</b> 173/14  <b>11-15</b> <b>[1]</b> 189/22  <b>11.17</b> <b>[1]</b> 55/4  <b>11.35</b> <b>[2]</b> 55/2 55/6  <b>111</b> <b>[1]</b> 110/13  <b>114</b> <b>[2]</b> 61/25 62/1  <b>115</b> <b>[2]</b> 119/4 119/6  <b>116</b> <b>[1]</b> 6/25  <b>117</b> <b>[1]</b> 66/16  <b>118</b> <b>[4]</b> 6/17 12/6  63/16 63/20  <b>119</b> <b>[2]</b> 12/21 14/16  <b>12</b> <b>[3]</b> 36/10 64/15  84/7  <b>12 May</b> <b>[2]</b> 88/5  90/10  <b>12 weeks</b> <b>[1]</b> 12/10  <b>12,000</b> <b>[1]</b> 183/5  <b>12.47</b> <b>[1]</b> 103/11  <b>120</b> <b>[1]</b> 6/18  <b>124</b> <b>[2]</b> 64/19 64/21  <b>128</b> <b>[1]</b> 68/6  <b>12th</b> <b>[1]</b> 88/15  <b>13</b> <b>[2]</b> 18/7 174/21  <b>13 laboratories</b> <b>[3]</b>  66/12 66/18 66/22  <b>13 March</b> <b>[7]</b> 107/17  108/10 108/18 109/8  109/20 110/21 111/1  <b>13 March 2020</b> <b>[2]</b>  64/23 110/25  <b>131</b> <b>[1]</b> 76/12  <b>13th</b> <b>[2]</b> 111/4 111/24  <b>14</b> <b>[3]</b> 30/6 161/2  206/1  <b>14 December 2020</b>  <b>[1]</b> 164/10  <b>14 May</b> <b>[2]</b> 87/7  88/10</p>	<p><b>140</b> <b>[1]</b> 80/25  <b>147</b> <b>[2]</b> 139/18  139/19  <b>148</b> <b>[2]</b> 29/22 29/24  <b>15</b> <b>[3]</b> 32/25 137/21  189/22  <b>15 April</b> <b>[1]</b> 204/4  <b>15,000</b> <b>[1]</b> 67/11  <b>15,000 samples</b> <b>[1]</b>  66/7  <b>15-20</b> <b>[1]</b> 93/3  <b>150</b> <b>[1]</b> 38/11  <b>16</b> <b>[5]</b> 28/19 29/2  135/2 178/3 183/15  <b>16 March</b> <b>[1]</b> 177/21  <b>16 March 2020</b> <b>[1]</b>  68/7  <b>16 May</b> <b>[1]</b> 84/5  <b>16 May 2020</b> <b>[2]</b>  83/11 164/7  <b>16 million</b> <b>[2]</b> 16/7  17/9  <b>16-20</b> <b>[2]</b> 148/7  189/21  <b>162</b> <b>[1]</b> 70/4  <b>167</b> <b>[3]</b> 83/6 83/10  96/25  <b>169</b> <b>[1]</b> 55/20  <b>17 March</b> <b>[1]</b> 109/11  <b>173</b> <b>[4]</b> 74/15 74/16  75/24 87/13  <b>175</b> <b>[3]</b> 119/25 120/1  178/13  <b>18</b> <b>[7]</b> 36/8 74/22  96/4 134/2 174/2  181/12 184/24  <b>18 May</b> <b>[5]</b> 121/6  126/7 139/21 143/7  143/16  <b>18 May 2020</b> <b>[1]</b>  121/4  <b>18 May of</b> <b>[1]</b> 120/5  <b>19</b> <b>[30]</b> 7/6 18/22  27/7 65/18 66/2 68/8  85/12 92/4 98/13  108/23 112/21 119/8  119/11 119/17 131/17  131/17 140/23 149/14  160/4 167/16 167/22  173/8 177/19 189/10  189/16 189/20 189/24  199/3 202/6 207/7  <b>19 June</b> <b>[1]</b> 27/14  <b>19 March</b> <b>[2]</b> 7/13  53/20  <b>19 May</b> <b>[1]</b> 135/2  <b>2</b>  <b>2 million</b> <b>[1]</b> 10/23  <b>2,100</b> <b>[3]</b> 123/7  123/16 178/25  <b>2.2 million</b> <b>[5]</b> 16/6  17/7 17/8 18/5 19/4  <b>20</b> <b>[6]</b> 25/3 93/3</p>	<p>93/23 147/4 148/7  189/21  <b>20 March</b> <b>[4]</b> 7/19  7/23 8/4 11/23  <b>20 March 2025</b> <b>[1]</b>  104/15  <b>20 May 2025</b> <b>[1]</b> 1/1  <b>20 November</b> <b>[1]</b>  105/3  <b>20 November 2020</b>  <b>[2]</b> 160/14 160/25  <b>20 years</b> <b>[1]</b> 2/10  <b>200</b> <b>[6]</b> 153/11  153/14 153/16 153/17  154/19 193/16  <b>200,000</b> <b>[1]</b> 12/14  <b>2004</b> <b>[1]</b> 105/17  <b>2008</b> <b>[1]</b> 105/17  <b>2011</b> <b>[1]</b> 105/18  <b>2013</b> <b>[1]</b> 105/19  <b>2016</b> <b>[1]</b> 105/22  <b>2018</b> <b>[1]</b> 173/6  <b>2019-nCov</b> <b>[1]</b> 85/5  <b>2020</b> <b>[110]</b> 6/9 10/9  12/7 13/14 19/13  22/13 22/16 23/15  25/13 27/7 28/13  32/12 32/12 36/10  39/1 43/13 48/22 49/3  50/1 52/2 52/4 54/5  54/10 54/14 56/8  56/15 56/24 61/3 61/4  62/16 63/5 64/23 65/3  66/6 66/21 67/4 67/12  68/7 68/15 69/4 69/5  70/2 70/15 71/16  71/23 73/3 74/2 74/3  75/16 75/21 76/20  81/5 83/11 84/23 85/1  85/24 86/2 86/7 88/2  89/24 92/17 96/16  98/8 105/15 109/20  110/25 113/1 120/5  121/4 122/21 122/23  123/1 124/1 124/4  130/15 130/19 130/21  131/3 131/14 131/24  132/5 132/7 132/8  132/14 132/16 134/1  136/18 136/22 148/4  153/21 160/14 160/25  161/2 163/5 164/7  164/8 164/10 164/16  174/2 176/4 177/20  178/8 179/1 181/12  189/11 202/12 204/13  205/9 206/13 206/17  <b>2020-2021</b> <b>[2]</b> 4/12  4/15  <b>2021</b> <b>[15]</b> 4/12 4/15  31/12 34/25 41/15  63/5 78/20 79/14  94/20 95/25 131/9  161/4 163/5 196/13</p>	<p>204/14  <b>2022</b> <b>[6]</b> 31/13 56/17  56/25 57/13 95/25  97/10  <b>2023</b> <b>[1]</b> 105/3  <b>2024</b> <b>[6]</b> 56/15 57/7  105/3 173/9 173/14  199/13  <b>2025</b> <b>[3]</b> 1/1 1/12  104/15  <b>203</b> <b>[1]</b> 191/15  <b>208</b> <b>[1]</b> 160/16  <b>21</b> <b>[1]</b> 182/21  <b>21 March 2020</b> <b>[1]</b>  113/1  <b>22 billion</b> <b>[3]</b> 4/12  4/14 34/24  <b>22 May</b> <b>[3]</b> 13/2  14/20 18/2  <b>22 May 2020</b> <b>[1]</b>  13/14  <b>23</b> <b>[1]</b> 108/1  <b>23 July</b> <b>[1]</b> 36/19  <b>24</b> <b>[2]</b> 59/9 207/7  <b>24 January</b> <b>[1]</b> 174/3  <b>24 March 2020</b> <b>[3]</b>  131/24 132/5 132/7  <b>24 September 2020</b>  <b>[3]</b> 92/17 148/4  189/11  <b>243</b> <b>[1]</b> 78/3  <b>245</b> <b>[2]</b> 78/7 78/12  <b>25,000</b> <b>[1]</b> 132/18  <b>250</b> <b>[1]</b> 96/11  <b>253</b> <b>[1]</b> 17/13  <b>26</b> <b>[1]</b> 112/24  <b>26 March</b> <b>[1]</b> 172/11  <b>27</b> <b>[1]</b> 119/6  <b>28</b> <b>[1]</b> 98/25  <b>28 days</b> <b>[1]</b> 6/14  <b>28 February 2020</b> <b>[1]</b>  177/20  <b>286</b> <b>[2]</b> 150/25 151/1  <b>29</b> <b>[1]</b> 18/5  <b>29 April</b> <b>[1]</b> 204/5  <b>29 January</b> <b>[1]</b> 174/4  <b>29 May</b> <b>[2]</b> 20/10  21/2  <b>29 May 2020</b> <b>[1]</b>  19/13  <b>2B</b> <b>[6]</b> 63/25 125/12  131/23 151/12 157/21  161/11  <b>3</b>  <b>3.19</b> <b>[1]</b> 171/20  <b>3.35</b> <b>[2]</b> 171/18  171/22  <b>30</b> <b>[5]</b> 57/7 60/10  90/2 132/14 132/16  <b>30 April</b> <b>[1]</b> 127/13  <b>300 million</b> <b>[1]</b> 35/1  <b>31</b> <b>[3]</b> 7/1 12/6 56/17  <b>315</b> <b>[1]</b> 186/20</p>
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<b>3</b> <b>330 [2]</b> 28/13 28/25 <b>333 [2]</b> 195/9 195/11 <b>34 [1]</b> 61/25 <b>34 new [1]</b> 68/8 <b>349 [1]</b> 91/25 <b>35 [4]</b> 30/12 63/17 66/18 183/4 <b>35 hours [2]</b> 29/10 30/19 <b>353 [1]</b> 92/11 <b>36 [1]</b> 64/21 <b>38 [4]</b> 18/6 29/22 68/6 76/13 <b>382 [1]</b> 156/6 <b>39 [2]</b> 139/18 139/19	<b>7 March [1]</b> 205/18 <b>74.35 [1]</b> 17/14 <b>75 [2]</b> 190/20 202/9 <b>750 [5]</b> 31/12 94/19 95/23 152/10 154/7	176/2 184/6 186/5 187/16 188/1 188/4 188/14 189/2 189/23 197/10 199/13 200/21 <b>about [258]</b> <b>above [2]</b> 138/22 187/2 <b>absolute [1]</b> 65/12 <b>absolutely [4]</b> 65/24 158/16 171/5 209/16 <b>academic [5]</b> 62/5 62/12 62/18 62/23 89/23 <b>accept [2]</b> 134/3 151/7 <b>acceptable [1]</b> 128/8 <b>accepted [2]</b> 141/19 203/20 <b>accepting [2]</b> 90/15 90/15 <b>access [16]</b> 44/4 51/4 62/4 79/1 83/13 84/20 84/21 92/19 93/6 123/10 133/13 134/13 137/22 139/14 159/12 201/7 <b>accessed [1]</b> 106/5 <b>accessibility [2]</b> 43/11 46/1 <b>accessible [2]</b> 99/1 193/19 <b>accommodating [1]</b> 116/11 <b>accordingly [1]</b> 156/23 <b>account [5]</b> 11/12 30/20 103/5 106/19 205/10 <b>accumulate [2]</b> 179/12 179/13 <b>accumulation [1]</b> 158/9 <b>accuracy [3]</b> 78/11 79/6 123/19 <b>accurately [1]</b> 204/22 <b>achieve [3]</b> 44/11 116/16 144/5 <b>achieved [1]</b> 102/7 <b>achievement [3]</b> 103/3 142/21 142/25 <b>acknowledge [5]</b> 4/7 42/8 42/18 101/12 167/3 <b>acknowledged [2]</b> 23/3 205/2 <b>acknowledgement</b> <b>[1]</b> 86/16 <b>acknowledges [1]</b> 204/6 <b>acquisition [1]</b> 39/13 <b>across [22]</b> 22/11 65/23 66/14 71/25 73/11 82/21 93/5 97/5 99/14 107/21 108/6	109/2 117/18 118/18 126/17 130/1 137/8 140/24 148/5 159/16 174/9 183/4 <b>act [3]</b> 27/21 100/18 188/3 <b>acted [2]</b> 156/22 165/13 <b>acting [3]</b> 105/8 165/23 193/10 <b>action [2]</b> 108/5 154/23 <b>active [2]</b> 17/20 18/15 <b>activities [1]</b> 99/11 <b>activity [4]</b> 79/2 82/22 108/19 196/10 <b>actual [1]</b> 143/3 <b>actually [33]</b> 11/23 43/1 93/22 94/5 102/14 109/3 110/15 110/17 114/23 121/15 126/11 126/18 127/19 129/8 129/14 135/5 135/25 142/8 142/18 144/23 153/10 153/25 160/5 162/17 165/11 169/3 169/4 169/9 169/11 170/13 176/18 178/14 208/5 <b>acutely [1]</b> 171/1 <b>ad [2]</b> 167/18 169/25 <b>ad hoc [1]</b> 167/18 <b>adapt [1]</b> 200/19 <b>adapted [1]</b> 199/10 <b>add [12]</b> 11/15 14/13 35/18 35/23 42/12 42/23 48/19 65/6 68/17 77/18 88/1 150/11 <b>addition [3]</b> 2/13 106/11 148/20 <b>additional [6]</b> 9/12 16/8 76/14 95/21 96/10 196/16 <b>additionally [1]</b> 117/13 <b>address [10]</b> 8/5 8/14 46/1 53/22 86/9 125/17 156/16 158/22 167/21 172/21 <b>addressed [7]</b> 10/19 39/23 87/23 87/25 124/7 158/13 187/14 <b>addressing [1]</b> 33/10 <b>adequacy [2]</b> 7/10 9/15 <b>adequate [5]</b> 20/15 21/16 23/10 24/24 196/9 <b>adhere [1]</b> 95/9 <b>adherence [1]</b> 25/5 <b>adjourned [1]</b> 209/23 <b>Adjournment [1]</b>	103/12 <b>adjunct [1]</b> 94/2 <b>adjust [1]</b> 49/22 <b>adjusting [1]</b> 50/8 <b>administered [4]</b> 45/10 46/19 46/24 47/1 <b>administration [1]</b> 44/8 <b>administrations [4]</b> 5/6 174/12 198/25 199/8 <b>administratively [1]</b> 29/20 <b>admission [1]</b> 121/17 <b>admittedly [1]</b> 144/2 <b>adopt [1]</b> 120/8 <b>adopted [2]</b> 5/12 64/25 <b>adopting [1]</b> 120/24 <b>adults [1]</b> 169/2 <b>advance [1]</b> 199/2 <b>advanced [1]</b> 168/8 <b>advantages [1]</b> 207/3 <b>advice [184]</b> 8/2 8/9 10/24 11/24 12/7 12/18 12/22 13/13 13/20 14/7 15/2 15/2 15/12 16/13 16/20 17/5 17/11 17/22 19/6 21/6 24/20 24/22 24/25 25/12 25/23 26/20 26/24 33/17 34/8 39/1 39/7 40/11 41/25 42/1 42/6 42/7 42/15 42/16 43/5 43/25 45/13 45/14 47/15 47/19 47/24 47/25 48/3 48/5 48/7 48/9 48/11 48/16 48/18 48/20 48/20 48/24 48/25 49/6 49/25 50/18 51/10 51/12 52/17 54/7 54/14 59/4 59/25 60/1 60/4 60/8 60/11 62/7 63/6 63/8 63/15 64/24 70/15 74/20 83/18 84/3 84/8 84/16 84/21 85/1 86/24 87/3 87/7 87/7 87/16 87/16 88/4 88/5 88/10 88/12 88/23 88/24 88/25 89/12 89/17 89/21 90/2 90/10 90/11 90/21 96/15 100/20 106/5 106/15 106/20 106/22 106/23 109/11 110/6 110/11 110/14 119/7 120/12 120/17 120/22 121/13 122/2 122/6 123/25 124/5 124/23 125/1 125/14 125/23 125/23 130/12	
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