Witness Name: Julie Morgan
Statement No.: 1 in M6
Exhibits: 82
Dated: 3 June 2025

UK COVID-19 INQUIRY - MODULE 6

WITNESS STATEMENT OF JULIE MORGAN

I, Julie Morgan, will say as follows: -

Personal background

1. I was elected as the Labour Member of Parliament for the Cardiff North constituency in May 1997, a seat I held until the general election in May 2010. As MP for Cardiff North, I was a member of the Justice, Welsh Affairs, and Public Administration Select Committees.

2. In May 2011 I was elected as the Assembly Member for Cardiff North. During the fourth Assembly (2011-2016) I sat on the Public Accounts Committee, the Finance Committee and the Environment Committee.

3. I was re-elected as the Assembly Member for Cardiff North in May 2016, and was a member of two Assembly committees: the Social Care and Sport Committee and the Children, Young People and Education Committee, until becoming a minister in 2018.

4. I am a Social Worker by profession and worked in medical social work for four years, after leaving university. I then worked in South Glamorgan and West

Glamorgan Councils and finally in Barnardo's. My work in Sully Hospital as a medical social worker was mainly with adults, and my work in Barry Social Services was with older and disabled people. My other jobs were with children and families.

5. I am a member of the Labour Party, and my political positions have all been for the Labour Party. I am a member of the Unite and Unison trades unions and also the Co-operative Party. I was a councillor for over 10 years in South Glamorgan County Council where I was a member of the Social Services Committee.

Ministerial role and working relationships

6. I was appointed Deputy Minister for Health and Social Services on 13 December 2018. During my time in this role, my portfolio was limited to social services, supporting the Minister for Health and Social Services who had overall responsibility for the health and social care system in Wales. Following the Senedd elections in May 2021, I was reappointed as the Deputy Minister for Social Services. This did not result in a change of responsibilities but better reflected my ministerial portfolio.

7. My responsibilities during the period from January 2020 to May 2022, insofar as relevant to the scope of Module 6, were:
    i. Policy and oversight of the provision of social services activities of local authorities in Wales, including statutory guidance, oversight of Social Care Wales.
    ii. Regulation of residential, domiciliary, adult placements, inspection of and reporting on the provision of social services by local authorities (via Care Inspectorate Wales) including joint reviews of social services and responding to reports

8. When I was appointed Deputy Minister for Health and Social Services in 2018, Vaughan Gething held the position of Minister for Health and Social Services. He continued to do so until the Senedd elections in May 2021. I took day to day responsibility for the delivery of the social care related responsibilities set out

above, including maintaining regular engagement with social care stakeholders such as care home providers, local authorities and the Older People's Commissioner (which I describe in more detail later in my statement), and in some instances taking decisions in relation to social care matters, but overall responsibility and accountability for matters relating to social care remained with Mr Gething.

9. Following the Senedd elections in May 2021, Eluned Morgan was appointed Minister for Health and Social Services. The matters for which I had responsibility were unchanged, and I continued to take lead day to day responsibility in the delivery of the social care related responsibilities set out above, including maintaining regular engagement with key social care stakeholders.

10. There were no significant differences between my working relationships with Vaughan Gething and Eluned Morgan. While I was working with Vaughan Gething, I was working from home due to pandemic restrictions during the early stages of the Covid-19 pandemic, but I was working in the office when Eluned Morgan was Minister for Health and Social Services. We were all regularly discussing different aspects of policy and inevitably sometimes we did not agree but we worked towards finding common solutions. I recall one particular occasion when I disagreed with Vaughan Gething on a matter relating to the testing of care home staff which I describe later in my statement.

11. Throughout my tenure as Deputy Minister, I was supported by the Director of the Social Services and Integration Directorate and Chief Social Care Officer for Wales, Albert Heaney (for ease of reference I refer to him as the Director), and by the officials in his Directorate.

12. I had a very good working relationship with the Director throughout the pandemic period, assisted by our shared background as social workers. We maintained excellent engagement throughout the pandemic, and I met daily with the Director during the early stages of the pandemic (usually in the evenings and occasionally

at weekends), followed by at least once weekly thereafter. The Director (or members of his team) would also regularly attend meetings which I held with Care Forum Wales, the Older People's Commissioner and other individuals or groups representing the interests of the care sector and/or those receiving care. Where I was asked to make a decision in response to Ministerial Advice, these would in most cases have been drafted and cleared by members of the Director's team and occasionally cleared by the Director himself. I had every confidence that the Director understood and would reflect my views in managing his role in the Covid-19 pandemic.

Role in key decisions

13. The formal method of advising is via the Ministerial Advice process. A Ministerial Advice document is submitted to ministers to provide information, advice and options, to inform a ministerial decision. Ministerial Advice documents will include information and evidence on a range of matters which is provided to assist ministers in reaching a decision. This may include:
    - information about the economic and societal implications of the options under consideration, including the impacts on particular socio-economic groups and groups with protected characteristics
    - advice about the financial implications associated with the options under consideration, and how they would be funded if agreed
    - information about the feasibility of implementation
    - advice about the views of stakeholders – in relation to adult social care the key interested parties included local authorities (including the Directors of Social Services), representatives of the care sector (such as Care Forum Wales), and persons or bodies representing the interests of people in receipt of services, such as the Older People's Commissioner
    - advice about any legal considerations.

14. During the pandemic, I was involved in decision-making in relation to a range of matters affecting the social care sector. I exhibit at **JM/01-INQ000615832** a

chronological list of the decisions I made during the pandemic period which related to adult social care. In some cases, I would be the sole decision-maker, and in others I would make decisions jointly with the Minister for Health and Social Services, and sometimes the minister with responsibility for finance. The matters on which I was asked to make decisions included funding to support local authorities and the sector (including unpaid carers), guidance on visits to care homes, and testing in care homes; and I provide examples later in my statement.

15. Ministerial Advice will sometimes contain information about the views of those groups or individuals interested in or affected by the options under consideration, as I have noted above. However, I held very regular meetings with such groups and individuals, to help me to fully understand and appreciate their views, and this knowledge was also fundamental to my decision-making. I describe these groups and individuals below.

Engagement with key bodies, forums and groups

Care Inspectorate Wales

16. Care Inspectorate Wales is the operationally independent regulator of social care and childcare in Wales. The Inspectorate exercises its regulatory functions on behalf of Welsh Ministers to provide assurance on the quality and safety of services. During the relevant period I attended weekly meetings with Gillian Baranski, the Chief Inspector of Care Inspectorate Wales, to discuss important issues such as hospital discharge, PPE, the number of care homes impacted by Covid-19 including cases and deaths in care homes, and decisions including the decision to pause routine inspections which I discuss below.

Social Care Wales

17. Social Care Wales a Welsh Government Sponsored Body which receives annual funding from the Welsh Government to regulate and develop the social care, childcare and early years workforce and to lead improvement across the social care and childcare sectors. I met regularly with Social Care Wales.

Welsh Local Government Association

18. The Welsh Local Government Association is the representative body of the 22 principal councils in Wales. It is a cross-party membership and member-led organisation that represents the collective views and interests of local authorities in Wales at national level. It also provides advice and support to individual authorities. Lead responsibility for engagement with the Welsh Local Government Association and with local authority leaders rested with the ministers with responsibly for local government: during the pandemic this was Julie James MS (until May 2021), and Rebecca Evans MS (from May 2021 through the remainder of the pandemic period). Regular meetings were held with the Association and with Leaders, particularly early in the pandemic, and I would attend these meetings when matters relating to social care were discussed. I give examples of this in relation to PPE later in my statement.

Association of Directors of Social Services

19. The Association of Directors of Social Services Cymru is the voice of the professional and strategic leadership of social care services in Wales and represents the collective view of all twenty-two local authority social services departments across Wales. The Director of the Social Services and Integration Directorate was the main point of contact for engagement with the Association. I would also have regular contact with the Association.

Older Peoples' Commissioner

20. The Older People's Commissioner is an independent voice and advocate for older people in Wales. The Commissioner's role is to promote the rights, welfare and interests of older individuals and ensure they are treated with dignity and respect. The Commissioner regularly engaged with senior officials within the Social Services and Integration Directorate. I met the Commissioner at least once a week to discuss several issues, particularly around care homes and visiting. The Commissioner's role was to hold the Welsh Government to account on the impact

of its pandemic response on older people, and whilst the Commissioner was often critical, we developed a good working relationship.

Care Forum Wales

21. Care Forum Wales represents care homes, nursing homes and other independent health and social care providers across Wales. The care sector consists of many settings of varying sizes and in various locations, some privately run, and the Forum is the main link between the Welsh Government and the private care sector; as such it was (and remains) an important organisation in relation to social care matters. I was responsible for engagement with Care Forum Wales, holding weekly meetings with Mario Kreft (the Chief Executive of the Forum) to understand the situation in private care homes in Wales and hear the views of care home owners and their workforce. The views of the Care Forum were an important consideration in decision-making, for example in relation to care home visiting. I understand that the Welsh Government's guidance on care home visiting is described in the statements of Vaughan Gething (M6/VGET/01) and Eluned Morgan (M6/EMOR/01).

Care Action Committee

22. The Care Action Committee was established in September 2021 by the Minister for Health and Social Services in response to significant pressures on social care and health services, which were impacting the ability of local authorities to provide support for people in need of care, which in turn was leading to higher admissions to acute hospitals and an inability to discharge people from hospital in a timely manner. The Committee sought to agree practical solutions to prevent further deterioration of the health and social care system. I attended the committee which initially met on a weekly basis. I understand the work of the Committee is described in more detail in the statement of Eluned Morgan (M6/EMOR/01).

Engagement in Welsh Government groups

Covid-19 Core Group

23. The Covid-19 Core Group was established in March 2020 by the First Minister and continued until September 2020. I regularly attended the Covid-19 Core Group meetings where matters such as care home infections, testing and PPE were discussed.

Welsh Government Cabinet

24. The Welsh Government Cabinet is the central decision-making body of the Welsh Government. It is a collective forum for Ministers to decide significant issues and to keep colleagues informed of important matters, and I attended Cabinet regularly during the pandemic period. Cabinet's role is to consider matters which significantly engage the collective responsibility of the Welsh Government, either because they raise significant issues of policy or because they are of critical importance to the public. Given that the implementation of non-pharmaceutical interventions had an impact on every Ministerial portfolio, it followed that decisions regarding the imposition and removal of non-pharmaceutical interventions were taken collectively by the Cabinet. Decisions relating specifically to the social care sector were not generally taken to Cabinet but were made via the Ministerial Advice process as described above.

The Health and Social Services Covid-19 Planning and Response Group

25. I was not involved in the work of the Health and Social Services Group Covid-19 Planning and Response Group (nor any sub-groups) which was convened and coordinated by the Director General of the Health and Social Services Group.

Social Care Fair Work Forum

26. In September 2020 the Welsh Government established the Social Care Fair Work Forum, which was created in response to recommendations from the Fair Work

Wales Commission. Its purpose was to address the longstanding challenges in the social care sector such as low pay and working conditions. The Forum involved trade unions such as UNISON, GMB and Wales TUC; employer representatives such as Care Forum Wales; local government bodies including Association of Directors of Social Services Cymru and the Welsh Local Government Association; and Social Care Wales. I led both the Forum's development and direction. The Forum, for example, advised the Welsh Government on introducing the Real Living Wage and covered broader issues including fairer working conditions for those in the sector.

Ministerial Advisory Group for Carers

27. I led the Carers' Ministerial Advisory Group which was initially established in 2018. During the Covid-19 pandemic the group focused on the challenges faced by unpaid carers. The group addressed issues such as mental health support, access to personal protective equipment and the development of a national carers' plan. By way of an example, I exhibit the minutes of the meetings in April 2020 as **JM/02-INQ000615717**, July 2020 as **JM/03-INQ000350556** and March 2021 as **JM/04-INQ000615825** and February 2022 as **JM/05-INQ000615770**.

Discharge of patients to care homes

28. I have been asked to specifically address correspondence my private office received from the Minister of Economy and Transport on 22 March 2020. The Minister of Economy and Transport sought advice following concerns expressed by a care home provider within the Minister's constituency who had been asked to take patients from what was termed a 'covid19 positive hospital'. The provider expressed concerns about its ability to protect its residents. The provider was also concerned that no testing was available for its staff who were ill. My office liaised directly with the Director of Social Services and Integration.

29. The Director responded to my office and in his email noted the importance of reassurance for care home providers, and that he had discussed expectations with sector leads:
    - Discharges needed to continue – that there was a need to take people out of hospital into care homes.
    - There was no need for unnecessary testing, noting limited testing capacity at that stage.
    - When discharging people who had a positive Coronavirus diagnosis then PPE was to be used (guidance had been issued) and as much support and health advice as required should be offered to care staff.

30. My office forwarded the Director's response to the Minister for Economy and Transport later that day, my special advisor and I were copied into the response. I do not recall any discussions taking place regarding this particular matter.

31. I exhibit the exchange between my office and the Minister as **JM/06-INQ000615610**.

32. On 15 April 2020, I and several of my ministerial colleagues attended a meeting with the First Minister to discuss social care. The purpose of the meeting was to share information about the social care sector and consider any additional actions to help local authorities or the care home sector. During the meeting, I noted that feedback from Care Forum Wales and Care Inspectorate Wales indicated there was great concern about discharge into care homes and testing patients on discharge. The minutes of this meeting (exhibited as **JM/07-INQ000336415**) noted testing as an area which required more work, and that the Chief Medical Officer (Wales) was to consider the policy around testing of patients when leaving hospital to go into a care home.

33. I have been asked to explain the feedback and how it was brought to my attention. On 8 April 2020 I was copied into correspondence to the First Minister from Mary Wimbury, the Chief Executive of Care Forum Wales. I exhibit the correspondence as **JM/08-INQ000499629**. Members of Care Forum Wales reported being

pressured into admitting patients from hospitals. They expressed that they could only safely do so with adequate personal protective equipment and appropriate use of testing. I responded to Mary Wimbury on 1 May 2020, I exhibit my letter as **JM/09-INQ000501332**. I shared the same concerns about the risk presented by people being discharged from hospital to care homes. I also acknowledged the challenges providers faced in accessing sufficient stocks of PPE. I advised that over the last few days Covid-19 test results were required to be available prior to discharge when a person returned to a care home. An additional discharge pathway for those people who tested positive would be to go to step down care in the interim to and then be re-tested again to ensure a negative test result before returning to their care home.

Role in formulating and implementing plans and reviews – Care Homes Action Plan and Professor Bolton review

34. The purpose of the Care Homes Action Plan was to draw together the experiences and knowledge from the initial response to the pandemic as it affected the care sector, and to prepare for a possible second wave of infection.

35. On 25 June 2020, I received a copy of a draft Care Homes Action Plan, in advance of one of my regular bilateral meetings with the Director of Social Services and Integration Directorate, at which the draft plan would have been discussed. I exhibit the email at **JM/10-INQ000615676**, and the draft plan at **JM/11-INQ000615702**. The draft plan identified six areas for action:
    i. Infection prevention and control
    ii. PPE
    iii. General and clinical support for care homes – rapid review
    iv. Residents' wellbeing
    v. Social care workers' wellbeing
    vi. Financial sustainability

36. The following day (26 June 2020), I was asked to agree to the commissioning of a rapid review of the way in which local authorities, health boards and other key

partners worked together to support care homes during the Covid-19 pandemic. I exhibit the advice as **JM/12-INQ000116631**.

37. The rapid review was commissioned to deliver point (iii) of the draft care homes action plan above: general and clinical support for care homes, in respect of which the draft plan set out the Welsh Government's intention to commission local authorities and health boards to provide a summary of their experience supporting care homes. Professor John Bolton, a consultant in adult social care, was subsequently engaged to carry out this review, and the Director of Social Services and Integration wrote to local authority Chief Executives, Directors of Social Services, and Chief Executives of health boards on 1 July 2020, inviting them to comment on their experiences to date in supporting care homes during the pandemic and to set out key actions that they had taken and were intending to take (exhibited at **JM/13-INQ000499656**).

38. I recollect that Older People's Commissioner expressed concerns to me that the questions forming part of the review did not sufficiently focus on what might not have gone well during the early months of the pandemic, instead focusing overly on what was successful. My special adviser relayed these concerns to officials, as per the email of 20 July 2020 which I exhibit at **JM/14-INQ000500231**. The advice from officials confirmed that the review would focus both on strengths and areas for improvement, and that the 1 July 2020 letter issued by the Director of Social Services and Integration (and exhibited above) was clear about seeking a summary of each organisation's experience, strengths and weaknesses. I received further advice via email on 22 July 2020, which I exhibit as **JM/15-INQ000499653**.This email noted that the Older People's Commissioner had made a similar point to Professor Bolton, who had assured her that although his report would focus on what had worked well and was intended to promote good practice he would report upon matters where things had not gone well. I was satisfied that the Commissioner's concerns had been addressed. I saw my role as Deputy Minister as being to find solutions to continuing challenges, so I had to pay attention to opportunities to innovate and deliver on best practice as well as to remedy deficiencies.

39. On 29 July 2020 I received Ministerial Advice (exhibited at **JM/16-INQ000336946**) asking me to approve the initial Care Homes Action Plan, which set out the range of activity to be undertaken over the next two months to support the sector. The plan continued to focus on the six areas included in the draft plan which I had previously received: (i) infection prevention and control; (ii) PPE; (iii) general and clinical support for homes; (iv) residents' well-being; (v) social care workers' well-being; (vi) financial sustainability. The advice noted that it was not intended to publish the plan or send it to external organisations at that early stage. However, in addition to agreeing the content of the Plan, I also agreed to write to the care sector to provide a detailed update on the six key areas for action as set out in the Plan, and to issue a Written Ministerial Statement. I exhibit the plan as **JM/17-INQ000336943**, my letter of 30 July 2020 as **JM/18-INQ000336948**, and the Ministerial Written Statement as **JM/19-INQ000502003**.

40. On 24 September 2020 I received Ministerial Advice (exhibited at **JM/20-INQ000136818**) summarising the progress made on the activity set out in the Care Homes Action Plan and asking me to agree to the publication of Professor Bolton's report (exhibited as **JM/21-INQ000253708**). The key messages from Professor Bolton's report were that the health and care sectors needed to work in partnership with care home managers to ensure that:
    a. Every care home had an effective Infection Control Plan in place.
    b. Every care home had an effective plan for business continuity that included ensuring that there were staff available to meet residents' needs.
    c. Every care home should be supported to ensure there were meaningful and helpful day to day activities for residents and that the wellbeing of both staff and residents were considered in all the decisions that were made, including helping residents to remain in touch with relatives and friends.
    d. Every care home had the right protective equipment.
    e. Every care home had access to tests for residents and staff to know who may have the virus.
    f. Every care home had good access to primary health services including GPs.

41. As stated, the Ministerial Advice also included a document that summarised the progress made on the Care Home Action Plan, dated 30 September 2020, which I exhibit as **JM/22-INQ000253707**. The document listed the actions, next steps and target dates for those actions to be completed. The actions included an infection prevention and control checklist for the management of Covid-19 in care homes; the ongoing arrangements for testing care home residents and staff; the supply of PPE free to the social care sector, and that care home residents be supported to maintain contact with their friends and family. I agreed to the publication of this update.

42. Further Care Homes Action Plan updates were submitted to me in December 2020 and in March 2021. I exhibit the December progress update at **JM/23-INQ000275895** and the covering Ministerial Advice at **JM/24-INQ000136878**; and the March update at **JM/25-INQ000350310** and covering Ministerial Advice at **JM/26-INQ000235980**. These progress updates included the work undertaken in response to the recommendations of the rapid review undertaken by Professor Bolton, under section 3 of the Action Plan (General and clinical support for care homes).

43. The final update listed the achievements identified in the Care Homes Action Plan over the previous 12 months. Specific examples listed in the advice included: an infection prevention and control checklist for the management of Covid-19 in care homes, supported by a webinar for care home providers; the successful roll-out of the vaccination programme to care home staff and residents; the introduction of enhanced Statutory Sick Pay for care workers, ancillary staff and agency staff who were unable to work due to Covid-19; the engagement with older people, younger adults and children who lived in care homes to ask them about their experience during the pandemic and, in particular, what supported their well-being during that time; pilot programmes for use of visitor pods and visitor testing; and the sustained financial support through the Local Government Hardship Fund.

Testing

44. I am asked to comment upon a decision I and the Minister for Health and Social Services took in July 2020, about the frequency of testing of care home staff, and specifically why I favoured a continuation of weekly testing at that stage.

45. On 10 July 2020 Ministerial Advice (MA/VG/2238/20) was submitted to the Minister for Health and Social Services and I, asking us to note the updated policy position on testing in care homes and to agree to the package of care and measures to put in place to keep residents and staff in care homes in Wales safe and protected. A copy of this advice is exhibited as **JM/27-INQ000336831**.

46. In respect of the testing of care home staff, the advice noted that, based on SAGE advice, the Welsh Government had introduced weekly testing of all staff in care homes, whether symptomatic or asymptomatic. This weekly testing was introduced for an initial period of four weeks and commenced on 15 June. This four-week period ended on 12 July, and the advice set out two options for the testing regime which would apply from that point, and the benefits and risks of each.

47. The first option was for a continuation of weekly testing. The advice suggested that this would be the expectation/preference of care homes and would allow the impact of the wider easing of pandemic restrictions on rates of infection in care home staff to be monitored (the Welsh Government was at that point gradually easing restrictions and continued to do so throughout summer 2020). The advice also noted that the very low prevalence rates at that time suggested there would be limited value in continuing with weekly testing, but also that weekly testing provided important reassurance to care home staff, residents, and their families.

48. The second option was to reduce the frequency of testing to every two weeks. The advice noted that, as above, there was limited value in maintaining weekly testing given the very low prevalence rates, and moving to two-weekly testing would reduce the burden on care homes of weekly testing. However, it noted again the risks of care home staff coming into contact with a wider circle of individuals as

restrictions were eased, and the reassurance weekly testing provided to care home staff and residents. It further noted that care homes in England were testing weekly, and a move to two-weekly testing at that stage would therefore put Welsh care homes in a different position to their English counterparts.

49. The advice recommended the first option (weekly testing) whilst recognising that there was a rationale to move to two-weekly testing.

50. In response, the Minister for Health and Social Services initially favoured a move to two-weekly testing for several reasons, including the fact that the evidence base did not support weekly testing (and a fortnightly cycle was still a regular precautionary measure), that the testing programme did not remove the responsibility to test symptomatic people, and that the prevalence rate in Wales was very different to that in England. However, I felt strongly that we should continue with weekly testing for a further four weeks. I felt that the sector was very fragile and that we needed to maintain the confidence of care home staff, residents and their families, and I noted several recent positive tests of care workers from different care homes in Denbighshire. I also highlighted that the restrictions on visits to care home were being gradually eased, with visits taking place outside and discussions ongoing about indoor visiting. The email containing my views and those of the Minister for Health and Social Services is exhibited at **JM/28-INQ000349704**. I recollect that in those critical weeks and months I discussed the matter of care home protection very regularly with advisers and officials, and my views were a reflection about maintaining the maximum protection possible.

51. Ultimately both I and the Minister for Health and Social Services agreed to continue with weekly testing for four weeks followed by fortnightly testing thereafter: our decision is exhibited at **JM/29-INQ000349705**.

Personal Protective Equipment (PPE)

52. Decisions relating to the Welsh Government's work to provide PPE to the health and social care sectors were taken by the Minister for Health and Social Services. I was kept informed of progress in relation to social care via briefings and attendance at meetings, as I set out below.

53. I am asked to comment upon matters relating to a letter received from the GMB union on 30 March 2020. The letter, exhibited as **JM/30-INQ000180891**, highlighted several issues, including concerns about PPE: the GMB suggested that its members in the independent private sector felt let down because the PPE supplies to which the Minister for Health and Social Services had referred in his statement of 25 March 2020 (exhibited as **JM/31-INQ000299063**) were not getting through, and when PPE did get through it was not always sufficient in numbers or quality.

54. On 28 April 2020, I responded to the GMB's letter of 30 March 2020. In relation to PPE I noted the robust system the Welsh Government had developed and implemented for the NHS Wales Shared Services Partnership to provide PPE directly to local authorities for onward distribution to care providers, that seven million individual items of PPE kit had been distributed for use by social care providers up to that point, and that further deliveries of stock were being co-ordinated and issued on a regular basis. I also confirmed that we were working to ensure that care providers were fully informed about the process to access stock and were using it appropriately in line with the latest guidance. My letter is exhibited at **JM/32-INQ000180892**. A draft of my response was prepared by an official in the Social Services and Integration Directorate and cleared by the Deputy Director with oversight of the Social Services and Integration Directorate's Covid-19 response, based upon their knowledge of the latest position. I exhibit at **JM/33-INQ000615811** a short covering briefing I received along with the draft letter. In considering and agreeing the response, I drew upon the various briefings and meetings I had attended in which PPE had been discussed, which I describe below.

55. The steps taken to address the concerns about PPE supply to the care sector were led by the Minister for Health and Social Services. He attended the regular ministerial PPE-specific meetings which started on 2 April 2020, which were chaired by the First Minister and also attended by the Deputy Minister for Economy and Transport, Lee Waters. I understand Vaughan Gething describes the work of this group in more detail in his Module 6 statement. I also attended some meetings of this group and received copies of the briefings circulated – as an example I exhibit the calendar invitation for the meeting which took place on 2 June 2020, which includes PPE briefing, at **JM/34-INQ000615630**. I also asked that a member of a Social Services and Integration Directorate be invited to attend these meetings, email exchange exhibited at **JM/35-INQ000615620** refers.

56. I was also kept up to date on key developments in relation to PPE. As an example, I was forwarded the 1 April 2020 email exhibited at **JM/36-INQ000615611**, which provided an update on revised PPE guidance for health and social care, which had just been agreed in principle by the four Chief Medical Officers. I exhibit at **JM/37-INQ000615613** an email from the Minister for Health and Social Services relating to a briefing on PPE, which I exhibit at **JM/38-INQ000349260**.

57. I was also part of the regular communications and discussions with local authorities and the Welsh Local Government Association, at which PPE issues were often raised: as an example, I exhibit at **JM/39-INQ000115605** the note of a meeting I attended on 1 April between ministers and local authority Leaders, at which PPE was discussed. My diary also indicates that I attended a further call between ministers and Leaders on 3 April 2020, at which Leaders requested urgent clarity on the interpretation of the PPE guidance. I exhibit at **JM/40-INQ000222837** a summary of all the actions arising from the calls on 1 and 3 April 2020.

58. On 3 April 2020 an email from the Minister for Health and Social Services was forwarded to me, exhibited above at **JM/41-INQ000336377**. The email consisted of the Minister for Health and Social Services' note of the 3 April 2020 meeting with local authority Leaders, along with a request for further advice from the Deputy Chief Medical Officer, and the advice subsequently provided by the Deputy Chief Medical Officer.

59. Following the discussions referred to above, the Minister for Health and Social Services and I wrote to the sector on 6 April 2020, exhibited at **JM/42-INQ000320785**. We wanted to emphasise how much we recognised and valued the care provided by the sector, which was crucial to the lives of those in receipt of care, and to thank them for their efforts at what was an incredibly challenging time. In relation to PPE specifically, we stated that:

> *'We know a lot of people are concerned about their safety and are anxious about having the right personal protection equipment (PPE). The guidance has been reviewed and been updated last week. The Welsh Government is working hard to get extra supplies of PPE to all frontline social care staff – we have delivered more than 5 million extra items of PPE from our pandemic stocks, over and above the normal supplies available. Extra deliveries have been made to local authority distribution points for onward delivery to all social care settings. We are working with the UK Government, Scottish Government and Northern Ireland Executive to secure new supplies of PPE and with businesses and manufacturers in Wales to create our own made-in-Wales supply of PPE during the coronavirus pandemic…It is important the new guidance is followed properly and PPE used as specified. For every piece of PPE kit used unnecessarily, a piece of kit is unavailable to staff most at risk'.*

60. I am asked to comment on the inclusion of the final sentence in the extract above. I am not able to recollect the exact reason for the inclusion of this sentence. However, I believe it was an obvious and a common-sense observation to make. The letter was issued shortly after the updated guidance on PPE which had been agreed on 1 April (exhibit **JM/36-INQ000615611**); the advice from the Deputy Chief Medical Officer (Wales) acknowledged that the change in guidance would prove challenging as more PPE would be used, placing a higher demand on stocks. I also note the Deputy Chief Medical Officer's advice to the Minister for Health and Social Services which was forwarded to me on 3 April 2020, in which he advised that "*Inappropriate or unnecessary use of PPE will mean that there is less available for others*". I exhibit this advice at **JM/41-INQ000336377**.

61. On 7 April 2020 I was copied into an email from a specialist policy adviser, enquiring as to whether a note had been issued following a meeting which had been held between ministers and local authority Leaders on 3 April 2020. The email into which I was copied is exhibited at **JM/43-INQ000349300**. The email exchange also included an email from my special adviser, which included this: *"…do you know when this guidance went to WLGA and on to LAs? Will leaders have likely seen it? If it hasn't gone out I very much think we should revise it in light of current circs. I simply don't think we can hold the line on social care as crudely depicted in the outline below – the guidance was discussed with health and PHW – what about our SS officials? Given the way Covid roared through res homes in Italy/spain the idea that they are or can be made somehow secure places is clearly contestable."*

62. I discussed these concerns with the Director on 7 April at one of my regular evening calls with him. The Director subsequently emailed the Deputy Chief Medical Officer on my behalf. I was not copied into this email, exhibited at **JM/44-INQ000615616**. The email noted that both I and my specialist policy adviser had requested clarification in writing of two points within the Deputy Chief Medical Officer's advice note. The note confirmed that community transmission was occurring and provided guidance about the use of PPE for patients/residents with possible symptoms, and for those with other conditions but no relevant acute symptoms. I was determined to be able to give a clear definitive position to local authority Leaders, about when social care workers should wear PPE during the daily administration of routine care. I understand that the Deputy Chief Medical Officer forwarded this email to Public Health Wales that evening although I was not copied into the request, which is exhibited at **JM/45-INQ000615617**. I understand that a further email exchange took place in which the Welsh Government sought clarity. Again I was not copied into this email, which is exhibited at **JM/46-INQ000500225**.

63. The following day (8 April 2020) I received a copy of the advice from Public Health Wales. The email from the Executive Director of Public Health Services/Medical Director Public Health Wales said:

"I attach 'guidance' on the PPE guidance the team here has drafted as requested by the NHS in Wales. Referring to a clear written response from PHE, we confirm that there is 'sustained community transmission' in Wales (as elsewhere in the UK). This automatically brings table 4 into play. However we have not gone further than saying that this "highlights the requirement for risk assessment on an individual/organisational basis". We are not prepared to be more definitive on this point, nor to try and develop principles, or criteria or scenarios as this will only prompt questions on interpretation and exceptionality, and also we do not want to be seen to be taking a position that could be perceived as at variance with other parts of the UK".

64. The email is exhibited at **JM/47-INQ000615618**, and the guidance at **JM/48-INQ000384231**. I am unable to comment on whether any further discussions took place, but I believe it is likely that the guidance from Public Health Wales was reported to a ministerial meeting with local authority leaders on 8 April 2020, as PPE was a regular topic of discussion at these meetings.

65. On 17 April 2020 the Minister for Health and Social Services received a letter from the Joint Council for Wales (which comprises local authority employer representatives and representatives from the GMB, Unite and UNISON unions), which is exhibited at **JM/49-INQ000473204**. The letter welcomed elements of PPE guidance which had recently been published, but suggested other elements were insufficiently clear, for example around the definitions of 'single' and 'sessional' use. As is normal practice in dealing with correspondence to Ministers, the letter was forwarded to Welsh Government officials (exhibit **JM/50-INQ000615622** refers) who developed a response for my consideration.

66. Following receipt of the letter, the Deputy Chief Medical Officer for Wales sought and received advice on 17 April 2020 from Public Health Wales about some elements of the letter, which is exhibited at **JM/51-INQ000615621**.

67. I replied to this letter on 17 May 2020. I noted the system in place for the NHS Wales Shared Services Partnership to provide PPE directly to local authorities (the Minister for Health and Social Services had announced on 19 March 2020 that he was expanding the NHS Wales Shared Services Partnership's remit to procure and supply PPE to social care settings in Wales) and that 17 million individual items had been issued. I also said that the guidance on the appropriate usage of PPE, in respect of single or sessional use, had been agreed by medical and public health authorities across the UK in line with their advice on infection control, and that since it had been confirmed that the UK was in a state of sustained community transmission, PPE for domiciliary carers was to be used for every visit, and on a single use basis. I exhibit my letter at **JM/52-INQ000514065**.

PPE and Unpaid Carers

68. The Ministerial Advisory Group for Carers was the key mechanism for advising ministers on the issues that affected carers. I attended virtual meetings of the group where I got to hear directly about the impact of Covid-19 on carers and the work being undertaken across the public and third sector to support those carers. During a Ministerial Advisory Group meeting in April 2020, which I have exhibited earlier in this statement as **JM/02-INQ000615717** the issue of PPE for unpaid carers was raised. Welsh Government officials advised they were in discussions with colleagues regarding PPE and intended to raise the matter with Public Health Wales. Officials were also considering what could be done to ease anxieties, including drafting guidance for carers and local authorities.

69. Prior to the meeting on 23 April, I was copied into correspondence from the Wales Carers Alliance Government on 16 April 2020 about the lack of guidance for unpaid carers as to how PPE should be accessed and used by them, **JM/53-INQ000222682.** Through my regular meetings with the Director of Social Services and Integration Directorate, I understand officials brought this issue to the attention of Public Health Wales. I exhibit the list of topics which I discussed with the Director as **JM/54-INQ000615771** and on 22 May 2020 the Minister for Health and Social Services and I agreed to the inclusion of unpaid carers in the Welsh Government's arrangements for PPE supply. I felt very strongly unpaid carers should be given

access to PPE and engaged in discussions to take my views forwardon behalf of those carers. I agreed with the advice that supporting appropriate PPE use by non-paid carers was the right thing to do - **JM/55-INQ000500187**. Following this decision, officials produced and circulated guidance for unpaid carers, which I exhibit as **JM/56-INQ000470712**, **JM/57-INQ000470714**, **JM/58-INQ000470713**. I also exhibit the associated Ministerial Advice as **JM/59-INQ000144919.**

70. I have been asked to consider whether this was a timely decision. I believe that whilst there were initial challenges regarding PPE access for unpaid carers with some local authorities taking differing approaches, the Welsh Government's decision to include unpaid carers in arrangements for PPE supply reflects a timely response, allowing for sufficient time to properly assess the supply and demand of PPE and to consult stakeholders to develop clear guidance on the issue.

Visiting

71. I am asked to comment upon a decision made by the Minister for Health and Social Services and I in August 2020, relating to visits to care homes.

72. On 4 August 2020 the Minister for Health and Social Services and I received Ministerial Advice (MA/JM/2490/20) seeking agreement to the revision of visitor guidance to support the safe reintroduction of indoor visits. At that point, the coronavirus regulations did not permit two households to meet indoors, but discussions were ongoing about how the coronavirus restrictions could be further eased, and the advice noted that the prohibition on two households meeting indoors could be reviewed in mid-August. The advice further noted the growing concerns about the negative impact that the restrictions on visiting and physical separation were having on both care home residents and their families. It also noted that whilst there was both appetite and pressure for indoor visits to resume, there was also concern on the part of providers about the risk of re-introducing infection and the risk to other residents. The advice is exhibited at **JM/60-INQ000136803**.

73. The specific wording of the recommendation put to Ministers was as follows:

- *"The Minister is asked to agree that officials can work with the stakeholder group to*

  i. produce revised guidance advising on indoor care home visits by families, friends and visiting professionals;

  ii. That officials explore options for including indoor visits to care homes in the next review of lockdown.

74. On 5 August 2020 the Minister for Health and Social Services and I responded with our decision on the recommendations, email exhibited as **JM/61-INQ000562113**. In our response to point (i) above, we agreed a slightly revised recommendation, as follows (our changes highlighted in bold):

> *"that officials work with the stakeholder group to produce revised guidance to* ***considering*** *[sic]* ***how*** *indoor care home visits by families, friends and visiting professionals* ***could be done safely****."*

75. I am asked to explain why our response included the words in bold and underlined. My recollection is that we wanted to be clearer that visits would be facilitated only if it was safe to do so. It also reflected the conflicting facts and views that we had to take into account, and which would have to contribute to the decision.

76. I am also asked to provide information about meetings I held with the Older People's Commissioner in September 2020 at which matters relating to care home visits were raised.

77. On 10 September 2020, I met with the Older People's Commissioner. The meeting coincided with the introduction of the first local restrictions (known as Local Health Protection Areas) in Caerphilly. The Commissioner was concerned about the suspension of outdoor visiting in care homes, on advice from Public Health Wales,

given that outdoor contact was still permitted more generally in Wales. The Commissioner and I agreed about the importance of visiting for the physical and mental wellbeing of care home residents and noted that there was a relatively small window before the onset of autumn and winter when such visits would be possible. An email from the Older Person's Commissioner the following day (11 September 2020) summarising the meeting is exhibited at **JM/62-INQ000349852**.

78. I met the Older People's Commissioner again 16 September 2020, when the Commissioner again expressed concern about the imposition of restrictions on outdoor visits in certain local areas, as recorded in an email that a member of the Social Services and Integration Directorate sent to Public Health Wales later that day, copied to other Welsh Government officials, the Care Inspectorate Wales, and my private office. The email is exhibited as **JM/63-INQ000498682**.

79. The email recorded that I had asked for a meeting to be set up between Public Health Wales and the Commissioner, to enable the Commissioner to better understand the evidence for the restrictions on visits in some areas. It also noted that discussions between Social Services and Integration Directorate officials and Dr Marion Lyons (who chaired the Outbreaks and Incidents sub-group of the Welsh Government's Health Protection Advisory Group, which was involved in monitoring transmission rates and localised outbreaks of the virus) had indicated that no Incident Management Team meetings had taken place in two of the areas where restrictions on outdoor visits to care homes had been implemented (Carmarthenshire and Ceredigion).

80. The email further confirmed that I had asked that a Written Statement be prepared, to reinforce the importance of local authorities and individual care homes continuing to allow care home visits in exceptional circumstances, and to emphasis the adverse impact on wellbeing arising from restrictions on visiting. I issued the Written Statement on 23 September 2020. In my statement I welcomed the fact that the Welsh Government had in August been able to publish guidance about how more indoor visits could be take place. I emphasised the benefits of face-to-face visits and expressed my gratitude to care home providers and local authorities for the work they had undertaken to ensure such visits had been able to safely take

place. However, I also recognised the increase in coronavirus cases in recent weeks, and I noted that as a result, certain "hotspot areas" subject to local restrictions had made the difficult decision to temporarily suspend visiting to care homes in all but the most compassionate of cases. I confirmed my support for decisions being made locally, to ensure that a balance could be maintained between protecting people's public health from the risks posed by the virus and their continued wellbeing, whilst also stressing the importance of sustaining opportunities for visiting in areas where it remained safe to do so. My statement is exhibited at **JM/64-INQ000498717**. I would add that we were dealing with conflicting pressures: we wanted to keep care home residents safe from infection, whilst also acknowledging the damage that separation from loved ones could cause, and the emotional damage that could result. In addition, the guidance was also clear that in exceptional circumstances visits could take place.

Funding

Statutory sick pay

81. On 30 March 2020 the Minister for Health and Social Services received a letter from the GMB union, exhibited above as **JM/30-INQ000180891**. The letter noted that social care staff who fell ill or were required to self-isolate were not protected by sick pay from their employers, meaning that they would receive only Statutory Sick Pay, so may would not be able to afford to take time off work. The GMB's letter set out a range of requests, which included that social care workers should receive sick pay at the same rate as their full pay, underwritten by the Welsh Government if necessary.

82. The following day (31 March 2020) I was one of the recipients of an email from the Minister for Health and Social Services in which he set out his initial response to the letter. The Minister's view was that some of the demands set out were unachievable, not least in financial terms; he expressed more sympathy for the demands in relation to Statutory Sick Pay, whilst recognising the challenges of achieving them. The Minister's email is exhibited above at **JM/65-INQ000562037**.

83. I responded to the GMB's letter on 23 April 2020 (exhibited at **JM/32-INQ000180892**), in which I assured it that the Welsh Government was examining how it could best improve the terms and conditions of the social care sector, considering all levers at its disposal.

84. I received a further letter from the GMB on 19 May 2020, the day after the UK Government's announcement that it would be providing £600 million, in part to avoid financially penalising any social care workers in England who needed to be off work because of the pandemic. In its letter the GMB referred to the UK Government's announcement and sought to be involved in discussions about how its members in Wales would receive payments. The GMB letter is exhibited at **JM/66-INQ000180893**.

85. On 17 June 2020 I was copied into a briefing about Statutory Sick Pay, which was provided to the Minister for Health and Social Services in preparation for a meeting he was due to hold with Trade Unions. The briefing noted that whilst the UK Government had confirmed an indicative £35 million consequential for the recently announced £600 million fund, the figures had not been confirmed, and exact funding would not become clear until the UK Government Supplementary Estimates later in the year. The briefing did confirm that officials were looking at the cost of implementing a scheme. I exhibit the briefing at **JM/67-INQ000615711**.

86. On 19 June 2020 the Minister for Health and Social Services emailed me, copied to our special advisers and a specialist policy adviser, in response to the briefing. He stated that we needed to *"…start the work now in looking at what may be possible. We need to be clear that we don't know how much Wil [sic] would actually be available. If we dont [sic] draw unions and employers in then we will get some confirmation on funding and then take a long time determining what we can do."* That day I was also copied into an email from the Minister in which he conveyed a similar message to officials and instructed them to look at what might be possible, involving unions and employers. I exhibit that email at **JM/68-INQ000615708**.

87. I responded to the GMB's letter on 8 July 2020: **JM/69-INQ000180895**. I explained that although HM Treasury had indicated that the £600 million announcement meant the Welsh Government could expect to receive a consequential amounting to £35 million, the actual amount would not be confirmed until much later in the year. This is a critical point: the devolved governments do not receive formal notification of positive and negative consequential funding until Supplementary Estimates, in January or February, which is very late in the financial year. It is also the case that consequentials can be negative as well as positive, i.e. where there are underspends in UK Government departments in relation to matter which are devolved, money can be clawed back from Wales. I also noted the important principle of devolution that funding is not ringfenced for any specific purpose, and that in the circumstances at the time, all consequentials received by the Welsh Government were added to the fund established to support public services and the economy. Potential measures to support the social care workforce were to be considered in line with other priorities and in the context of wider pressures created by the Covid-19 response. Nonetheless, I confirmed that I had asked officials to look at the costs of implementing a measure that would support the sector with Statutory Sick Pay.

88. On 24 August the Minister for Health and Social Services, the Minister for Finance and Trefnydd received Ministerial Advice (MA/VG/2686/20, exhibited at **JM/70-INQ000495977**), setting out the proposals for enhancements to Statutory Sick Pay for the social care sector which had been developed by officials over the preceding weeks. The cost would be £0.998 million per month which would enable a top up Statutory Sick Pay to 100% for all workers within care home settings including ancillary staff; domiciliary care workers; and personal assistants, for a period of six months. The eligibility details along with an allocation of up to £6 million in 2020-21 from the Covid-19 revenue response reserve were agreed that day: **JM/71-INQ000541394**.

89. The scheme commenced on 1 November 2020, and I understand that subsequent decisions relating to the scheme are described in the statements of Vaughan Gething (M6/VGET/01), Eluned Morgan (M6/EMOR/01) and Albert Heaney

(M6/HSSG/01). I have no particular views on whether more could have been done sooner to address matters relating to sick pay in the care sector.

Social care recovery fund

90. On 29 July 2021, the Minister for Health and Social Services, the Minister for Finance and Local Government and I received Ministerial Advice (MA/JMSS/2607/21) seeking approval of a bid of up to £48 million from Covid-19 reserves to support a Social Care Recovery Fund. I exhibit the advice at **JM/72-INQ000136861**. The proposal was for an £8 million allocation for specified social care Covid-19 recovery priorities/actions selected by the Welsh Government, and a £40 million allocation to local authorities to work with their partners and providers of service to ensure appropriate recovery in the priority areas set out in the Social Care Recovery Framework which had recently been published.

91. Ministers agreed the recommendations, as set out in the email which I exhibit at **JM/73-INQ000493725**. The email also suggested there was little detail about how the £40 million was to be allocated and asked that officials in the Social Services and Integration Directorate take on board some ideas which had been discussed in meetings with the leaders of two local authorities. It noted that the Minister for Health and Social Services was "keen to inject some pace into the system and give confidence to these leaders that steps are being taken to alleviate situations that are arising". I am asked to comment on the nature of these concerns; the comments made in the document exhibited above were made by the Minister for Health and Social Services, and not by me, but I am able to comment on some aspects of them below.

92. In the email, the Minister referred to a meeting she held with Councillors Andrew Morgan and Huw David, two local authority Leaders, on 5 August 2021. I am advised that no record of this meeting has been located, and that there is no entry for it in my calendar.

93. A further meeting between Ministers and Leaders took place on 18 August 2021, which I attended. Representatives of the health boards and the Association of Directors of Social Services Cymru also attended, along with the Director General of the Health and Social Services Group and the Director of Social Services and Integration Directorate. Although I am advised that a note of the meeting cannot be located, I exhibit at **JM/74-INQ000615761** the briefing I received in advance of the meeting, and at **JM/75-INQ000615762** a draft funding guidance document for local authorities and local health boards. The purpose of the meeting was to discuss the impact of workforce challenges on the social care sector and health partners, and the briefing described some of the impacts of these challenges: for example 13 local authorities had reported domiciliary care 'hand backs', where domiciliary care providers had handed back all or part of their contracts because workforce shortages meant they could not fulfil them. On 24 August 2021, I and the Minister for Health and Social Services received a letter from Councillor Morgan and Councillor David (exhibited at **JM/76-INQ000615764**) which recognised the ongoing engagement and the anticipated announcement of further funding support, and highlighted the need for early confirmation of any additional funding which would be available, to help plan for winter pressures which the letter noted had been discussed with us at the meeting on 18 August 2021.

94. Ministers and Leaders met again on 25 August 2021 (note of meeting exhibited at **JM/77-INQ000615834**), on 2 September 2021 (note exhibited at **JM/78-INQ000615835**), and 8 September 2021 (note exhibited at **JM/79-INQ000615833**. The discussions at these meetings helped to finalise the funding proposals, and I announced the details of the Social Care Recovery Fund on 14 September via a Written Statement, exhibited at **JM/80-INQ000493733**.

Decision to pause routine inspections

95. On 16 March 2020 I received an informal advice note from Care Inspectorate Wales that from 5pm that day the Inspectorate planned to pause its routine inspection programme for social care services including local authority social services. I was informed the Inspectorate would continue to inspect any service where there were significant concerns about the safety and well-being of people;

and it would continue to consider the need for an inspection in relation to concerns raised. I understood the reason behind the decision was to ensure local authorities and care service providers could focus their resources on maintaining the health and safety of people using services and their staff during that time. I was assured that the key priority for the Inspectorate was to continue to provide assurance to the public and ministers regarding the safety of services. I exhibit the informal advice as **JM/81-INQ000198265**.

96. The decision to pause routine inspections was not unexpected. I received an earlier informal advice on 11 March 2020 whereby I was advised that whilst Care Inspectorate Wales was at that time continuing to carry out its scheduled inspection programme, the position was being reviewed daily to ensure staff, service users and members of the public were kept safe. Pausing routine inspections was entirely the right thing to do. It protected individuals and allowed configuration of resources to focus on the emergency at hand. The key intelligence gathering and professional advisory role to ministers of the Inspectorate was maintained throughout.

97. Following the decision to pause, in addition to my regular discussions with Gillian Baranski (Chief Inspector) I received a number of updates. At the end of March 2020, I was advised Care Inspectorate Wales was engaging with local authorities, sharing intelligence about the providers within their areas to understand the issues local authorities were facing. The Inspectorate recognised that whilst its performance review activity with local authorities was paused, it was seeking assurance on important aspects for example, safeguarding arrangements.

98. In an update dated 30 September 2020, Care Inspectorate Wales noted it continued to prioritise inspections taking a risk-based approach. I was advised that the Inspectorate had completed 13 on-site inspections that month in response to significant concerns. It was also piloting its first fully virtual inspections carrying out two virtual inspections of domiciliary support services; and it was continuing its monitoring calls to providers, which included a focus on how visits for people living in care homes were being supported.

I was satisfiedthat the "pause" in routine inspections would not jeopardise the safety and wellbeing of those in regulated settings.

99. I exhibit the email chain of the updates I received at the end of March 2021 – 11 March 2020 as **JM/82-INQ000615759**.

Lessons learned

100. I am asked to identify areas in the Welsh Government's management of the adult social care sector which went well, and areas where there were issues, obstacles or missed opportunities; and to identify any lessons learned and any recommendations I would ask the Chair to consider.

101. I provided several observations on these questions at paragraphs 172-178 of my Module 2B statement. At paragraph 172 I said this:

> "*I believe it was very important to have multiple forums where a wide range of organisations involved in tackling the pandemic could be represented along with the politicians. Daily meetings were very effective so that there could be a quick response. It was important that all voices were heard such as the Coronavirus and Me survey carried out by the Children's Commissioner for Wales and the Welsh Government, surveys carried out by the Older People's Commissioner for Wales and it was crucial too that the Disability Equality Forum enabled disabled people to give their views.*

102. To the paragraph above I would add that it is important to note that there was no universal consensus, and that competing interests were still present during such discussions. Collaboration was key even if complete agreement between all parties could not always be found.

103. In relation to what went well, I would add that the strong and steady leadership from the then First Minister stood out during the pandemic. There were very frequent Cabinet meetings, sometimes on a Sunday, where very difficult

issues were approached in a calm, measured way. There was never a rushed discussion: everything was carefully considered, and everyone had a chance to have their say.

104. There was good communication with the public via the First Minister and the Ministers for Health and Social Services. Many constituents told me the media appearances were honest and reassuring. It was also very significant that there was a 'Team Wales' approach that was taken outside the Welsh Government. Examples of this were having the leader of the Welsh Local Government Association attending the Covid Core Group, as well as all the various coordinating listening forums we established.

105. I also think we made considerable progress led by the minister with responsibility for equality matters (Jane Hutt MS) in recognising the differential impact of the pandemic on race, gender, etc. A lot was learnt from the pandemic, but we did try to use what we knew already to look after everyone as best we could.

106. In terms of areas for improvement, reflections and recommendations, I refer to paragraphs 172-178 of my Module 2B statement, reproduced below.

> *We should develop much shorter communication links with the private sector as recommended by John Bolton. The meetings with the Chief Executive of Care Forum Wales were invaluable and took place weekly. However, not all the care homes in Wales belonged to the Forum although efforts were made by the Chair to involve them. We need to continue to develop a national social care framework and to create a National Office as referred to earlier in my witness statement. The pandemic reinforced our view that there should be a national structure for social care to enable a coherent and consistent national response. We should recognise the importance of health and social care working much closer together to create extra capacity. As a response to winter pressures and influenced by the close working together during the pandemic, we set up the Care Action Committee comprising strategic leaders from across health and social care with the aim to focus exclusively on generating additional bed capacity*

geared to safe discharge pathways. This generated some 450-500 extra beds in peak months plus an expansion of step-down facilities and was considered a vital success in reducing pressures across the sector.

The pandemic had demonstrably harmful impacts on some social groups, particularly Black, Asian and Minority Ethnic people. Also, disabled people were significantly more at risk during Covid-19. Lessons were learned about vulnerable groups and the inequalities that negatively affect their life chances and make them more exposed to the harms that accompany a pandemic. Ensuring that we continue to tackle these inequalities and act swiftly to help protect them in any future pandemic is a lesson well learnt.

Professor John Bolton produced a rapid review, exhibited at JMo/186-INQ000253708, of the operational experience of care homes between March and June 2020. The report captures the initial logistical difficulties that care homes encountered. They were private entities receiving patients from hospital who would be funded by the State in the form of local authorities and/or health boards. They were caring for a cohort who often by reason of age or underlying condition were the most vulnerable and in the early months without access to warehoused supplies of PPE or the ability to purchase tests in bulk. The report's recommendations underline the need for government agencies (local authorities and health boards) in the future to work closely in partnership with the private sector who own and run the majority of care homes. The partnership should consider how in the future they will support the private care home sector should it face similar pressures again. The report's recommendations include the need to support care homes to have infection control plans and to support the care homes to have a business continuity plan which ensures that they have sufficient staff available to meet residents' needs at all times. The partnership between the health boards and the local authorities should ensure that in the future care homes have sufficient protective equipment and access to tests for staff and residents who may have the virus. The partnership between the local authorities and the health board should look to see how they can support the well-being of care home staff. §4.2.9 of

Prof Bolton's report specifically considers the discharge of patients into care homes. He recommends that each partnership between the local health board and the local authority in question should consider the provision of short-term beds for those who are ready for discharge but need to self-isolate to ensure they do not spread the virus. Equally, going forward acute hospitals need to understand and use the local partnership arrangements to support the discharge of patients into private care homes.

Risk Factors for Outbreaks of Covid-19 in care homes following hospital discharge: a national cohort analysis written by key experts in Public Health Wales was published in August 2020 and exhibited at JMo/187-INQ000349895. They examined 3115 hospital discharges to 1068 Welsh care homes between 22 February 2020 and 27 June 2020. They looked to assess the impact of time-dependent exposure to hospital discharge on the incidence of the first known outbreak, over a 7 - 21-day window. Three hundred and thirty homes experienced an outbreak, and 544 homes received a discharge from hospital. The exposure to discharge from hospital was not associated with a significant increase in the risk of a new outbreak after adjusting for care home characteristics. Care home size was considered by this study to be the most significant predictor. Care home size is relevant because larger homes have more community contacts and were thus probably at greater risk.

The Association of Directors of Social Services Cymru published a report, commissioned by me, 'The Impact of the Pandemic on Day Centres, Respite Care and Short Stay Placements' on 13 December 2021, which I exhibit at JMo/188-INQ000176884. It made 10 recommendations, two of which were for the Welsh Government.

A consensus statement was issued on 26 May 2022 which comments on the association between discharge of patients from hospitals and Covid-19 in care homes in wave 1 in the context of building capacity in the NHS. The challenge identified was very limited testing of asymptomatic cases in wave 1. The statement also noted that hospital discharge was not the only mode

of seeding – staff, visitors, new residents and visiting professionals all had the ability to seed and re-seed. That combined with limited testing in the general population and no mass testing in care homes where cases had been identified until the summer of 2020 made it difficult for the authors to be certain when and how Covid-19 entered care homes in wave 1. I exhibit this at JMo/189-INQ000350810.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Personal Data

Signed: _____

Dated: _____3 June 2025_____