Witness Name: Eluned Morgan
Statement No.: 1 in M6
Exhibits: 141
Dated:

UK COVID-19 INQUIRY - MODULE 6

WITNESS STATEMENT OF ELUNED MORGAN

I, the Right Honourable Eluned Morgan MS, will say as follows: -

Introduction

1. I provide this statement in response to a request made by the Chair of the UK Covid-19 Public Inquiry ("the Inquiry") under Rule 9 of the Inquiry Rules 2006 dated 27 November 2024 and referenced M6/EMOR/01.

2. The purpose of this statement is to assist the Inquiry to examine the impact of the Covid-19 pandemic and make recommendations on the publicly and privately funded adult social care sector.

3. My response to the Inquiry's request for evidence, made under Rule 9 of the Inquiry Rules 2006, relates to my specific involvement in decisions relating to the adult social care sector in Wales during the period between 1 January 2020 and 28 June 2022 ("the relevant period").

Structure of the statement

4. The information provided in this statement is structured as follows:
   Part A: Background
   Part B: Ministerial role and working relationships
   Part C: Pre-pandemic structure and capacity of the Care Sector

Part D: Key Decisions

Part E: Management of the Pandemic

Part F: Do Not Attempt Cardiopulmonary Resuscitation and End of Life Care

Part G: Changes to regulatory inspection regimes within the Care Sector

Part H: Data, infection of Covid-19 and deaths

Part I: Lessons learned

Part A: Background

5. I studied European Studies at the University of Hull, following which I worked as a researcher for S4C, Agenda TV and the BBC. In 1990, I worked as a stagiaire in the European Parliament for the Socialist Group.

6. In 1994, I was elected as a member of the European Parliament, and I represented Wales for the Labour Party between 1994 and 2009. I served as the budget control spokesperson for the Socialist Group, and I was also the Labour Party's European spokesperson on Energy, Industry and Science. I was responsible for drafting the European Parliament's response to the Energy Green Paper and I also took the lead role in negotiating on behalf of Parliament the revision of the Electricity Directive. I did not seek re-election at the 2009 European Parliament elections.

7. From late 2009 until July 2013, I was the Director of National Business Development in Wales for SSE (SWALEC). I was also appointed Chair of the Cardiff Business Partnership.

8. On 24 January 2011, I was granted a life peerage and would sit on the Labour benches of the House of Lords. I am formally known as Baroness Morgan of Ely. From 2013 to 2016, I served as the Shadow Minister for Wales in the House of Lords, and from 2014 to 2016 as Shadow Minister for Foreign Affairs and as a whip.

9. I served on the Welsh Labour Party Executive for ten years and was appointed to the Welsh Assembly Advisory Group which was responsible for developing the standing orders of the Senedd. I was a founding member of the Yes for Wales Cross-party group, which campaigned for the Assembly to be established.

10. In May 2016, I was elected to the National Assembly as regional member for Mid & West Wales.

11. I have held the following ministerial positions within the Welsh Government:
    a. Minister for Welsh Language and Lifelong Learning: November 2017 to December 2018;
    b. Minister for International Relations and the Welsh Language: December 2018 to October 2020;
    c. Minister for Mental Health, Wellbeing and the Welsh Language: October 2020 to May 2021;
    d. Minister for Health and Social Services: May 2021 to March 2024;
    e. Cabinet Secretary for Health and Social Care: March 2024 to August 2024.

12. For ease, any reference in this statement to my tenure as Minister for Health and Social Services, includes my tenure as Cabinet Secretary for Health and Social Care.

13. I am currently the First Minister of Wales, and I have held this position since 6 August 2024.

Part B: Ministerial role and working relationships

Minister for International Relations and the Welsh Language

14. I was appointed Minister for International Relations and the Welsh Language in December 2018. In **EM/001-INQ000338741** I exhibit a full list of my ministerial responsibilities, which included international relations, international trade and the promotion of Wales as a location for business and investment. I had a Deputy Minister to whom I delegated responsibility for tourism, sport, culture and heritage.

Given my remit for international relations, in the early part of the pandemic period, I had limited involvement in supporting the Welsh Government's efforts in securing sufficient healthcare equipment and supplies, including PPE, and I describe this below. I had no other responsibilities relevant to the adult social care sector, although as a member of the Star Chamber I would have considered bids for funding to support adult social care, as I describe later in my statement.

15. I worked with our international offices to identify whether there were any contacts within countries still willing and able to export PPE and whether there was anything we could do to assist. In particular, we focused on making contacts in China and India. Wherever a potential contact or lead was identified they would be referred to the Life Sciences Hub, which was meticulous in assessing the offer and, after carrying out the relevant scrutiny and testing, would refer any suitable leads onto the NHS Wales Shared Services Partnership to negotiate contracts.

16. I exhibit an example update at **EM/002-INQ000521015** which was sent to me on 13 April 2020 setting out the work undertaken by Welsh Government officials in sourcing PPE from China. As set out in the update, that work involved supporting the Foreign and Commonwealth Office and the Department for Internal Trade's efforts in sourcing PPE, as well as working directly with the China British Business Council, the local Chamber of Commerce and the Chongqing Investment Promotional Bureau on identifying potential Chinese suppliers of PPE.

Minister for Mental Health, Wellbeing and the Welsh Language

17. I describe my role as Minister for Mental Health, Wellbeing and the Welsh Language from paragraph 56 below.

Minister for Health and Social Services

18. I was appointed as Minister for Health and Social Services on 13 May 2021 following the May 2021 Senedd elections, succeeding Vaughan Gething MS. As Minister for Health and Social Services, I was responsible for exercising relevant powers and making decisions on areas within my portfolio. The first year of my appointment as Minister for Health and Social Services was overwhelmingly taken up by the Covid-19 response and the impact on the NHS.

19. Supporting me as Minister for Health and Social Services during the relevant period was the Deputy Minister for Social Services, a role held by Julie Morgan MS. Having regard to the scope of this Module, I delegated the following responsibilities to her:

    a. Policy and oversight of the provision of social services activities of local authorities in Wales, including statutory guidance, oversight of Social Care Wales; and
    b. 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.

20. In practice, this meant that the Deputy Minister was asked to agree Ministerial Advice which fell under the above categories. In most cases, I would be a copy recipient, and the Deputy Minister would provide the final clearance, but there were occasions when I also took decisions on these matters, and I note these at the relevant points later in my statement.

Division of responsibilities for the adult care sector

21. My ministerial portfolio covered both health and social services. However, the nature of ministerial responsibilities in relation to social care was fundamentally different to those in relation to health.

22. The Welsh Ministers are responsible under the NHS (Wales) Act 2006 for the promotion and provision of a comprehensive health service in Wales which includes the provision of hospitals and other services or facilities as required for the diagnosis and treatment of illness. There is no equivalent statutory duty in relation to social care; statutory responsibilities for social care are vested in local authorities under the Social Services and Well-being (Wales) Act 2014, as supplemented by regulations, statutory guidance and codes of practice made under that Act.

23. The Ministerial posts of Finance and Trefnydd and of Housing and Local Government which existed prior to May 2021 ceased to exist following ministerial portfolio changes introduced after the Senedd elections in May 2021. Instead, Rebecca Evans MS was appointed to a new role as Minister for Finance and Local Government. The Minister was responsible for the overall Welsh Government budget setting process and for the allocation of funding between the Main Expenditure Groups, which broadly mirror ministerial responsibilities. As minister with responsibilities for local government, the Minster for Finance and Local Government was also responsible for the local government Main Expenditure Group, and for the local government settlement, which sets out the annual allocations of funding to each local authority. The Welsh Government does not direct local authorities to allocate defined levels of expenditure to any of the services the local authorities are required by law to deliver; local authorities have their own democratic mandate from their electorates (from whom they raise revenue through council tax) and are best placed to identify, understand, and respond to local needs and priorities. Although statutory responsibilities for social care are vested in local authorities, the Minister for Local Government and Finance had no other responsibilities in relation to social care, although she assumed a role during the pandemic in the Welsh Government's strategic engagement with local authorities, primarily through the regular calls with local authority Leaders.

21-day reviews

24. I am asked to set out my role in relation to the 21-day reviews of the Coronavirus regulations as it is relevant to the scope of Module 6. Decisions about the imposition or relaxation of the coronavirus restrictions were taken collectively by Cabinet,

informed by papers which were prepared by officials. From my appointment as Minister for Health and Social Services, I would meet regularly with the Chief Medical Officer for Wales and the Chief Scientific Adviser for Health to discuss the latest position as regard the virus, and the implications of that for the coronavirus regulations. These discussions would feed into the papers prepared for Cabinet, who would then discuss and agree to any changes to the restrictions in place at that time. Decisions made by the Cabinet were then formally approved by the First Minister, along with any necessary changes to the regulations.

Working with the UK Government

25. I have been asked to provide details of my working relationship with my counterparts in England and the other devolved governments and the Secretary of State for Wales, and to describe cross-nation forums and groups, insofar as they are relevant to the scope of Module 6.

26. On becoming Minister for Health and Social Services, I began to attend meetings with other UK health ministers. These meetings were an opportunity to share concerns on Covid-19 rates, hospital pressures, vaccinations and non-pharmaceutical interventions. I found the meetings very useful and the level of trust between the ministers was high. These meetings did not routinely discuss social care, but such matters would sometimes be covered: I exhibit at **EM/003-INQ000565839** the briefing I received in preparation for a UK Health Ministers Forum on 30 September 2021, at which the challenges facing the social care sector were discussed, along with the note of the meeting at **EM/004-INQ000565840**.

27. I had no contact with the Secretary of State for Wales.

Healthcare Ministerial Implementation Group and other cross nation forums

28. I did not attend the Healthcare Ministerial Implementation Group, which ceased to meet after June 2020. Nor did I ever routinely attend COBR, which met very rarely during my tenure as Minister for Health and Social Services: there were no meetings

from May 2021 until December 2021, when several COBRs were held to discuss Omicron. These were attended by the First Minister.

29. From June 2021, I did attend some meetings of Covid-O when invited: as an example, I exhibit at **EM/005-INQ000256913** the note of a Covid-O meeting held on 21 October 2021. Covid-O meetings tended to focus on those matters where four-nation engagement/information sharing was most important, such as vaccination, international travel restrictions, and new variants of concern.

30. I do not recollect that issues related to adult social care were discussed at Covid-O meetings.

31. Representatives from the Welsh Government were invited to attend SAGE from 13 February 2020, when the Chief Scientific Adviser for Health or a member of his team would attend and provide updates which included information coming from the Scientific Pandemic Influenza Group on Modelling, a subgroup of SAGE. This was attended by Fliss Bennee who was part of the Chief Scientific Adviser for Health's team, and I worked closely with both. I refer to SAGE advice in the section on vaccinations later in my statement.

32. The Joint Biosecurity Centre was established as a directorate within the UK Government's Department for Health and Social Care to identify outbreaks of Covid-19, and to ensure local and national decision makers had access to the best possible information in their jurisdictions when responding to outbreaks. I had no direct involvement with the Joint Biosecurity Centre, however officials attended.

33. I am asked about the extent to which decisions I took in relation to adult social care were constrained by or contingent upon decisions made by the UK Government. Social care is a devolved function, and decisions relating to social care were taken by the Welsh Government; they were not generally contingent upon or reliant upon the UK Government.

Welsh Government groups and committees

34. I have been asked to provide an overview of my involvement with the groups within the Welsh Government in relation to the response of the adult social care sector in Wales throughout the pandemic period. Much of my involvement is addressed in detail under the relevant parts of this statement, but I provide a summary below.

Star Chamber

35. Between March and October 2020, the Minister for Finance and Trefnydd was assisted in decision making about Covid-19 related expenditure by the Star Chamber, which was established by the First Minister to oversee and coordinate the Welsh Government's overall fiscal response to the pandemic. A copy of the terms of reference for this group is exhibited in **EM/006-INQ000336590**. I was appointed as a core member of the Chamber when it was established in March 2020, and attended most of its meetings. The Star Chamber would assess funding proposals from all parts of the Welsh Government, including in relation to adult social care, but had no other specific relevance to the matters within the scope of Module 6. The Star Chamber was not a decision-making forum and decisions on the allocation of funding were taken by the Minister for Finance and Trefnydd.

Covid-19 Core Group

36. The Covid-19 Core Group was established in March 2020 by the First Minister and continued until September 2020. I did not routinely attend the Core Group, and given my ministerial responsibilities at the time, would not have raised matters relating to adult social care.

Covid Update Group

37. The Covid Update Group was a weekly meeting with the First Minister, the Chief Medical Officer (Wales) and the Director General of the Health and Social Services Group / Chief Executive of the NHS. From when I became Minister for Health and Social Services in May 2021, I together with key officials from the Health and Social

Services Group attended these meetings. We would discuss the latest Technical Advisory Cell reports, including Covid-19 rates, modelling, new variants and vaccination, as well as the Test, Trace, Protect programme. The group did not cover social care issues. It was paused from 25 April 2022 with an agreement that it could be reinstated by the First Minister or officials at any time, if required.

Technical Advisory Group and Technical Advisory Cell

38. The Technical Advisory Group was established in March 2020. This was set up by the Chief Medical Officer and the Chief Scientific Advisor for Health with support from Public Health Wales. Its remit was to make sure that scientific and technical information and advice, including advice coming from SAGE, was developed and interpreted in order to ensure that the Welsh Government and the Welsh public sector had access to the most up-to-date scientific and technical information related to the outbreak. The terms of reference for the Technical Advisory Group are exhibited in **EM/007-INQ000177396**.

39. The Technical Advisory Cell was set up on 27 February 2020 by the Chief Medical Officer and Chief Scientific Advisor for Health. I attach its terms of refence in exhibit **EM/008-INQ000227962**.

40. The Technical Advisory Cell provided scientific and technical information interpreted for Wales in adherence to advice provided by SAGE. In addition to the information coming from SAGE, it received data from a variety of sources to inform its reports and briefings. The advice from the Technical Advisory Group included prevalence of the virus, testing in care homes, infectiousness, discharge of asymptomatic patients, genomics, variants of concern, and Covid-19 associated deaths.

41. The Technical Advisory Cell provided public facing reports and advice for ministers and in the form of briefing documents that followed a standard format and publication cycle.

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

42. The Health and Social Services Group Covid-19 Planning and Response Group was established on 21 February 2020 by the Director General of the Health and Social Services Group / Chief Executive of NHS Wales and the Chief Medical Officer within the Welsh Government. The Group brought together strategic representatives of the Welsh Government's Health and Social Services Group, NHS Wales and Social Care.

43. I was not directly involved in the work of the Health and Social Services Group Covid-19 Planning and Response Group which was convened and coordinated by Andrew Goodall.

44. There were several social care-specific groups such as the Social Care Planning and Response Group, the Care Home Visiting Stakeholder Group, the Social Care Stabilisation and Reconstruction Board. Such groups were led by senior Welsh Government officials and sector leaders and representatives to develop and inform the Welsh Government's pandemic response. Groups such as the Social Care Fair Work Forum and the Workforce Deployment and Wellbeing Planning and Response Group were generally led by the Deputy Minister, Julie Morgan.

45. Other bodies and groups including the Nosocomial Transmission Group, the Covid-19 Moral and Ethical Advisory Group Wales, the Black, Asian and Minority Ethnic Covid-19 Advisory Group, the NHS Wales Shared Services Partnership are discussed where relevant later in my statement.

Portfolio Board for Continuity and Recovery

46. The Portfolio Board for Continuity and Recovery was chaired by the Counsel General and Minister for European Transition. It met between June and September 2020 and was attended by a range of officials from across the Welsh Government, but not by me or by any other Ministers. The Board provided a forum to organise the programme of work to address the longer-term response to Covid-19 and was

an advisory panel rather than a decision-making body, which reported to the First Minster, Cabinet and relevant portfolio Ministers, in the usual manner.

Stabilisation and Reconstruction Scoping Board

47. The Covid-19 Planning and Response Group and the Stabilisation and Reconstruction Scoping Board were responsible for the development, implementation and assessment of recovery plans specific to health and social care. These were official-led groups and not attended by Ministers. The Health and Social Services Stabilisation and Reconstruction Scoping Board was established to focus on the integrated health and social care response to Covid-19. It was complemented by a Social Care Stabilisation and Reconstruction Board. This was a board of internal Welsh Government colleagues and key stakeholders from across the sector.

48. These Stabilisation and Reconstruction Boards oversaw the production of the 'Health and Social Care in Wales – Covid-19: Looking forward' plan published on 22 March 2021, exhibited as **EM/009-** **INQ000066129** and subsequently a specific framework for social care on 22 July 2021, entitled 'Improving Health and Social Care (Covid-19 Looking Forward) Social Care Recovery Framework' exhibited as **EM/010** **[INQ000066131]** dated 22 July 2021. I refer to the 'Health and Social Care in Wales – Covid-19: Looking forward' and Social Care Recovery Framework later in my statement at paragraphs 120 and 232.

Part C: Pre-pandemic structure and capacity of the Care Sector

49. I am asked to outline my view of the pre-pandemic state of the care sector and how this impacted on the ability of the care sector to respond to a pandemic with reference to staffing levels, bed capacity, funding and governance. As I have set out above, my Ministerial responsibilities from November 2017 (my first ministerial appointment) until the beginning of the pandemic period did not include any matters relating to the care sector. I was aware of the pressures which faced the care sector, as set out in the 'Parliamentary Review of Health and Social Care in Wales' published in January 2018, and I was aware of but not directly involved in the actions

taken by the Welsh Government to respond to these pressures. I understand that these are set out in the statement of Vaughan Gething MS, who was the minister with responsibilities for health and social care at that stage. I add that the UK's exit from the European Union caused an already fragile sector to become weaker: a 2019 Welsh Government research report entitled 'Research on Implications of Brexit on Social Care and Childcare Workforce in Wales,' and exhibited at **EM/011-INQ000566346**, found that 58% of registered social care respondents found it difficult to recruit within the previous year, with the most acute challenges being experienced in domiciliary care.

Part D: Key Decisions

Approach to decision making

50. The formal method of advising is via the Ministerial Advice process. A Ministerial Advice is a document submitted by civil servants to a Minister which provides formal advice relating to a new decision, policy, legislation or anything else upon which a Minister is invited to make a decision.

51. On particularly complex issues, officials would engage with my Special Advisers and/or myself in advance of formally submitting a Ministerial Advice document.

52. The role of Cabinet and my Ministerial colleagues is again set out by my predecessor, Vaughan Gething in his statement. The limited extent of decision-making by the Cabinet insofar as decisions relating to the health and social care system in Wales remained true at the time of my appointment. Whilst many of the substantial and significant decisions relating to the pandemic response would be made collectively by Cabinet, rather than on an individual ministerial basis, these related to decisions which raised significant issues of policy or were of critical importance to the public. Examples include decisions about lockdowns, social distancing, the use of face coverings and other non-pharmaceutical interventions.

53. In the main, decisions relating social care within the scope of Module 6 of the Inquiry, were not made by Cabinet and were my responsibility as Minister for Health and Social Services along with the Deputy Minister for Social Services, Julie Morgan.

54. The approach to decision-making remained largely unchanged during the pandemic; the main exception would be the requirement for funding proposals to be considered by the Star Chamber before being submitted to Ministers.

55. I exhibit a table at **EM/012-INQ000565850** which lists the relevant Ministerial Advice submitted to me either for a decision or to note during the relevant period, together with the decision taken.

Minister for Mental Health, Wellbeing and the Welsh Language

56. On 9 October 2020, I was appointed Minister for Mental Health, Wellbeing and the Welsh Language. This new ministerial post was created to provide Vaughan Gething MS, in his role as Minister for Health and Social Services, with greater capacity to focus on the response to the Covid-19 pandemic, NHS delivery and performance. However, the creation of the new ministerial post also recognised the impact of coronavirus on people's mental health and wellbeing. My ministerial responsibilities included mental health services, dementia, substance misuse, veterans' health, patient experience and the obesity strategy. A full list of the ministerial responsibilities for this ministerial post are exhibited in **EM/013-INQ000338740**.

57. In my role, I considered the mental health and wellbeing of the Welsh population. This included consideration of the mental health and wellbeing of recipients of care, those with dementia and learning disabilities, care workers and unpaid carers. In the section on Inequalities below, I set out particular examples of decisions taken to support those from particular groups, including decisions which sought to address the mental health and wellbeing of those particular groups.

58. As Minister for Mental Health, Wellbeing and the Welsh Language, from October 2020 I attended the groups listed below. Although they were not Covid-19-specific groups, we did discuss the effect of Covid-19 on mental health and wellbeing:

a. Wales Mental Health and Wellbeing Forum;
b. Wales Alliance for Mental Health;
c. National Mental Health Partnership Board;
d. Dementia Oversight of Implementation and Impact Group; and
e. Together for Mental Health Implementation Board.

59. I describe any actions undertaken by these groups with specific relevance to adult social later in my statement, whilst noting that responsibility for social services and social care remained with the Minister for Health and Social Services, along with the Deputy Minister for Health and Social Services, Julie Morgan MS.

Discharge of patients from hospitals into care homes

60. I was not involved in decisions relating to the discharge of patients from hospitals into care homes whilst Minister for Mental Health, Wellbeing and the Welsh Language.

Visiting restrictions and guidance on visits to care homes

61. I was not involved in decisions relating to restrictions and guidance on visits to care homes whilst Minister for Mental Health, Wellbeing and the Welsh Language, although I was acutely aware of the difficult balance ministerial colleagues had to strike between protecting vulnerable care home residents from the virus and facilitating contact with their families and friends. I refer later in my statement to matters relating to care home visits of relevance to my portfolio at the time.

Testing

62. As Minister for Mental Health, Wellbeing and the Welsh Language, I was not involved in decisions relating to testing.

Personal Protective equipment

63. I was not involved in the provision of PPE in social care settings whilst the Minister for Mental Health, Wellbeing and the Welsh Language.

Other infection prevention and control issues

64. I was not involved in decisions related to other infection prevention and control issues in social care settings whilst the Minister for Mental Health, Wellbeing and the Welsh Language.

Minister for Health and Social Services

Infection Prevention and Control

65. In terms of guidance to the health and care sectors in Wales, the Welsh Government endorsed the guidance issued by the UK Infection Prevention and Control Cell, of which Public Health Wales was a member. Bespoke infection prevention and control guidance was developed during the first phase of the pandemic for both health and care environments, and it continued to be reviewed as the situation evolved.

66. Safety remained at the heart of all our work and the need for health and social care settings to maintain practices to prevent the spread of infection, including segregation of services for Covid-19, suspected Covid-19 and non-Covid-19 patients and social distancing, was very important.

67. Minimising nosocomial transmission was a key priority throughout the pandemic in both health and social care settings. The primary way in which the Welsh Government attempted to reduce the risk and impact of nosocomial infections was by way of infection and prevention control measures. In May 2020, the Welsh Government established the Nosocomial Transmission Group which was jointly chaired by the Deputy Chief Medical Officer for Wales and the Chief Nursing Officer for Wales. The group acted as a forum for review of core Covid-19 data streams concerning hospitals and care homes and was instrumental in developing an extensive range of advice and guidance for the NHS in Wales on implementing

infection prevention and control guidelines, PPE, Covid-19 testing, cleaning standards, bed spacing, ventilation and environmental controls.

68. When I was appointed Minister for Health and Social Services, the Nosocomial Transmission Group was very well established and would meet on a monthly basis. I was aware of the work they did in helping to reduce the risk and impact of nosocomial infections. I was assured that there was strong adherence to the guidance issued by the Nosocomial Transmission Group, and that ongoing measures were in place to help prevent and reduce the risk of nosocomial transmission.

69. I also tried to bolster the requirement for adequate infection and prevention controls. When the Omicron variant arrived in Wales, I was particularly concerned about the impact on nosocomial infections. As part of the 21-day review in December 2021 I asked officials to place a focus on nosocomial transmission to help control the spread of Omicron in vulnerable closed settings, including reinforcing the basic procedures in place in hospitals (masks, distance and sanitizing), an email sent from Reg Kilpatrick to officials in the Health and Social Services Group on 8 December 2021 and exhibited at **EM/014–INQ000480022** refers to this.

70. The approach to infection prevention and control in care homes was addressed in the Care Homes Action Plan which was published on 17 December 2020 by Deputy Minister for Health and Social Services Julie Morgan, exhibited at **EM/015-INQ000336943**. This set out the Welsh Government's approach and action plan for second wave Covid-19 infections in care homes with an emphasis on cross sector strategic coordination of the social care response. A subgroup for social care coordination and collaborative working was established which began to meet weekly in March 2020.

71. The plan noted that the Welsh Government Nosocomial Transmission Group was reviewing the online, practical and personal support for care homes to ensure that all opportunities were taken to embed evidence-based practice into care homes. How care homes managed their outbreaks including staff rostering, environmental

management and cleaning, testing of staff and residents and contingency planning was carefully considered.

72. In advance of the second wave, the Care Homes Action Plan also sought to identify learning from the first wave and any good practice which could be expanded across Wales. Infection prevention control was identified as an issue to focus on going forwards in the event of a second wave.

73. One action identified was to provide further advice and support for completion of clinical contingency templates for individual care homes to help whole teams to prepare for the management of any further infections in the home. The template sought to enable care homes to consider their own resident group, staff group, environmental layout and service delivery. Work was to continue in raising awareness and providing training, guidance and support. It was also confirmed that the ongoing arrangements for testing care home residents and staff, in line with scientific evidence as it emerged, would continue to be shared.

Testing for Covid-19

74. As previously stated, the Deputy Minister for Social Services, Julie Morgan MS, supported me as Minister and as such there were several Ministerial Advice which the Deputy Minister for Social Services would have agreed without my involvement. Below I have described the Ministerial Advice I received and the decisions that I made regarding the testing of residents and staff of residential and nursing homes in my role as Minister for Health and Social Services.

75. Since December 2020, the Welsh Government's framework for social care testing had been subsumed within the 'Coronavirus Control Plan: Alert Levels in Wales for Social Care Services for Adult and Children' which was agreed by my predecessor as Minister for Health and Social Services and published on 23 December 2020. I exhibit it at **EM/016-INQ000081729**. This sector specific plan linked the social care testing, infection, prevention and control arrangements to the four alert levels set out in the Coronavirus Control Plan. The document set out the recommended testing

approach under each alert level for various cohorts of adult health and social care staff: including care home staff and domiciliary care staff. In September 2021, an updated 'Coronavirus control plan: Alert levels in Wales for Social Care Services for Adults and Children' was published, again setting out the recommended testing approach under each alert level for those difference cohorts of adult social care staff. It emphasised that the testing responses set out in the document at various alert levels were offered as guidance, and that each social care service and set of circumstances was different. I exhibit the document at **EM/016a-INQ000082304**.

76. On 24 September 2021, I received Ministerial Advice proposing changes to testing in social care. The advice noted that nearly 96% of residents and 90% of care home staff had been fully vaccinated, reducing the risks of serious illness and hospitalisation, and that the need to upload test results and receive confirmatory emails could be onerous for care homes. I was asked to permit the current asymptomatic 'on-site' testing for staff and visitors prior to entry to be undertaken at home, to note current asymptomatic testing arrangements in care homes would be continued through the winter, and to endorse a surveillance study of the impact of the changes by Public Health Wales. I exhibit this advice as **EM/017-INQ000116622,** along with my approval as **EM/018-INQ000539066**.

77. On 4 October 2021, I received a Ministerial Advice to agree a managed approach to tapering and withdrawing funding arrangements for care homes that had supported the ongoing testing of staff and visitors. It had been agreed to ease certain testing requirements, allowing staff and visitors to undertake lateral flow devices at home as opposed to supervised tests onsite, which had funding implications. Officials recommended tapered funding arrangements covering until 31 October 2021 and then 1 November 2021 - 31 March 2022. A maximum of £1,399,000 was to be made available as care homes were supported to transition from visitor testing towards a self-test at home, with 'some residual financial support for the smaller number of visitors who will still require support for testing on site'. A full outline is provided in the advice which I exhibit as **EM/019-INQ000116681**. I approved the advice along with the Minister for Finance and Local Government and the Deputy Minister for Social Services and exhibit that response as **EM/020-INQ000539065.**

78. With regards to guidance, the Deputy Minister and I were asked on 15 December 2021 to agree to update Welsh Government guidance on regular testing of social care staff in light the Omicron variant. I exhibit the advice as **EM/021-INQ000337949**. We were asked to agree that care home staff, domiciliary support staff, supported living staff and other frontline social care staff would be asked to undertake a lateral flow test every day before they went to work. This was in line with the advice to the public at that time.

79. On 5 January 2022, I made a Written Statement on prioritising PCR testing, exhibited at **EM/022-INQ000513949**. I announced that the Wales Covid-19 testing capacity had increased significantly in NHS Wales laboratories and as part of a UK testing programme which was the biggest in Europe with almost 400 million PCR tests carried out since the start of the pandemic.

80. A further Ministerial Advice was received on 3 March 2022 around the options for the use of asymptomatic PCR testing in social care and hospices. The advice referred to Public Health Wales' modelling which demonstrated that daily testing using a combination of PCRs and lateral flow devices was only marginally better at detecting cases than daily testing with lateral flow testing alone. It also noted the significant impact of compliance on the effectiveness of testing. The preferred option proposed by my officials was to end asymptomatic testing with PCRs and introduce symptomatic fourplex testing. Care homes would continue to have access to lateral flow devices for regular asymptomatic testing. I approved that option and exhibit the advice as **EM/023-INQ000116744** and my response as **EM/024-INQ000369388.**

81. On 28 March 2022, both the Deputy Minister and I agreed to a Social Care Transition Plan for April – June 2022, which described the new arrangements for care homes between that period. I exhibit the Social Care Transition Plan as **EM/025-INQ000082733**, and I exhibit my approval as **EM/026- INQ000565842.** The Transition Plan confirmed frontline health and social care staff would continue to have access to free lateral flow tests to allow them to undertake twice weekly testing from the organisations they worked for. Further, it outlined that care home workers would no longer need to undertake weekly PCR tests. Unpaid carers who were caring for the clinically vulnerable would also be able to access lateral flow testing through their local authorities.

82. On 21 June 2022, I made a Written Statement which I exhibit as **EM/027-INQ000227373** on the Test, Trace, Protect transition. The continued approach was to adopt the principle that Covid-19 was not over, and the transition needed to be determined by the public health conditions at the time. The Welsh Government's objectives were to continue to focus on:

a. Protecting the vulnerable from severe disease by enabling access to vaccination, treatments and safeguarding against the risk of infection;
b. Maintaining capacity to respond to localised outbreaks and in high-risk settings;
c. Retaining effective surveillance systems to identify any deterioration in the situation, such as, from harmful variants and mutations of concern; and
d. Preparing for the possible resurgence of the virus.

83. In line with the objective to protect vulnerable people, I advised that from 1 July 2022, we would continue to provide:

a. Lateral flow devices and PCR testing for those eligible for Covid-19 treatments;
b. PCR testing for Covid-19 and other respiratory viruses for symptomatic care home residents and prisoners;
c. Lateral flow testing for symptomatic health and social care staff; and
d. Lateral flow tests for regular asymptomatic testing for health and social care staff (which would be reviewed when the prevalence was between 1-2% and there was a higher risk of false positives).

84. For completeness, I exhibit the Ministerial Advice I received which supported the Written Statement as **EM/028-INQ000227372**.

85. In taking the decisions described above, the impact of testing regimes on care homes was a factor in our considerations. For example, I describe above the advice I received in relation to on-site testing (exhibit **EM/017-INQ000116622** refers). This advice noted that as nearly 96% of residents and 90% of care home staff had been fully vaccinated, and as people had become accustomed to testing,

it was appropriate to explore easing the burden on care homes by permitting self-test at home for visitors. It further advised that consideration should be given to also allow at-home testing for staff if the care home agreed, to reduce the inconvenience of staff having to attend for testing on their days off. To help care homes with the transition to a self-testing model for visitors we also agreed that funding support would continue to be provided until March 2022 (exhibit **EM/019-INQ000116681** refers).

Personal Protective Equipment

86. When I was appointed Minister for Health and Social Services in May 2021, I was provided with briefings on a range of issues related to my portfolio, as is normal practice when new Ministerial appointments are made. One of those was specifically on PPE which I exhibit at **EM/029-INQ000535029**. This gave me the latest position regarding the number of PPE items issued, the supply of stock, and any immediate/live issues. The briefing confirmed that PPE continued to be supplied free of charge to social care providers under a Service Level Agreement between the NHS Wales Shared Services Partnership and the Welsh Local Government Association. It also noted that the overall PPE situation was stable with a minimum of 24-week supply of all items physically held in stock. This reassured me that Wales was in a position where it had procured sufficient PPE and held enough stock to meet our needs.

87. The Service Level Agreement between the NHS Wales Shared Services Partnership and the Welsh Local Government Association was already in place when I was appointed as Minister for Health and Social Services. I approved extensions to the agreement as follows:

    a. On 29 June 2021, I approved an extension to the agreement on the existing terms and conditions until 31 March 2022 (MA/EM/1898/21, exhibited at **EM/030-INQ000103977;** and

b. On 3 February 2022, I approved an extension to the agreement on the existing terms and conditions until 31 March 2023 (MA/EM/4140/21, exhibited at **EM/031-INQ000361786**)

88. During my tenure as Minister for Health and Social Services, while I remained responsible for the distribution of key healthcare equipment and supplies to end users, I did not have to make any decisions relating to the distribution of such equipment and supplies to end users in Wales because this was all dealt with by the NHS Wales Shared Services Partnership. I did however make the decision to approve the NHS Wales Shared Services Partnership's strategy for supplying and distributing PPE, which involved me having to be satisfied that the NHS Wales Shared Services Partnership had in place processes and procedures to ensure that there was effective and fair/equitable distribution of key healthcare equipment and supplies to end users. By way of example, I have exhibited above Ministerial Advice (**EM/030-INQ000103977**) seeking my agreement to extend the service level agreement that was in place between the NHS Wales Shared Services Partnership and the Welsh Local Government Association which committed the NHS Wales Shared Services Partnership to continue to provide free PPE to the health and social care sector until 31 March 2022.

89. By the time I became the Minister for Health and Social Services, distribution arrangements were in hand, and at no point was it drawn to my attention that there was an issue. Nor was I aware of any actual or impending shortages of PPE during my time as Minister for Health and Social Services. The difficulties in accessing PPE that were experienced at the start of the pandemic were resolved by the time that I was appointed in May 2021. For two weeks, I received weekly briefings on the stock holdings of PPE, but this moved to monthly updates in June 2021, reflecting the stable level of supply and use of PPE in Wales at that time. I exhibit an example of the briefing I received at **EM/032–INQ000479976**. The briefings were helpful in that they enabled me to keep track of stock levels.

90. I am asked about any differences in the PPE regimes for different parts of the care sector; I am not aware of any such differences.

91. I am asked whether I was made aware of any concerns about the quality of PPE being provided for use in care settings. I understand that the systems which were in place to ensure the quality of the PPE procured are described in the corporate statement of Albert Heaney in response to M6/HSSG/01; I do not recollect any concerns about quality being raised with me. I also do not recollect being made aware of any concerns in relation to PPE guidance whilst Minister for Health and Social Services. The mechanisms for engagement with the sector established by my predecessor and his colleagues were maintained from May 2021. For example, Rebecca Evans who was appointed as Minister for Finance and Local Government continued to hold the regular calls with local authority Leaders which had previously been led by Julie James as Minister for Housing and Local Government. The Shadow Social Partnership Council also remained an important forum for sharing information and good practice, and the Deputy Minister for Health and Social Services maintained close links with Care Forum Wales and other key stakeholders in the sector. I am satisfied that mechanisms were in place for concerns about PPE to be raised if required.

92. I am asked to set out my developing understanding about modes of Covid-19 transmission and how this informed the types of PPE to be worn. The developing knowledge about transmission was a matter upon which ministers would rely on the expert advice from the Technical Advisory Group, SAGE and the Chief Medical Officer. The methods of transmission of Covid-19 were well-understood by the time I was appointed as Minister for Health and Social Services. I note that the supplementary Module 3 statement of the Chief Medical Officer (Wales) includes a chronological account of his developing understanding of the modes of transmission, which concludes in April 2021 where he notes that in advice to Cabinet he said "*As restrictions are removed, it is incumbent on sectors to undertake the risk assessments and to put into place the mitigations that will prevent transmission such as ventilating shared spaces to avoid the build up of aerosols if someone is infected and the use of face coverings where necessary, to protect each other from asymptomatic spread of the virus*".

93. I am asked about any concerns raised with me about access to PPE, including any difficulties that care workers or recipients of care experienced in accessing PPE,

including due to their protected characteristics. I was aware that the British Medical Association raised concerns regarding whether the PPE provided to the health and social care sector in Wales was sufficient to protect all health and social care workers. However, our response, as set out in the Welsh Government Coronavirus Comms Core Brief dated 16 December 2021 and exhibited at **EM/033-INQ000227732**, was to follow the UK infection prevention and control guidance which, at that time, recommended the use of FFP3 masks. I further exhibit a letter at **EM/034-INQ000118729** which I sent to the Chair of the British Medical Association Cymru in January 2022 which confirmed that ensuring that all health and social care workers have the correct PPE had been a consistent priority for the Welsh Government and I referred him to the latest UK infection prevention and control guidance which provided the most up to date information about the appropriate use of PPE.

94. I did not take any decisions regarding the appropriate PPE required for female, ethnic minority and religious minority staff working in the health and social care sector in Wales beyond what was already set out on that in the UK infection prevention and control guidance. Accordingly, we relied on the information and advice provided in that guidance with regards to the appropriate PPE.

Visiting restrictions

95. I had no involvement in the development of guidance on care home visits prior to being appointed as the Minister for Health and Social Services (from 13 May 2021). However, as described at paragraph 204 of my statement, I was involved in the decision-making around the introduction of visiting pods and the publication of this in December 2020. I have addressed within my statement below the iterations of the care home guidance which I was asked to approve as Minister for Health and Social Services, as well as the considerations about the impacts of the guidance.

96. The matter of visiting restrictions in care homes and guidance required balancing the need to protect vulnerable people in care homes from the virus and allowing care home residents to see family and friends and their wider wellbeing. This was a

difficult balance to strike. I was very conscious of both the impact of restrictions on care home residents and their families, and the need to protect residents from the virus, when considering the iterations of the guidance which I set out below. Consideration was given to the need to protect vulnerable care home residents and the importance of visits to residents, their family members, their wider wellbeing and the risk of social isolation.

97. Changes to the guidance could be made in response to amendments to the coronavirus regulations, or to changes in guidance from Public Health Wales. The guidance on visits to care homes was produced in close collaboration with a Visiting Care Homes Stakeholder Group which was convened by Care Inspectorate Wales and attended by a range of stakeholders including the Office of the Older People's Commissioner and representatives of Care Forum Wales. This enabled the care home sector to comment upon the feasibility of the provisions in the guidance, which would be considered as the guidance was developed and published.

98. Care homes were responsible for the implementation of visiting procedures in line with the guidance produced. The Care Inspectorate Wales would assess implementation of the guidance as part of its regulatory duties for example through its inspection activity and would respond to concerns where they were raised. I do not recollect concerns being raised with me; where such concerns were raised, they would be followed up by Care Inspectorate Wales. I exhibit at **EM/035-INQ000501671** a concern sent to my office by a Member of the Senedd about a group of care homes, and which was followed up by the Inspectorate.

99. The introduction of the visiting pods scheme was an important way in which the Welsh Government considered the impact of visiting restrictions on care home residents and their families and sought to strike a balance between the need to protect vulnerable care home residents and to promote social contact and wider wellbeing. As Minister for Mental Health, Wellbeing and Welsh Language on 23 November 2020, I was involved in the announcement of the launch of the pilot of a visitors pods scheme, under which the Welsh Government would lease approximately 100 temporary modular units which could be made available to care homes in Wales for a six-month period. On 17 December 2020, the Welsh

Government issued a press release confirming that the first visiting pods had been delivered to a residential care home in Llandrindod Wells and that almost 80 units would be installed and ready for use before Christmas 2020.

100. The first iteration of the guidance submitted to me for approval, following my appointment as Minister for Health and Social Services, was version 7, under which two designated visitors were permitted for routine indoor visits, and those visitors were able to attend at the same time (socially distancing, if they were not members of the same household) as well as separately. These changes were consistent with changes to the coronavirus regulations which were due to be considered by the First Minister. I agreed the Ministerial Advice (MA/JM/1655/21, exhibited at **EM/036-INQ000145129**), and the guidance was published the following day (14 May 2021): **EM/037-INQ000338239**.

101. On 19 May 2021, I received Ministerial Advice (MA/JMSS/1737, exhibited at **EM/038-INQ000116638**) seeking my agreement to version 8 of the guidance, which removed the requirement for visitors to be designated (rather than allowing any person to visit), whilst retaining the limitation on the number of visitors at any one time to two per resident. The First Minister had signalled the intention to move away from restricting the overall number of designated visitors per person in a Written Statement on 14 May 2021 (exhibited at **EM/039-INQ000023290**). Announcing this change in advance was intended to give providers time to update their risk assessments and plan their communications to families, and the updated guidance confirmed this position. I agreed the guidance, which was published on 24 May 2021, **EM/040-INQ000082053**.

102. On 14 July 2021, I received Ministerial Advice seeking my agreement to the publication of version 9 of the visitor guidance. I exhibit the advice at **EM/041-INQ000136889** and the guidance at **EM/042-INQ000498705**. Version 9 was published on 16 July 2021 and reflected the national move into Alert Level 1 from 17 July 2021, removing the requirement for residents to self-isolate following an overnight stay away from the care home, and allowing indoor visits from entertainers.

103. On 3 August 2021, I received Ministerial Advice (MA/JMSS/2756/21, exhibited at **EM/043-INQ000275819**) seeking my agreement to the publication of version 10 of the guidance document, which removed the limit of two visitors at a time, with this now to be determined by the individual provider subject to a risk assessment. These changes were made in the light of changes to the coronavirus regulations agreed as part of the 21-day review. I agreed the recommendation and the guidance was published on 6 August 2021: **EM/044-INQ000275822**.

104. On 6 October 2021, I was asked to agree the publication of version 11, which removed the need for social distancing and eased the restrictions around bringing gifts into the home. I approved the advice the following day, and the guidance was published on 8 October 2021. The Ministerial Advice (MA/JMSS/3385/21) is exhibited at **EM/045-INQ000116766**, and the guidance at **EM/046-INQ000498709**.

105. I received advice in relation to the next version of the guidance (version 12) on 18 November 2021 (MA/JMSS/3962/21, exhibited at **EM/047-INQ000275851**). This iteration of the guidance had been updated to reflect changes to Public Health Wales's 'Guidance to prevent and manage COVID-19 within care settings alongside other respiratory viruses during autumn / winter 2021-22'. This updated Public Health Wales guidance meant that more routine visiting into and out of care homes could continue during some outbreaks, depending on public health advice for the specific outbreak. It also enabled residents who were self-isolating after discharge from hospital to receive visitors in the care home. I agreed the changes and the guidance was published on 22 November 2021: **EM/048-INQ000082428**.

106. On 15 December 2021, I received and approved Ministerial Advice (MA/JMSS/4367/21, exhibited above as **EM/021-INQ000337949**) for the publication that day of version 13 of the guidance (**EM/050-INQ000082181**), which introduced changes arising from the Omicron variant, including:

- Visits out of the home would cease during Covid-19 outbreaks and visits into the home were restricted to essential visitors only during an outbreak;
- In adult care homes not in a Covid-19 outbreak, residents were to be tested with a Lateral Flow Device (LFD) test following a visit out of the home; and

- Providers were advised to generally limit visiting to frequent visitors who were more familiar with visiting processes in place, and to risk assess requests from less frequent visitors.

107. On 27 January 2022, I received Ministerial Advice (MA/JMSS/0256/22, exhibited at **EM/051-INQ000361789**) seeking my agreement to version 14 of the guidance. Reflecting the move to Alert Level 0 in Wales, the guidance (exhibited at **EM/052-INQ000082608**) enabled more routine visiting into and out of care homes to take place during some outbreaks and re-emphasised the importance of supporting residents to go out of the home if they wanted to do so. Version 14 was published on 28 January 2022.

108. I am asked whether, on reflection, the timing and extent of the various iterations of guidance on visiting restrictions was appropriate. I believe that the frequent change in guidance was appropriate and reflected the changing nature of the virus and the protection trends in the community as a result of the vaccination programme. The Welsh Government sought to strike an appropriate balance between the need to protect vulnerable care home residents on the one hand and the importance of promoting social contact and wider wellbeing for residents and their families on the other. The restrictions were reduced and guidance varied as appropriate in accordance with the emerging information on the level of risk posed by the virus.

Access by/to healthcare professionals

109. To build on the developments set by my predecessors in enabling people with urgent or emergency care needs to access the right treatment at the right time, in the right place, I made Members of the Senedd aware on 22 July 2021 of the 'Six Goals for Urgent and Emergency Care'.

110. To deliver all 'six goals' consistently and reliably would require a whole-system collaboration between local health boards, NHS Trusts, local authorities and partners across public services and the third sector through Regional Partnership Boards. £25 million in recurrent funding was therefore allocated to support the delivery of the Six Goals for Urgent and Emergency Care. Those goals focused on

four priority areas, one of which was coordination, planning and support for populations at greater risk of needing urgent or emergency care. To support health and social care systems to achieve this goal, the Welsh Government focus was on, for example, the ePrescribing programme to better coordinate, improve and digitise patients' access to medicines, and the continued investment in lifting equipment for care homes to ensure that people who experience "non-injury falls" in those homes could be safely lifted to avoid the need for transfer to hospital and potentially admission. I exhibit at **EM/053–INQ000480067**, the Written Statement announcing the development of the 'Six Goals' and the relevant funding. This was developed further and ultimately resulted in the publication of '*Right Care, Right Place, First Time'*, which was a policy handbook to cover the years 2021 to 2026 and the six goals for urgent and emergency care. I exhibit a copy of this Handbook at **EM/054–INQ000480078.**

111. The progress in facilitating access to video consultations was an important step in facilitating safe and efficient access to healthcare appointments by virtual means.

112. On 5 October 2021, I provided a written statement confirming that 250,000 NHS Video Consultations had been undertaken in Wales. Welsh Government, in partnership with Technology Enabled Care (TEC) Cymru, had successfully delivered the accelerated national roll-out of the NHS Wales Video Consultation Service (NVCS) using a product called Attend Anywhere, as part of Welsh Government's response to the Covid-19 pandemic. I exhibit the written statement as **EM/055-INQ000566337**.

113. Facilitating video consultations was important in ensuring access to healthcare professionals continued for those with pre-existing health conditions, including within care homes. Video consultations offered access to appointments in a way which reduced the risk of transmitting the virus for both patients and health and care professionals.

Health for Health Professionals

114. Between 2012 and 2020, Health for Health Professionals Wales (HHP Wales) was procured by Welsh Government to provide all doctors in primary and secondary care with access to the British Association for Behavioural and Cognitive Psychotherapy (BABCP) in their area. In March 2020, the service was enhanced and up-scaled to the whole of the NHS workforce. Between September-November 2021, the service went out to tender for 2022-2025. Health for Health Professionals Wales were the successful bidders and in April 2022, the service was further up-scaled to include the social care workforce. The new service (Canopi) built upon the experience of Health for Health Professionals Wales by expanding the delivery of mental health support to the Welsh NHS and social care workforce. The service sat alongside and complemented the other existing mental health and wellbeing support services available to the NHS and social care workforce in Wales.

Funding

Support for local authorities and the care sector

115. The Welsh Government took a proactive and responsive approach to providing additional funding to support both local authorities and the adult social care sector with a review to supporting and maintaining the stability of the sector. I have set out below the funding packages and support measures which I was asked to approve.

116. The Local Authority Hardship Fund was established early in the pandemic and assisted local authorities in meeting the additional costs of providing social care arising from the pandemic. I was not involved in decisions about establishing and maintaining the Fund until I became Minister for Health and Social Services in May 2021. I understand the preceding period is covered in the personal statement of Vaughan Gething (M6/VGET/01) and the corporate statement of Albert Heaney (M6/HSSG/01), which also provides details of specific elements of the funding package about which I was asked to make further decisions, as I set out below.

117. I received Ministerial Advice dated 29 June 2021 (reference MA/JMSS/2041/21, exhibited at **EM/056-INQ000116712**), providing advice and recommendations about Covid-19 funding for local commissioners to support the delivery of adult social care in 2021-22. The Ministerial Advice sought my agreement and that of the Deputy Minister for Social Services to several recommendations, summarised below.

118. In respect of the adult social care component of the Hardship Fund, I agreed a series of recommendations, including:

    a) That support to commissioners and adult social care providers would extend to the end of the financial year;
    b) That the flat rate uplift to care fees (which was introduced to reflect Covid-19 related costs that were arising consistently and predictably in each area of provision) should continue at its then current level (£50 per week for residential care, £1 per hour for domiciliary care and £37 per week for supported living) until October and then taper to zero over the remainder of the financial year; and
    c) That the support for care home voids (vacant places within care homes) should continue at its then current level until September and then taper to zero gradually over the remainder of the financial year in order to enable an exit from this element of funding that the discretionary element of the funding package should remain in place to enable local flexibility.

119. In relation to support for adult social care through local health boards, I agreed:

    a) To the in-principle continuation of the provision of adult social care support provided to health boards to address the Covid-19 related cost pressures in respect of NHS-commissioned care to the end of the financial year; and
    b) That the flat rate uplift to care fees provided to commissioned providers through health boards would taper in line with the approach to the flat rate uplift for care fees for local authority commissioned providers via the Hardship Fund (as set out in paragraph 118 (b) above).

120. On 29 July 2021, the Minister for Finance and Local Government, the Deputy Minister for Social Services and I received 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 **EM/057-INQ000136861**. This followed receipt of a letter dated 2 June 2021 from the Minister for Finance and Local Government to my Cabinet colleagues and I, updating us on preparations for a first supplementary budget for 2021/22 and inviting us to develop schemes for one-year awards for Covid-19-related measures, including recovery and restart activity. I exhibit the Minister's letter at **EM/058-INQ000493734**, and my response dated 23 June 2021 at **EM/059-INQ000565846** and **EM/060-INQ000565847**. In addition, I had been copied into advice to the Deputy Minister for Social Services (MA/JMSS/2420/21, dated 9 July 2021 and exhibited at **EM/061-INQ000145135**) seeking her agreement to the finalisation and publication of '*Improving Health and Social Care (Covid 19 Looking Forward) Social Care Recovery Framework*', which set out priorities for social care recovery, both whole-sector priorities and priorities specific to the Welsh Government.

121. The funding proposal set out in the funding Ministerial Advice was for:

    a. an £8 million allocation for direct spending on specified social care Covid-19 recovery priorities/actions selected by the Welsh Government; and
    b. 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 (and is exhibited at **EM/062 [INQ000066131]**

122. The specified social care recovery priorities proposed in the Ministerial Advice in relation to adult social care included:

    a) £1 million for the continuation of Carers Support Fund;
    b) £600,000 for Learning Disability Health Checks;
    c) £220,000 support for older people to re-engage with their communities;
    d) £100,000 towards promoting a rights-based approach for older people;
    e) £190,000 towards improving the wellbeing offer to the social care workforce; and

f) £140,000 for the Association of Directors of Social Services Cymru to support delivery of the Recovery Framework.

123. I and my colleagues agreed the proposals for both elements of the proposal (as set out in paragraph 119 above), although the Deputy Minister asked for further detail about the allocation of the £40 million to be developed, as per the email exhibited at **EM/063-INQ000493725**, which was copied to me. Further work was undertaken by Social Services and Integration Directorate officials, and the details of the Social Care Recovery Fund were subsequently announced on 14 September 2021 by the Deputy Minister for Social Services via a Written Statement, exhibited at **EM/064-INQ000493733**. The statement confirmed the £40 million recovery fund, as well as some specific recovery activities, including:

a. £1m to continue the Carers Support Fund, providing grants of up to £300 to unpaid carers in urgent need across Wales;
b. £600,000 to support a cluster-level approach to the delivery of learning disability health checks, increasing health board activity in this area to support the health and wellbeing of individuals and to quickly identify potential health issues as early as possible and help reduce health inequalities;
c. £100,000 to promote a rights-based approach for older people, commissioning work with older people and stakeholders to raise awareness of how to embed a rights-based approach in the design and delivery of relevant services;
d. £190,000 to help improve the wellbeing offer for the social care workforce, to ensure they were supported during and after the pandemic. This funding recognised how critical the social care workforce was, and the risks posed by staff shortages; and
e. £140,000 for the Association of Directors of Social Services Cymru to support the delivery of the recovery framework through the coordination and delivery of national activities.

124. On 7 September 2021, the Minister for Finance and Local Government, the Deputy Minister for Health and Social Services and I received advice about next steps for

funding to support the delivery of adult social care (MA/JMSS/3071/21, exhibited at **EM/065-INQ000145145**). The advice also noted that domiciliary care services had come under significant pressure which was impacting on the flow of patients across the health and social care system, and we were asked to maintain the £1 hour uplift on commissioned domiciliary care that had been agreed at the beginning of the pandemic. We agreed the recommendations in the advice on 12 and 16 September 2021, which I exhibit at **EM/066-INQ000368997**.

125. On 11 October 2021, the Minister for Local Government and Finance, the Deputy Minister for Social Services and I received Ministerial Advice, seeking agreement to an additional £42.7 million for a package of measures to address what the advice described as a crisis. I exhibit the advice (MA/EM/3387/21) at **EM/067-INQ000176883**. I refer to this advice further in the workforce section below.

126. The advice noted that the health and social care system was continuing to experience ongoing impacts from the Covid-19 pandemic along with a range of other factors, contributing to high levels of escalation across the system. It further noted that whilst there was normally heightened demand for health and social care services during the autumn and winter periods, at that point the situation in social care and health was already under significant pressure and demand continued to grow exponentially in comparison to capacity. This was impacting the ability of local authorities to provide support for the most vulnerable people in the community and appropriately discharge their statutory duty, which in turn was leading to higher admissions to acute hospitals and an inability to discharge people from hospital in a timely manner.

127. In response to these challenges, and recognising the significant pressures being faced by the sector, I had established and chaired a Care Action Committee, the purpose of which was to identify immediate issues in the social care sector and agree solutions to prevent further deterioration of the health and social care system flow. I was determined to prepare for winter pressures in a practical way by working with representatives from local authorities and others. Terms of Reference for the Committee are exhibited as **EM/068-INQ000592577**. The Committee was attended

by the Deputy Minister for Social Services and representatives from the NHS, local authorities, Welsh Local Government Association, the NHS Confederation, the Association of Directors of Social Services Cymru, Care Forum Wales, and the National Provider Forum. The Committee met for the first time on 8 September 2021 and continued to meet throughout the remainder of the pandemic period. It met for the final time in its then current format on 29 March 2023, after which a new format and membership was to be developed. I exhibit at **EM/069- INQ000592576** a letter I sent to members of the Committee thanking them for their work and summarising the achievements of the Committee, which included:

- The number of patients with a length of stay of over 21 days in hospital was reduced from 5,222 patients in May 2022 to 4,936 patients in November 2022;
- Delayed discharge reporting peaked in August 2022 at 1,269 patients, but reduced to 1,000 patients in February 2023

128. For completeness, I also note that since April 2023, a pathways of care reporting framework has been in operation as a formal, validated, reporting mechanism. The framework provides health and social care partners with a comprehensive and consistent dataset on their regional discharge delays so that relevant interventions and actions can be targeted more appropriately.

129. Returning to the funding proposals set out above, I exhibit at **EM/070-INQ000498727** the note of the Care Action Committee meeting on 30 September 2021, at which the proposals were discussed. The proposals were set out in detail in an annex which was included in the advice document exhibited above, and were summarised in a table which I reproduce below:

Proposal	**£m**
Integrated health and social care responses through Regional Partnership Boards including joint winter planning and support for micro enterprises	9.8
Additional Direct Payments to unpaid carers to avoid carer breakdown	5.5

Boost third sector carer's hardship funding to avoid carer breakdown	0.27
Third sector early intervention and prevention services	3.8
Children's services	21.0
Advertising and promotional work to drive recruitment	0.35
Cluster based action	2.0
Total	**42.72**

130. The advice noted that if agreed, the measures would be deployed through funding directly to local authorities, to Regional Partnership Boards and to the third sector via a grants process, and through health board processes to GP clusters. Ministers agreed these recommendations on 13 and 14 October 2021, email confirmation exhibited at **EM/071-INQ000493726**.

131. On 9 March 2022, the Deputy Minister and I agreed to allocate £29.75 million to cover the cost of a £500 one-off payment to unpaid carers in Wales. Ministers had received advice (MA/JMSS/0894/22, exhibited at **EM/072-INQ000499750**), which recommended this allocation of funding as a response to the financial pressures unpaid carers were facing, and recognised that social care workers had received recognition payments from the Welsh Government during the pandemic, but unpaid carers had not.

132. I am asked to address whether the additional funding made available to the adult social care sector was adequate and whether any alternative mechanisms for funding and support should have been enacted. In my view, additional funding was made available at speed in response to concerns within the sector as they arose, and was adequate, and if not, alternative funding mechanisms would have been sought. A responsive and proactive approach was taken by the Welsh Government to providing additional funding for the sector as needed and in seeking to ensure the stability of the social care sector. For example, the October 2021 package of £42.7 million was explicitly agreed to address growing demand and pressure within the sector.

Self-isolation support scheme

133. The Welsh Government's self-isolation support scheme, which was announced by the First Minister in October 2020, was established to remove financial barriers faced by people who needed to self-isolate. On 5 July 2021, the Minister for Finance and Local Government and I received Ministerial Advice (MA/RE/2245/21, exhibited at **EM/073-INQ000144849**) recommending a continuation of the self-isolation support scheme to March 2022. This was agreed. The amount of the payment was an ongoing consideration to ensure that we were sufficiently supporting people to self-isolate. I exhibit a copy of a Ministerial Advice dated 29 July 2021 at **EM/074-INQ000136886** (MA/RE/2645/21) which outlined feedback from stakeholders indicating that the £500 payment in place at the time did not cover living expenses for the 10-day isolation period, and that an increase in payment to £750 would:

a. Encourage testing and adherence with self-isolation;
b. Motivate people to test and self-isolate as there would be less fear of the financial impact;
c. Cover the personal income threshold of £500 a week net income; and
d. Cover the loss of a living wage income for 10 days.

134. The increase was to be reviewed after three months. I agreed the Ministerial Advice and on 4 August 2021, I announced that, with effect from 7 August 2021, the Welsh Government's self-isolation support scheme would increase from £500 to £750. I exhibit a copy of the press announcement at **EM/075-INQ000480077**. On 28 October 2021, I was copied into advice to the Minister for Finance and Local Government (MA/RE/3426/21, exhibited at **EM/076-INQ000235979**) providing details of the three-month review of the payment rate. The advice recommended that the scheme should continue for the remainder of the 2021-22 financial year and should continue at a rate of £750 per claim, and the Minister for Finance and Local Government agreed to the recommendation that day.

135. On 21 January 2022, I received Ministerial Advice (MA/RE/4534/21, exhibited at **EM/077** **[INQ000145583]** which recommended that the scheme payment should be

changed to £500 per claim from 24 January 2022 and that the scheme should be extended to 30 June 2022. The advice to revert to the £500 rate was based upon feedback from local authorities that £500 adequately covered the average reduction in earnings. I also received Ministerial Advice (MA/EM/0130/22, exhibited at **EM/078-INQ000116748**) recommending the isolation period of seven days for positive Covid-19 cases in Wales would be reduced to five days, based upon advice that the risks of increased transmission could be accepted in the context of the link between case rates and hospitalisations being substantially reduced due to vaccination, the success of the booster roll out, and the continuing need to reduce workforce pressures. I agreed on 24 January 2022 that the scheme should be extended to 30 June 2022 at a rate of £500; I exhibit the confirmation at **EM/079-INQ000533779**, and on 26 January 2022 that the isolation period of seven days for positive Covid-19 cases in Wales would be reduced to five days; exhibit **EM/080-INQ000539086** refers. I announced both decisions via a Written Statement on 26 January 2022, which I exhibit at **EM/081-INQ000565845**.

Statutory Sick Pay enhancement

136. The Welsh Government's enhanced Statutory Sick Pay scheme was established in November 2020, to top up the income of certain social care workers to full pay when they needed to take time off work due to Covid-19. When I was appointed Minister for Health and Social Services, the scheme was due to end on 30 September 2021. On 19 August 2021, I and the Deputy Minister for Social Services received Ministerial Advice (MA/JM/2868/21, exhibited at **EM/082-INQ000136863**) recommending that the scheme be extended until March 2022, based on the continued prevalence of Covid-19 and the importance of continuing to support infection control. This recommendation was agreed; exhibit **EM/083-INQ000275831** refers. I agreed a further extension to the scheme, to 30 June 2022, in response to advice received on 21 January 2022 (MA/RE/4534/21, exhibited above as **EM/077-[INQ000145583]**

NHS and Social Care Coronavirus Life Assurance Scheme (Wales)

137. The NHS and Social Care Coronavirus Life Assurance Scheme (Wales) 2020 was established in 2020. Under the scheme a payment of £60,000 would be made to the dependents of health and social care workers who died from work-related Covid-19.

138. Initially, the scheme was due to end on 25 March 2022 as this was when provisions of the Coronavirus Act 2020 were due to end. I received advice on 4 February 2022 (MA/EM/0446/22, exhibited at **EM/084-INQ000493735**) seeking approval to extend the window for families to submit claims after the closing date of the scheme from 6 to 12 months, which I agreed. This was in line with the English scheme and was considered appropriate to ensure that families did not miss the opportunity to claim.

139. On 21 March 2022, I received an informal advice note which provided an update on the scheme and was asked whether I wished to allow the scheme to close on 25 March 2022, as previously set, or to extend until 30 June 2022. I approved the recommendation of the advice to extend the scheme, which aligned with the end date of the Statutory Sick Pay Enhancement scheme which I have described above. The scheme closed on 30 June 2022, with claimants originally having until 30 June 2023 to submit claims for deaths that occurred while the scheme was open. I subsequently agreed to extend the period for submission of claims for a further three months, until 30 September 2023, to give beneficiaries more time to claim.

Workforce

Workforce capacity

140. In in my role as Minister for Health and Social Services, I was involved in decision-making around the efforts to increase the capacity of the workforce within the social care sector. The recruitment and retention challenges in the care sector were well known and continued to be of concern during the pandemic. In the Health and Social Care Winter Plan 2021 to 2022, exhibited at **EM/085-INQ000480015**, I set out the workforce challenges for the sector and acknowledged that our health and social

care workforce had been put under considerable strain during the pandemic and that Wales continued to experience challenges with recruitment and retention across the health and social care system.

141. Within the Health and Social Care Winter Plan 2021-2022, I confirmed that we were providing continued support for interventions to attract and retain staff in the social care sector.

142. In a written response to a question by Andrew RT Davies on 22 July 2021, I set out the preparations my department was making for capacity, support and protection in social care ahead of winter 2021-2022. I emphasised that we were undertaking a range of actions to support recruitment into the social care sector. This included Social Care Wales' 'WeCare Wales' campaign and jobs portal, plus wider actions to improve recruitment in the medium term. I exhibit the question and my response at **EM/086-INQ000592564**.

143. On 19 August 2021, I received Ministerial Advice (MA/EM/2926/21, exhibited at **EM/087-INQ000501638**) in respect of funding a programme of work to increase recruitment into social care. The £160,000 comprised funding for a TV/advertising campaign at the cost of £131,000 and funding for an Engagement and Development Lead Officer post within Social Care Wales for 12 months commencing September 2021 at a cost of £28,200. Specific communications plans were devised which I was informed of in the Ministerial Advice, including communications activity, social media content using film clips, the WeCare.Wales homecare television advert and work by the Press Office to highlight the introductory social care course and put forward relevant people to do media interviews. A jobs portal was set up on the Social Care Wales website.

144. We undertook the advertising and media campaign in August/September 2021, and we continued with a blend of TV/radio advertising and a range of other promotional work to drive recruitment. I was informed that launching in September was said to be a more successful month for recruitment in previous years and so this recruitment window was specifically chosen.

145. In terms of reach and engagement, this achieved 10,088,887 impressions (i.e. opportunities to see) and the reach was to 65% of all adults in Wales. Social Care Wales reported a doubling of visits to the WeCare.Wales jobs portal in the three weeks following the TV adverts compared to the three weeks prior. They identified a 27% increase in job applications made through the website. Further impact data was not available at the time (Social Care Wales is developing improved data systems). We do not hold information about the numbers of posts filled as a result of the advertising and media campaign.

146. In addition, we also provided additional funding to Social Care Wales to enable national availability of a short introductory training programme for social care. Social Care Wales successfully bid for funding through the Foundational Economy Challenge Fund to scale up an existing pilot project to a national roll out. This comprised a free four-day training course (delivered online), that covered the essentials to start working in social care, including communication and safe working practices.

147. As noted earlier in my statement, on 11 October 2021, I received Ministerial Advice (MA/EM/3387/21, exhibited above as **EM/067-INQ000176883**) in relation to a further suite of proposals to support the health and social care system over the challenging autumn and winter period. I, along with the Minister for Local Government and Finance and the Deputy Minister for Social Services, was asked to agree a further package of support, totalling £42.72 million, to address social care system pressures. One aspect of this funding was in relation to a further national recruitment activity given the ongoing severe staff shortages in domiciliary care and care homes. I was provided with different options for funding (including a lower cost option of re-running the 3-week advertising campaign for the sum of £131,000), however, given the pressures on the sector, I opted to provide the further funding in the sum of £305,000 to cover all further media activity from October to December 2021. On 13 October 2021, both I and the Deputy Minister for social services agreed the Ministerial Advice and the further request for funding.

148. Significant work was also undertaken as part of the Social Care Fair Work Forum which considered improvements to the terms and conditions of staff working in social

care, including our commitment to the Real Living Wage. The Deputy Minister for Health and Social Services and I received updates from the Forum on the implementation of the Real Living Wage. On 9 December 2021, I received advice about the implementation of the Real Living Wage, which I exhibit at **EM/088-INQ000565841**. The Ministerial Advice included a document for the Social Care Fair Work Forum, the key points of which were summarised in the Ministerial Advice. The Ministerial Advice noted that the Real Living Wage commitment was an extremely complex one to design and implement and that the recommendations, including that the Real Living Wage should commence in April 2022, were based upon a best-case scenario where no unforeseen barriers arose. An impact assessment of the proposal was published on March 2022 which is exhibited at **EM/089-INQ000469278**, and the Real Living Wage was implemented from April 2022. The Social Care Fair Work Forum also looked more widely at what could be done to improve the employment terms and conditions of social care workers right across Wales.

149. In addition, work was undertaken to promote apprenticeship schemes within the social care sector. For example, in September 2021, we extended the Employer Incentive Scheme to support employers recruiting apprentices until the end of February 2022, recognising the continued impact of Covid-19. The scheme provided a financial incentive of £4,000 for recruiting an apprentice aged 16-24 years old and £2,000 for recruitment of an individual over the age of 25.

150. In addition, in February 2022, I confirmed that an additional payment of £1,498 was to be made to social care workers who would be receiving the Real Living Wage. The additional payment was to be made in June to care workers in care homes, domiciliary care workers and personal assistants. This was done to promote both recruitment and retention and to demonstrate our commitment to the social care workforce. I exhibit the Ministerial Advice at **EM/89a-INQ000544824**.

151. The above measures were all designed at increasing recruitment and retention within the social care sector. The redeployment of staff from the NHS to residential and nursing homes was not considered during my tenure as Minister for Health and Social Services.

152. I am also asked to address the steps taken to relax the self-isolation requirements for adult social care workers. In my witness statement for module 3 [INQ000474251], at paragraphs 159-162 I set out that:

> *On 14 July 2021, Cabinet agreed that fully vaccinated adults no longer had to self-isolate from 7 August 2021 if they had been identified as a close contact with a person who had tested positive for COVID-19. I previously exhibited a copy of the cabinet minutes at M3MEM01/002-INQ000129973. I further exhibit a copy of the cabinet paper at M3MEM01/055-INQ000271721 which sets out the clinical and expert rationale supporting the decision made by cabinet, including evidence of vaccines were effective in reducing transmission and preventing serious illness. There was also mounting evidence of the harms associated with self-isolation increasing, such as negative impacts on physical and mental health, incomes, businesses and public services. It was considered that, in view of the vaccine efficacy, the risk of harm associated with self-isolation now outweighed the risk associated with both the virus however concerns remained over the risk of harm associated with nosocomial transmission in vulnerable settings. On the advice of public health Wales, cabinet agreed that additional safeguards should be put in place before allowing healthcare staff who were fully vaccinated and identified as close contacts to return to work with those who are vulnerable.*
>
> *In a ministerial advice dated 29 July 2021, I confirmed the decision around self-isolation requirements for contacts of confirmed COVID-19 cases made by cabinet and I exhibit a copy of the ministerial advice at M3MEM01/056-INQ000103982. As part of that ministerial advice, I was advised officials had been working closely with the health and social care sectors to develop operational guidance to allow those members of staff who are fully vaccinated to return to work in extremis circumstances, and that further advice would follow. I exhibited a press release dated 29 July 2021 at M3MEM01/057-INQ000479997 which notes, whilst all adults who had been fully vaccinated would no longer have to self-isolate if they were identified as a close contact of someone with coronavirus from 7 August 2021, additional safeguards into those working with vulnerable people. As confirmed and exhibited advice and press statement, along with a written statement I published 29 July 2021*

(exhibited at M3MEM01/057a-INQ000492875), for those additional safeguards included:

a. assessment for staff working in health and social care,
b. daily lateral flow tests,
c. strong advice to members of the public not to visit hospitals and care homes for 10 days,
d. advice to everyone identified as a contact of a positive case to have a PCR test on days two and eight, whether fully vaccinated or not,
e. further work to thereafter be carried out by officials to assist with additional safeguards and further advice to follow (which detail immediately below).

On 30 July 2021, I was presented with further ministerial advice which I exhibit at M3MEM01/058-INQ000103984. The ministerial advice recommended that operational guidance was issued setting out scheme criteria to allow health and social care workers to return to work. The scheme only applied to fully vaccinated individuals, who have received a negative PCR test and agreed to take part in a serial testing scheme with daily lateral flow testing for 10 days. The exemption would not apply if they had been identified as a household contacts with positive case, as in these cases the degree of contact would mean that the risk of transmission would be greater. In addition, employers would need to conduct careful local risk assessment balancing the harm due to non-delivery of health and care services with the potential risk of transmission of COVID-19. The scheme was supported by advice from Public Health Wales dated 22 July 2021 and exhibited at M3MEM01/059-INQ000056317, which recommended that individuals were essential to the functioning of critical area of service delivery, were fully vaccinated and had good access to testing advice could be considered for exemption from self-isolation where they were advised that they were a contact of a case, with mitigation by serial testing.

In terms of timings, the ministerial advice recommended that the operational guidance was implemented before 9 Augst 2021 to enable essential health and social care staff, who had been identified as a contact with someone who had tested positive for covid-19, to return to work in areas where there were

exceptional service delivery challenges. After 7 August 2021, the same risk assessment and mitigation process would remain in place to act as additional safeguards in settings where individuals worked with vulnerable people. I agreed the ministerial advice, but due to delays in the wording of the guidance, the operational guidance was not published until 11 August 2021, a copy of which I exhibit at M3MEM01/060-INQ000275813. It is unclear to me whether the NHS in Wales followed the guidance to enable staff to return to work prior 11 August 2021.

153. It is not possible to definitively say what impact the relaxation of self-isolation requirements had on workforce capacity, due to the multitude of other influencing factors which would have been at play.

Mental health and wellbeing support for the workforce

154. On 24 March 2021, I informed the Shadow Social Partnership Committee of the range of measures being taken to support the mental health impact on the workforce, including those working in social care. I exhibit the minutes of the meeting at **EM/090-INQ000314507**. My update included the following points:

    a. The Welsh Government had commissioned Public Health Wales to undertake an employers' survey across both the public and private sectors to learn more about the health impacts of the pandemic;
    b. Anonymised management information collected from many of the provisions already in place was also helping us to learn and adapt our staff wellbeing offer;
    c. The Welsh Government-funded programme 'Healthy Working Wales' which provided universal support, including specific mental health and wellbeing across the public and private sector;
    d. Strengthening of universal (tier 0/1) support, to ensure easy access to a range of help for low level mental health issues;
    e. A Social Care Wales-hosted wellbeing network;

f. An Employee Assistance Programme funded by the Welsh Government and procured and managed by Social Care Wales, which went live on 4 December 2020; and
g. The Samaritans helpline launched in summer 2020, which was dedicated to health and social care workers in Wales.

155. On 29 July 2021, in my role as Minister for Health and Social Services, I was asked via MA/EM/2559/21 (exhibited at **EM/091-INQ000116690**) and agreed to an extension of funding for the Samaritans' health and social care workers' helpline for a further 12 months in the sum of £60,000. The helpline provided a confidential listening service specifically for health and social care workers and offered a bilingual service. It was created to try to bolster the overall wellbeing offer for the health and social care workforce in Wales. The extension to the helpline was proposed in recognition of the continued pressures on NHS and social care staff as the country entered the recovery period following the pandemic.

156. One of the challenges was that reported take-up of the helpline service was said to be relatively low, however, there were challenges in identifying the reasons for this. Due to the need to ensure that the helpline number was protected for use by health and social care workers only, the number could not be shared publicly in announcements, media statements or on public forums. Data collection in relation to the helpline was limited due to the confidential nature of the service. It was therefore not possible to ascertain whether the relatively low take-up was due to a lack of demand, a lack of awareness of the service or other factors such as individuals attempting to engage the service but using a public contact line instead.

157. As a result, officials worked with Samaritans and colleagues in Health Education and Improvement Wales to re-distribute bilingual posters and information to organisations and to explore other avenues for advertising the service to the workforce, such as staff experience stories/testimonies in internal newsletters and trade union publications.

158. In addition, a Workforce Wellbeing Conversation Guide was developed which provided sign-posting to health and wellbeing resources available to health and

social care staff. This was developed by a task and finish group in social partnership and was devised for use across health and social care settings in Wales. This online guide aimed at facilitating conversations in the workplace to help assess whether or not any kind of wellbeing support is needed, and to then help sign-post staff to the most appropriate intervention if required. The guide was launched on 23 November 2021, and I exhibit the written statement announcing the launch as **EM/092-INQ000592566.** For completeness I have exhibited the guide as **EM/093-INQ000544823**.

159. In addition, the All Wales Covid-19 Workforce Risk Assessment Tool, which was put in place in May 2020, continued to be accessible to social care workers. This Tool was based on a large and growing body of data and research which showed that an individual was at higher risk of Covid-19 if they had a combination of particular risk factors. The risk assessment tool was a process to be completed in a number of stages with the aim of encouraging an honest and supportive conversation between a member of staff and their employer about the measures to be put in place to ensure they were adequately safeguarded. This Tool was also accessible to the social care workforce.

160. As above, the Social Care Fair Work Forum continued to operate and considered improvements to the terms and conditions of staff working in social care, including the commitment to the Real Living Wage and the Deputy Minister and I regularly received updates on the progress of the Forum. I emphasise this action here as the role of the Forum was significant in demonstrating our commitment to the wellbeing of the social care workforce. The Social Care Fair Work Forum also looked more widely at what could be done to improve the employment terms and conditions of social care workers right across Wales.

161. In addition (as set out above), in February 2022, we announced that an additional payment of £1,498 was to be made to social care workers who would be receiving the Real Living Wage. This recognition of the workforce was also aimed at promoting wellbeing. Ensuring the social care workforce felt recognised and rewarded for their hard work and commitment was an important step in bolstering staff wellbeing and retention.

Vaccination as a Condition of Deployment

162. The issue of vaccination as a condition of deployment for health and social care staff in Wales was considered on several occasions by Welsh Ministers but it was decided that compulsory vaccination was not necessary, largely because of the high voluntary uptake of the vaccine by those working in the sector in Wales. The vaccination of those working in health and social care had been prioritised in accordance with the Joint Committee on Vaccination and Immunisation's advice. The same prioritisation was adopted in relation to the booster programme and in respect of testing also, as set out in our national vaccine strategies.

163. We favoured an approach of working with those in the health and social care sectors to address any reluctance to the uptake of the vaccine, rather than impose compulsory vaccination. We ensured vaccination was accessible to the workforce and monitored vaccination rates.

164. I understand the Welsh Government vaccines corporate statement in Module 4 covers the work carried out in this area in detail prior to my appointment, therefore I will not repeat the information here.

165. I was briefed on this matter when I was appointed as Minister for Health and Social Services in May 2021. I exhibit this briefing as **EM/094-INQ000490016**.

166. In March 2021, the SAGE Social Care Working Group had advised in a Consensus Statement that a vaccination rate of 80% in staff and 90% in residents provided the minimum level of protection against further outbreaks in care homes for older people. As of 16 June 2021, first and second dose vaccination rates for residents and care home workers in Wales greatly exceeded the minimum threshold recommended by SAGE. I exhibit at **EM/095-INQ000485794** confirmation that, as at that date, 92.3% of care home workers had received a first dose of the vaccine and 85.7% had received their second dose.

167. There were additional legal, ethical and workforce considerations to the implementation of vaccines as a condition of employment that were taken into account in the discussions surrounding this issue. There were no existing laws or

secondary legislation-making powers that allowed Welsh Ministers to mandate vaccination of citizens. There was also a risk of individuals feeling coerced into accepting a vaccine in order to keep their job. I believe compulsory vaccination could have led to people leaving the sector (which already had issues with staff retention), viewing this as a 'last straw' of work pressures throughout the pandemic. It could also have impacted recruitment and possible claims under human rights legislation. The views of the trade unions, who were opposed to mandatory vaccination, was also something to which regard was had in considering this decision.

168. I am aware that a consultation exercise on mandating vaccination was carried out by the UK Government in June 2021. At that time, the focus in Wales continued to be on reinforcing the positive response that was being seen from the social care sector to the uptake of the vaccination as vaccination rates in that group were higher than in England for first and second doses. This is confirmed in the e-mail which I have exhibited above at **EM/095-INQ000485794**.

169. A Cabinet ministerial call took place on 24 June 2021, during which mandatory vaccinations for care home staff was discussed. A briefing paper on mandatory vaccination was circulated in advance of that meeting, which is attached as exhibit **EM/096-INQ000485797**. The views of stakeholders are recorded in the briefing paper to include the views of Care Forum Wales, Social Care Wales and the Royal College of Nursing. The outcome of the Ministerial call, which was also attended by the Chief Medical Officer for Wales, is exhibited at **EM/097-INQ000485799.**

170. At that meeting on 24 June 2021, the First Minister had also invited consideration on the publication of care home data on staff vaccination. A copy of the paper, which was provided to me also, is attached as exhibit **EM/098-INQ000485939**. This paper was further updated on 7 July exhibited at **EM/099-INQ000485807** and 28 September 2021, which I refer to below.

171. I issued a statement on 29 June 2021 in which I stated that the uptake of the vaccine and care home workers had been high and that we were working with the NHS and the care sector to continue to monitor the situation but at that time, we had no plans to change the law to make vaccinations compulsory in Wales. I exhibit the press release as **EM/100-INQ000490080**. I attach an email dated 7 June 2021 which

confirms that, at that time, 92% of care home workers had had their first vaccination (84% had had a second dose) and 45,000 social care workers had had their first vaccine and almost 42,000 had had their second dose. The email is attached as exhibit **EM/101-INQ000492052.**

172. On 9 July 2021, the Welsh Government published 'Covid-19 vaccinations; guidance for employers', which I exhibit as **EM/102-IN0000082149**. The guidance highlighted that from 16 June 2021, the UK Government confirmed that vaccinations for care home staff would become mandatory in England. The guidance noted that vaccination rates within care homes in Wales were above levels advised by SAGE as advisory (80%) at that time. The guidance encouraged workers in care homes to take up the vaccination and noted the situation would be kept under review. Feedback from stakeholders had been sought on the draft guidance in advance of publication. For example, I attach as exhibit **EM103-INQ000492053**, an email to the Shadow Social Partnership Council inviting comments on the draft guidance.

173. The published guidance also set out that the Welsh Government did not discriminate against those who elected or could not take the vaccine, perhaps on health grounds or religious grounds.

174. On 7 September 2021, the Welsh Government was advised by the Department of Health and Social Care that a consultation in respect of the mandatory vaccination of healthcare staff in England would follow.

175. On 13 September 2021, a paper was presented to Cabinet on the response to rising cases and in which vaccination roll-out and the vaccination of health and social care staff was addressed. Exhibit **EM/104-INQ000057876** refers. A record of the Cabinet discussion is attached as **EM/105-INQ000057743.**

176. On 8 November 2021, I received a further briefing on the mandatory vaccination for NHS and care workers in which the considerations in Wales included the high uptake of vaccination in the health and social care workforce. European Convention on Human Rights compliance was also considered, along with workforce considerations, ethical considerations and liaison with the unions. The briefing is attached as **EM/106-INO000485872**.

177. By November 2021, 95% of health care workers in Wales had taken the opportunity to have both doses of the vaccine, and more than two thirds had already received their booster jab. While Covid-19 vaccination rates were at such high levels in these groups, I did not consider compulsory measures necessary but agreed that the Welsh Government would work closely with health and social care sectors and professional bodies to promote the uptake of the vaccine. I referred to this statistic during a press conference on 9 November 2021.

178. I discussed the issue of compulsory vaccination with the other nations during meetings with the other Health Ministers and at Covid-O. I attach, by way of example, exhibit **EM/107-INO000485878**, a briefing note in respect of the Health Ministers' meeting that took place on 21 June 2021.

179. Whilst collaboration and alignment where possible across the four nations of the UK on the deployment of the vaccination programme had been important for the reasons already outlined above, with all four nations having followed the independent advice of the Joint Committee on Vaccination and Immunisation, the same did not apply in respect of mandatory vaccination as a condition of deployment. The decisions made in Wales were based on the vaccination uptake levels in Wales, and following stakeholder engagement in Wales. However, despite such differences, we maintained a dialogue with colleagues from the other four nations on this issue.

180. During the Ministerial discussion on 24 June 2021, the First Minister requested consideration of placing a requirement on providers to publish care home data on staff vaccination.

181. An advice note was submitted on 29 June 2021 and the First Minister indicated that he did not wish to pursue mandatory publication at this time but wished to consider means to promote providers making this information available on a voluntary basis to residents and potential residents and to continue to drive the importance of maintaining the highest rates of staff vaccination. The advice note is exhibited above as **EM/108-INQ000485939**.

182. Following the advice note, officials met with a representative from Care Forum Wales, who confirmed the impact of staff turnover on the home's vaccination rate had been ameliorated due to all adults having been offered vaccination. The likelihood, therefore, was that new staff were already vaccinated, although it was acknowledged that this could not be verified. It was understood that most providers were likely to ask staff at interview if they had been vaccinated. Officials invited the representative to raise the introduction of publication of staff vaccination rates with member providers.

183. Officials also met with Data Cymru and discussed the possibility of including staff vaccination rates in care homes' entries on the Dewis information website. Approximately 85% of all care homes currently had entries on the Dewis site. In addition, the care and support capacity tool was accessible to local authorities and health boards which showed care home vacancies. Work at this time was ongoing to develop this into a publicly accessible website ('CareHome.Wales') and initial discussions suggested staff vaccination rates could be added to this. This would allow the public to access staff vaccination rates in each home featured. It would also indicate when data had last been updated. However, it was voluntary for care homes to feature on this site, but it was likely to be regarded as a strong marketing tool. I exhibit the advice note dated 7 July 2021 as **EM/108-INQ000495979**.

184. Following receipt of this advice note, the First Minister requested pursuit of voluntary publication of this information by care homes. I exhibit a further advice note which was submitted on 28 September 2021 as **EM/109-INQ000507388.** I was aware of discussions relating to the question of publishing vaccination data which I understand involved the First Minister, but I was not directly involved. To the best of my recollection the initiative was not taken forward, but I am unable to comment on the reasons for this.

Inequalities, Equality Impact Assessments and Key Decisions

185. I am asked to provide information about my consideration of inequalities and impact assessments. I do so below, noting that the information provided includes matters I dealt with as Minister for Mental Health, Wellbeing and the Welsh Language.

186. When I took up the ministerial post of Minister for Mental Health, Wellbeing and the Welsh Language on 9 October 2020, I was able to focus on mental health services, dementia, substance misuse and other priority areas, including the impact of the pandemic on the population's mental health and wellbeing. This included consideration of the impact on the mental health and wellbeing of particular groups. I issued a Written Statement (exhibited at **EM/110-INQ000562252**) summarising the Welsh Government's understanding of the effect that the pandemic had had on the mental health and wellbeing of the Welsh population, the actions taken to date, and our future plans. Public engagement surveys were conducted to understand the impact of the pandemic on the physical, mental and social wellbeing of the population of Wales.

187. As Minister for Mental Health, Wellbeing and the Welsh Language from October 2020, I attended the following groups in which the impact of decision-making and policy on different groups was considered. These groups were not Covid-19 specific groups, but were used as a forum to discuss the effects of Covid-19 on mental health and wellbeing on people from a range of different backgrounds and with different protected characteristics:

    (a) Ministerial Task and Finish Group of a whole school approach to wellbeing;
    (b) Wales Mental Health and Wellbeing Forum;
    (c) Wales Alliance for Mental Health;
    (d) National Mental Health Partnership Board;
    (e) Dementia Oversight and Implementation and Impact Group; and
    (f) Together for Mental Health Implementation Board.

188. My attendance at these groups with a particular focus on mental health and wellbeing allowed me to ensure that the impact of Covid-19 related decision-making on different groups was considered and that there were appropriate forums to discuss particular concerns, which I was then able to take into consideration.

189. I am asked to set out how I considered the impact on those with pre-existing health conditions or those at increased risk of harm or deterioration in from social isolation or groups with existing health or care inequalities, and I have sought to address this below.

Learning Disabled People

190. Exercise more than once a day was permitted for learning disabled people, autistic people, or those with dementia in recognition of the particular impact the pandemic may have on the mental health and wellbeing of these groups. This was introduced early on during the first lockdown, before I commenced in my role as Minister for Mental Health, Wellbeing and the Welsh Language.

191. The Welsh Government set out an inclusive approach to encourage vaccine uptake for learning disabled people given their increased risk from Covid-19 and we utilised existing GP lists and identification codes for learning disability to facilitate this. On 23 February 2021, I received Ministerial Advice (exhibited at **EM/111-INQ000145094)** asking me to agree to the prioritisation for vaccination of those with severe mental illness or learning disability as part of cohort 6. It was acknowledged that learning disabled people were in a priority group for vaccination.

192. As noted at paragraph 120 above, on 13 July 2021, I received Ministerial Advice (MA/JMSS/2607/21, exhibited above as **EM/057-INQ000136861**) which sought approval of a bid of up to £48m from Covid-19 reserves to support social care recovery. This proposal identified the impact that the pandemic had had on particular groups, including learning disabled people. £600,000 was proposed in respect of Learning Disability Health Checks which were to be delivered via a proposed cluster level approach. The purpose of the health checks was to ensure the health and

wellbeing of learned disabled people and to quickly identify potential health issues as early as possible and to reduce health inequalities. Learning Disability Health Checks were important given the known increased health risks associated with a learning disability, such as respiratory, gastric, diabetes and cardiac conditions, and a robust evidence base that showed learning disabled people were at least three times more likely to die younger than the general population and of treatable conditions. This proposal was aimed at facilitating increased take-up of the health checks, with a more flexible approach to health check procedures to be undertaken by appropriately trained health professionals, freeing up financial and human resource pressures at GP practice level.

Alzheimer's disease / dementia

193. On 16 October 2020, I published a Written Statement titled 'Update on dementia care in Wales' and exhibited at **EM/112-INQ000565848**. In this Written Statement, I acknowledged that the impact of the pandemic had been felt most acutely by the most vulnerable members of society, including those living with dementia and their families. I set out the key work being done to assist those with dementia and their carers and families by both the Welsh Government and third sector organisations, key points of which included:

    - The Dementia Care Covid-19 partnership, led by Improvement Cymru, continued to operate, as it had since the beginning of the pandemic (I provide more details about this group below).
    - Welsh Government support for health boards, local authorities and third sector organisations to provide support to those receiving dementia services, including by the release of the Integrated Care Fund monies allocated to Regional Partnership Boards to support the implementation of the 2018-2022 Dementia Action Plan for Wales (exhibited at **EM/113-INQ000273422**). (The Integrated Care Fund was a preventative programme which aimed to integrate and encourage collaborative working between social services, health, housing, and the third and independent sector to improve the lives of the most vulnerable people in Wales).

- Welsh Government funding for two projects to support the carers of those living with dementia in care homes: a Dementia and Integration Links project which delivered one-to-one and group sessions to improve the lives of people living with dementia and their carers in the Cardiff and Vale and Cwm Taf Morgannwg university health board areas, and an Age Cymru-led project which aimed to improve access to information, advice and support for older carers
- The establishment of a National Bereavement Steering Group and the development a national framework for bereavement care
- A project called the 'Cwtch' project which offered a platform for care homes to share best practice and self-manage some of the challenges of providing care, as well as offering peer support.
- A partnership between Social Care Wales and health professionals developed through the implementation of the Dementia Action Plan. and this partnership provided advice and guidance on dementia policy throughout the pandemic.

194. In addition, I acknowledged in my Written Statement that care home visiting restrictions had a particular impact on the wellbeing of residents, including those with dementia and I identified that decisions on care home restrictions were not taken lightly, and sought to carefully balance the risk to those who would become especially unwell if they contracted the virus. Care home visiting pods (set out at paragraph 204 below) were a significant step introduced in care homes, including in specialist homes for those living with dementia.

195. Following the standing down of previous regular in person meetings such as the Dementia Oversight of Impact and Implementation Group (DOIIG), the Dementia Care Covid-19 partnership was an online forum hosted by Improvement Cymru which brought together several organisations and representative bodies to discuss emerging issues and best practice from different nations / regions. I am advised that no Terms of Reference for the Group are available, but its membership included Social Care Wales, Alzheimer's Society, Age Cymru, Care and Repair, Improvement Cymru, and Welsh Government. Work undertaken included the production of carers contingency leaflets, the development of a questionnaire to scope digital access for

vulnerable people living in the community, dementia care resources specific to Covid-19, and 'Care home Cwtch' (comprising Digital Peer Support Network and Skills and Information sessions set up to support the care home sector).

196. On 17 December 2020, Deputy Minister of Health and Social Services published the updated Care Homes Action plan. which I exhibit above at **EM/015-INQ000336943**. This had the wellbeing of people living in care homes at its heart. The Plan set out the Welsh Government's approach and action plan for second wave Covid-19 infections in care homes with an emphasis on cross sector strategic co-ordination of the social care response. In advance of the second wave, the Plan also sought to identify learning from the first wave and any good practice which could be expanded across Wales. The Plan confirmed that action going forward would focus on:

- Infection prevention and control;
- Personal protective equipment (PPE);
- General and clinical support for care homes – rapid review;
- Residents' well-being;
- Social care workers' well-being; and
- Financial sustainability.

People with pre-existing health conditions

197. Regarding those with pre-existing mental health conditions, additional surge funding was agreed in respect of an anticipated rise in mental health in-patient capacity provided by health boards. On 13 November 2020, I received Ministerial Advice (MA/EM/3852/20, exhibited as **EM/114-INQ000145156**] in respect of expenditure of £3.8m to support anticipated demand of mental health in-patient capacity and plans with regard to the balance not used. The proposal was that any funding not required for surge would be used to support a current pressure on the budget for Tier 0/1 support (mental health support is categorised into Tiers, with zero being the lowest level of support, and four the highest). Tier 0/1 support provides community-based options for self-referral to support for mild to moderate mental health issues and would be available to those in receipt of social care support.

198. At that time in November 2020, it was not possible to confirm the amount of inpatient 'surge capacity' that would be required. However, fortnightly monitoring updates were to be required to ensure funding was maximised and as money was released from the 'worst-case scenario' surge, this was to be offset against the managed overspend of tier 0/1 support.

199. The progress in facilitating access to video consultations was an important step in ensuring safer and efficient access to healthcare appointments in promoting the needs of those with pre-existing health conditions.

200. On 5 October 2021, as set out at paragraph 112 above, I issued a Written Statement confirming that 250,000 NHS video consultations had been undertaken in Wales. The Welsh Government, in partnership with Technology Enabled Care Cymru, had successfully delivered the accelerated national roll-out of the NHS Wales Video Consultation Service using a product called Attend Anywhere, as part of Welsh Government's response to the Covid-19 pandemic.

201. The facilitation of video consultations was important in ensuring that access to healthcare continued for those with pre-existing health conditions. Video consultations offered a way to provide safer and efficient access to healthcare for those with pre-existing healthcare conditions, in a way which reduced the risk for both patients and our health and care professionals transmitting the virus.

Those at increased risk of harm or deterioration from social isolation

202. The reduction of social isolation and the impact on mental health was a key focus of my role as Minister for Mental Health, Wellbeing and the Welsh Language and seeking to balance this with the need for restrictions to protect the population was a key priority for me.

203. In relation to social isolation, I was very aware of the older and more isolated communities in Wales for whom the pandemic had curtailed their usual daily routines and opportunities for speaking in Welsh as their mother tongue. Many Welsh

language organisations, including Merched y Wawr, were instrumental in ensuring that “phone trees” were established in order to keep in touch with those who were living alone. Phone trees were aimed at trying to mitigate the impact of social distancing measures on those at risk of harm as a result the ongoing lack of social contact.

204. The Third Sector Covid-19 Response Fund gave an additional £50,000 to Carers Wales to extend their mental health support for carers. This support could be accessed by carers who may have felt socially isolated given changes to their usual social contacts and support structures. This was agreed by the Deputy Minister; I exhibit the Ministerial Advice as **EM/115-INQ000103916.**

205. Furthermore, in Autumn 2020, the decision making in relation to the firebreak lockdown in Wales carefully considered and balanced the need to protect the clinically vulnerable with the impact a further lockdown would have on those who lived alone, were socially isolated or facing mental health difficulties. As a result, the Welsh Government opted for the shortest possible period of two weeks but with a “sharp and deep” lockdown aimed at having the maximum effect on the spread of the virus. This decision-making sought to strike a balance and considered those who were socially isolated or suffering with their mental health whilst taking account of the latest scientific evidence. These discussions took place in Cabinet shortly after I was appointed as Minister for Mental Health, Wellbeing and the Welsh Language.

206. The approach to care home visiting was a key step in seeking to mitigate the impact of lockdown on those who were socially isolated and at an increased risk of harm from a change in their usual support structures and a lack of social contact.

207. As Minister for Mental Health, Wellbeing and Welsh Language on 23 November 2020, I was involved in the announcement of the launch of the pilot of a visitors pods scheme, under which the Welsh Government would lease approximately 100 temporary modular units which could be made available to care homes in Wales for a six-month period. On 17 December 2020, the Welsh Government issued a press release confirming that the first visiting pods had been delivered to a residential care home in Llandrindod Wells and that almost 80 units would be installed and ready for use before Christmas 2020 (exhibited at **EM/116-INQ000496066**).

Those from ethnic minority backgrounds

208. It was acknowledged that Covid-19 disproportionately impacted people from Black, Asian and Minority Ethnic backgrounds, vulnerable groups and poorer communities. This was considered in our efforts on the recovery of planned services on the basis of risk of harm and benefit of treatment and support, and the need to ensure that vulnerable groups were supported to access the treatment and support that they required.

209. The Covid-19 Core Group continued to operate and external groups, including the Black, Asian and Minority Ethnic Covid-19 Advisory Group were invited to provide updates in this information sharing forum.

Those from lower socio-economic backgrounds

210. As Minister for Mental Health, Wellbeing and Welsh Language, on 22 January 2021, I received Ministerial Advice (MA/EM/0203/21, exhibited as **EM/117-INQ000145048**) seeking my agreement to a Cabinet paper which set out the Welsh Government response to the mental health impact of the pandemic. The Cabinet paper sought agreement to urgently strengthen the cross-Government approach to reducing the socioeconomic impact of Covid-19 on mental health and to agree the cross-government support necessary to provide a multi-agency response to mental health crisis.

211. This advice acknowledged that without a concerted and renewed cross-Government effort, there was a risk that the NHS and other mental health support services would become overwhelmed by additional demand for support. It was considered that this could be mitigated where the causal factors related to social and welfare issues including employment, debt, finances and housing. It also noted that the revised Together for Mental Health Delivery Plan 2019-22, published in October 2020 (and

exhibited at **EM/118-INQ000544815**), set out significant new cross government actions that were important protective factors to support mental health and wellbeing. However, it was acknowledged that as understanding deepened about the mental health impact of the pandemic, there was a pressing need to review the planned actions to protect mental health.

212. The Cabinet paper set out the latest evidence of the impact of Covid-19 on the mental health and wellbeing of people in Wales and noted that without greater cross-Government action, the provision of critical services was at risk.

213. The Cabinet paper, exhibited below, asked ministers to:

    a. Commit to reviewing agreed and planned actions that are preventative and/or protective of good mental health within their own portfolio and report back by the end of February 2021; and
    b. Agree that services within their portfolios that provide the necessary multi-agency response to mental health crisis (as evidenced through the Mental Health Urgent Access Review) are in place so that people can access the right service, at the time and place.

214. As Minister for Mental Health, Wellbeing and Welsh Language, I asked for some changes to be made to the Cabinet paper, and on 29 January 2021, I agreed to a revised version. In approving this Cabinet paper, I acknowledged the mental health impact of the pandemic on those from lower socioeconomic backgrounds and the need for a cross-government, multi-agency approach to support. I exhibit my agreement at **EM/119-INQ000565833** and the paper itself at **EM/120-INQ000492802,** and for completeness I also exhibit at **EM/121-INQ000057738** the minutes of the Cabinet meeting on 1 February 2021, when the paper was discussed.

215. In addition, on 17 March 2021 as Minister for Mental Health, Wellbeing and Welsh Language I received Ministerial Advice (MA/EM/1155/21, exhibited as **EM/122-INQ000145109**) seeking to extend financial assistance in 2021-22 of up to £0.360m to continue support in response to the increasing levels of mental health and unemployment in Wales resulting from the Covid19 pandemic.

216. As part of the £40 million Covid-19 commitment referenced at paragraph 121-123 above, £0.5 million was provided to extend the Out of Work Peer Mentoring Service and In-Work Support Service in South-east Wales. Data suggested that demand was increasing for both the extended schemes. This was a further step to support those who were out of work and benefitted those from a lower socioeconomic background.

217. In order to support those impacted by the financial effects of the pandemic, with a particular focus on unpaid carers, we also provided access to a £1,000,000 Continuation of the Carers Support Fund (Hardship Fund) (in MA/EM/1155/21 referenced above), which enabled carers to claim up to £300. This scheme was important to unpaid carers who could use it for a range of purposes, including purchasing white goods or equipment for the family members they were caring for or a laptop to help them access online information about essential services to assist in their caring role. Being in receipt of any particular benefit was not a condition of being able to take advantage of it. The scheme was of particular benefit to those from lower socioeconomic backgrounds.

218. In addition (as set out at paragraph 150 above), in February 2022, we announced that an additional payment of £1,498 was to be made to social care workers who will be receiving the real living wage. This recognition of the workforce was also aimed at promoting wellbeing and ensuring the social care workforce felt recognised.

Equality Impact Assessments

219. I exhibit at **EM/123-INQ000500352** a list of published Equality Impact Assessments relevant to the adult social care sector.

220. I am asked to confirm whether the results of Equality Impact Assessments were considered and, if so, the impact of the assessments on my decision making.

221. Generally, during the pandemic, Equality Impact Assessments were undertaken in respect of the restrictions imposed in Wales, and in respect of key decisions, including decisions relating to the adult social care sector. However, due to the urgency of the situation and exponential increases in Covid-19 transmission,

decisions at the start of the Covid-19 pandemic were often made without a formal assessment of the impact, or were made in advance of a formal assessment being undertaken.

222. In my role as Minister for Mental Health, Wellbeing and the Welsh Language and in my role as Minister for Health and Social Services, evaluating how policies would affect different various groups, particularly those with protected characteristics was an important aspect of my role. In addition to Equality Impact Assessments, efforts were made to engage with community groups and stakeholders representing diverse populations, ensuring that the voices of those affected by social care policies were included in decision-making processes. I have outlined above particular policies or decision-making undertaken with regard to particular groups and the steps taken to try to meet their needs. Where any assessment is made of the impact of a proposed decision or recommendation, the findings of that assessment are always taken into account by Ministers, along with other factors such as the affordability of the proposals, the practicalities of implementation, and legal issues, etc. It is not possible to isolate the impact of one factor as they are considered holistically.

223. Overall, I aimed to embed the principles of equality and inclusivity in my decision-making and in response to the challenges faced in the adult social care sector at this unprecedented time.

224. I am also asked to address whether there were any examples of decisions I made in respect of which an Equality Impact Assessment should have been undertaken but was not undertaken. As I have noted above, there were times early in the pandemic period when, due to the urgency of the situation, decisions were made without a formal assessment of the impact or decisions were made in advance of a formal assessment being undertaken. I cannot recollect a specific example of a decision I took where I believed an Equality Impact Assessment should have been undertaken but was not.

Black Asian and Minority Ethnic Covid-19 Advisory Group

225. I did not attend the Black Asian and Minority Ethnic Covid-19 Advisory Group. A social care implementation sub-group was convened to help ensure the social care sector was engaged in the work of the First Minister's Covid-19 Advisory Group to address the disproportionate impact of the pandemic on Black, Asian and Minority Ethnic communities, and to support implementation of the risk assessment tool in the social care sector workforce. The sub-group met for the last time on 17 December 2020, before I was appointed as Minister for Health and Social Services. Many of recommendations of the Advisory Group and its sub-groups were addressed by the 2022 Anti-racist Wales Action Plan, which I exhibit at **EM/124-INQ000227788**.

Disability Equality Forum and Race Equality Forum

226. The Disability Equality Forum shared meeting minutes with me in my role as Minister for Mental Health, Wellbeing and Welsh Language. I did not attend the Forum.

227. I did not attend the Race Equality Forum.

Part E: Management of the Pandemic

Plans relevant to the social care sector

Health and Social Care in Wales - Covid-19: Looking Forward (March 2021)

228. In March 2021, 'Health and Social Care in Wales— Covid-19 Looking Forward' was published. Whilst this was before my appointment as Minister for Health and Social Services, I jointly approved its publication in my role as Minister for Mental Health, Wellbeing and Welsh Language. On 16 March 2021, I received Ministerial Advice MA/VG/0955/20 seeking approval for such publication jointly with Vaughan Gething, as Minister for Health and Social Services, and Julie Morgan, as Deputy Minister for Health and Social Services, a copy of which is exhibited at **EM/125-INQ000136849**.

229. The publication of `Health and Social Care in Wales — Covid-19 Looking Forward' sought to set high level direction for overall recovery and a renewal pathway for the health and social system by:

i. Setting expectations in relation to recovery across the health and social system;
ii. Identifying opportunities to build an improved integrated health and social care system;
iii. Managing the existing and long-term impacts of Covid-19, alongside improvements; and
iv. Setting priorities and highlighting the need to focus on the wellbeing of the health and social care workforce.

230. It was intended that this document would be public-facing and would be underpinned by the refresh of 'A Healthier Wales' (which was first published in June 2018) and would complement the NHS Wales Annual Planning Framework 2021-22 which had already been issued on 14 December 2020. It was intended to set out the Welsh Government's ambitious but realistic approach to building back the health and care system in Wales on a 'whole system' approach, which included primary and community care, effective hospital services, seamless social care, supportive mental health services and a supportive, resilient and motivated workforce. On 19 March 2021, I agreed the recommendations set out in MA/VG/0955/20, a copy of this agreement is exhibited at **EM/126-INQ000479973**.

231. 'Health and Social Care in Wales — Covid-19 Looking Forward' was published on 22 March 2021, a copy of which is exhibited at **EM/127-INQ000066129**. This publication was accompanied by a joint Written Statement from Vaughan Gething, Julie Morgan and I, which is exhibited at **EM/128-INQ000275732.**

232. On 9 July 2021, I was copied into Ministerial Advice MA/JMSS/2420/21 which sought agreement from the Deputy Minister for Social Services, Julie Morgan, to the draft Social Care Recovery Framework. A copy of this advice is exhibited at **EM/061-INQ000145135**. This Framework sought to build upon previous recovery planning and the publication of 'Health and Social Care in Wales — Covid-19 Looking

Forward'. It followed extensive work undertaken with sector representatives, via the Social Care Sub-group of the Health and Social Services Planning and Response Group and set out the major structural considerations, issues and themes needed to plan effectively for recovery. It also provided priorities and commitments largely on a 'whole-sector' basis and was supported by accompanying Welsh Government-specific priorities and commitments. Whilst I was aware of this Framework, approval and publication was the decision of the Deputy Minister for Social Services.

Together for a Safer Future: Wales' Long-Term Covid-19 Transition from Pandemic to Endemic (March 2022)

233. In March 2022, 'Together for a safer future: Wales' long-term Covid-19 transition from pandemic to endemic' was published. This was initially discussed in Cabinet on 24 January 2022 when, during consideration of a forthcoming review of the Health Protection (Coronavirus Restrictions) (No.5) (Wales) Regulations 2020, it was agreed by Ministers that officials, in consultation with trusted partners, should prepare a new transition plan to set out the direction of travel and key milestones in managing Coronavirus on an ongoing basis. I exhibit the Cabinet minutes for 24 January 2022 at **EM/129-INQ000130027**. The intention was to provide a public-facing transition plan that would communicate the change from an emergency footing to managing Covid-19 alongside other respiratory infections and provide contingency plans to continue to keep Wales safe.

234. A draft was prepared by officials, and on 23 February 2022, I was provided with the first draft and asked to provide any comments on it. On 24 February 2022, I provided a revised draft exhibited at **EM/130-INQ000480036** and further comments exhibited at **EM/131-INQ000480035** to be considered by officials in finalising the document.

235. In a Cabinet meeting on 28 February 2022, it was noted that work was underway to complete the Transition Plan with the intention being to present a final version to Ministers at a forthcoming Ministerial call. I exhibit the Cabinet minutes for 28 February 2022 at **EM/132-INQ000130041**. The final plan was discussed between Ministers during a Ministerial call held on 3 March 2022. The minutes of this call are exhibited at **EM/133-IN0000361803**. The Plan outlined two planning scenarios:

Covid Stable and Covid Urgent, with Wales entering a Covid Stable scenario at that time. A Covid Stable scenario meant that pressure on the NHS and care services was sustainable, but the necessary infrastructure would need to remain in place in readiness for any future fluctuations and / or new variants.

236. I was thereafter copied into MA/FM/0912/22, which sought the First Minister's approval for the publication of the Transition Plan. I exhibit a copy of that advice at **EM/134-INQ000480049**. I understand that the First Minister approved this and 'Together for a safer future: Wales' long-term Covid-19 transition from pandemic to endemic' was published on 4 March 2022. I exhibit a copy of this document at **EM/135-INQ000066072**.

Health and Social Care Winter Plan 2021-2022

237. In October 2021, I published the Health and Social Care Winter Plan for 2021 to 2022, which I exhibit at **EM/085-INQ000480015**. The Winter Plan described how we intended to maintain and support social care services, with key actions including continued provision of free PPE, additional finance and support to unpaid carers, additional investment in third sector services, and supporting the resilience of care homes and facilitating safe discharge from hospital. The plan also described our support for the workforce, which I cover in more detail in the workforce section of my statement, and our continued support for unpaid carers.

Management of outbreaks

238. I understand that an outbreak of an infectious disease was widely recognised, based on general Public Health Wales guidance, to mean two or more cases of an infectious disease. I do not recall this definition ever changing throughout the pandemic period.

239. The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 which set out the requirements placed upon care home service

providers includes a requirement to notify Care Inspectorate Wales when there is an outbreak of an infectious disease. Covid-19 was made a "notifiable disease" on 6 March 2020, meaning providers were required to notify Care Inspectorate Wales of an outbreak of Covid-19. However, care home providers would therefore only be expected to notify Care Inspectorate Wales when there were two or more cases of any infectious disease as opposed to an individual case. From December 2020, Covid-19 outbreaks could be declared as over once 20 days had elapsed since the last affected individual returned a positive test or manifested symptoms.

240. Monitoring and understanding the level of outbreaks and trends within the adult care sector was crucial in the context of policy development and the subsequent ministerial advice I would receive on key decisions such as the visiting arrangements within care settings. I also understand that both Care Inspectorate Wales and the Chief Statistician have provided statements under the references M6-CIW-01 and M6-SH-01 respectively. The statement of the Chief Statistician describes any trends of outbreaks within care settings during the pandemic period.

241. I am asked to consider whether, on reflection, the Health and Social Services Group oversight of the care sector was sufficiently clear and effective, I believe that it was: I believe that my evidence demonstrates that care providers were a central consideration in the decisions we took. Moreover, in my view, the management of the pandemic in residential and nursing homes was not regarded as secondary or in any way neglected to the management of the pandemic in healthcare settings and hospitals. The approach taken was responsive to the needs of both care home residents and staff working within social care.

242. The integrated approach to health and social care within Wales meant that the focus was on the distinct and specific needs for care homes as smaller units which were people's homes.

243. The work done to pioneer the care home visiting pods scheme was done at speed and was specifically tailored to the needs of care home residents. It sought to

carefully balance the risk of harm from a lack of social contact with the need to safeguard care home residents from Covid-19.

244. I am asked about the sharing of international best practice. I do not recall specific Health and Social Services Group engagement at an international level in relation to adult social care, and any such engagement would have been led by officials. However, I am aware that Care Inspectorate Wales engaged with regulatory counterparts in other countries to understand their experiences of pandemic response.

245. In addition, PPE was made free of charge to independent social care providers in recognition of the need to protect social care workers and care home residents. Officials worked closely with Public Health Wales to monitor and review the supporting guidance on infection prevention and control and the appropriate use of PPE in social care settings.

Part F: Do Not Attempt Cardiopulmonary Resuscitation and End of Life Care

246. I am asked to address whether I was made aware of concerns raised by the Older People's Commissioner following a letter issued by a GP surgery in Bridgend to vulnerable patients inviting them to sign DNACPR arrangements (exhibited at **EM/136-[INQ000181738]** These concerns were raised in March 2020 which was when I still held the ministerial role of Minister for International Relations and the Welsh Language. I did not therefore have a role to play in considering these concerns at the time.

247. I am asked to address whether I was made aware of concerns raised by the Older People's Commissioner and others in their joint statement dated 7 April 2020. These concerns were raised in March 2020 which was when I still held the ministerial role of Minister for International Relations and the Welsh Language. I did not therefore have a role to play in considering these concerns.

248. I am asked to address whether I was made aware of concerns raised by Care Inspectorate Wales, exhibited in **EM/137-INQ000500163**. These concerns were

raised in April 2020 which was when I held the ministerial role of Minister for International Relations and the Welsh Language. I did not therefore have a role to play in considering these concerns.

249. In February 2022, I wrote to Mike Hedges MS addressing issues raised on 1 February 2022 during Business Questions in the Senedd on behalf of the Covid-19 Bereaved Families for Justice Cymru. Mr Hedges noted that he had been told by the Bereaved Families for Justice Cymru that non-resuscitation had been used without any discussion with relatives. I exhibit the letter at **EM/138-INQ000480088**. In my letter, I confirmed that Wales has its own clinical policy for DNACPR for adults, which is updated every two years, most recently in November 2020 and emphasised that the policy revised in 2020 made it clear that consultation must take place with those concerned. I noted that the Chief Medical Officer and Chief Nursing Officer for Wales had issued a comprehensive letter to all health boards at the start of the pandemic and again in March 2021. These letters made it clear that age, disability or long-term condition should never be a sole reason for issuing a DNACPR order against an individual's wishes. It also emphasised that decisions should be made on an individual and consultative basis with people. It emphasised that it was unacceptable for advance care plans, with or without DNACPR form completion to be applied to groups of people of any description. The letter was also issued widely to third sector partners and in an easy read format.

250. I further noted that Care Inspectorate Wales also emphasised that any consideration of advance care planning must be carried out in partnership with people and their families. This included any discussion about Do Not Attempt Resuscitation where this was appropriate. Care Inspectorate Wales issued a joint statement with Healthcare Inspectorate Wales in April 2020 which emphasised the importance of personalised, compassionate communication as being central to this process.

251. I am asked to address whether I was aware of concerns raised by Mencap regarding an attempt to issue a DNACPR in respect of a 63-year-old man with Down's syndrome.

252. On 14 April 2022, I wrote to Russell George MS for Montgomeryshire exhibited at **EM/139-INQ000480092** seeking to address a concern about the blanket use of DNACPRs which was raised following this reported incident. I confirmed that in Wales, we did not use the term "Do Not Resuscitate Order" and that 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) decisions and forms were advisory documents, they were not 'orders'. I emphasised that anyone involved in sensitive discussion about future wishes regarding CPR, should adhere to the guidelines set out in the All Wales' DNACPR policy, which was a policy open to the public, containing multiple information resources.

253. Within this letter, I confirmed that I was aware that there had had been some high-profile media reports of blanket DNACPRs being applied and had been notified of some isolated incidents where it was alleged that DNACPR policy had not been followed. I am not able to recollect the details of these incidents and would not necessarily have expected to be made aware of the details, but I would have expected DNACPR issues to be addressed in line with the policies in place at the time.

254. In response, I noted that the Welsh Government took these allegations very seriously and had acted promptly to investigate and seek confirmation of the governance and assurance processes in place within the relevant health board to ensure these decisions were taken in line with extant clinical guidance.

255. I confirmed that at the start of the pandemic and in 2021, the Chief Medical Officer and Chief Nursing Officer for Wales had issued a joint letter to all health boards, to ensure there was clarity around ethical decision making for people with any protected characteristic under the Equality Act 2010. It emphasised that decisions should be made on an individual and consultative basis with people and that it was unacceptable for advance care plans, with or without DNACPR form completion to be applied to groups of people of any description. The letter was also issued widely to third sector partners and in an easy read format.

256. I further confirmed that a further letter by the Chief Medical Officer for Wales and Chief Nursing Officer for Wales was to be issued to health boards seeking their

assurance that DNACPR decisions were not being made purely on the basis of an individual's age, disability or impairment, learning disability, autism, mental illness or other condition. A similar letter was also sent to the Chair of the Academy of Medical Royal Colleges asking them to consider how the Academy could support spreading this important message amongst its members.

257. A letter was sent by Chief Medical Officer for Wales, Dr Frank Atherton, and Ms Sue Tranka, Chief Nursing Officer for Wales to all health board chief executives (**EM/140-INQ000412593**) and to the chair of the Academy of Medical Royal Colleges on the same date, 14 April 2022.

258. I am not aware of any other concerns raised about the blanket use of DNACPRs raised during the time in which I held the post of Minister for Health and Social Services.

Palliative care and end-of-life care

259. As Minister of Health and Social Services, I acknowledged that the provision of good palliative care makes a huge difference to the quality of life for people facing life limiting illness by helping them to live as well as possible and to die with dignity. It is estimated that, at any one time, around 23,000 people need palliative care in Wales.

260. On 29 June 2021, I received Ministerial Advice (MA/EM/2290/21, exhibited as **EM/141-INQ000145163**) in which I was asked to agree to continued funding of £2.116m for 2021-2022 for both Specialist Palliative Care and Hospice support. The proposed allocation of funding was from the Hospice Support Budget. This budget was historically used to support hospices for both adults and children as well as enabling the End-of-Life Care Board to support specialist palliative care initiatives.

261. Of the £2.116m, £1m was to be allocated to end of life care and £1.116m was to be allocated to specialist palliative care in which care was available in the home or other residential settings in the community. Care is delivered to patients in the community through a core specialist multidisciplinary team, led by a Community Nurse Specialist, to provide holistic care. All patients have an agreed care plan and can

be referred to other services. Care will include complex symptom control, specialist palliative rehabilitation, and coordination of care at the end of life. Palliative care education and advice is provided to other health care professionals.

262. On 8 November 2021, I received Ministerial Advice (MA/EM/3812/21, exhibited at **EM/142-INQ000145158**) in respect of emergency Covid-19 funding for hospices for a period of six months (October 2021 to March 2022). As many hospices rely on charitable fundraising for around two thirds of their income, the pandemic saw a sudden drop in that income as fundraising events were cancelled, and charity shops and campaigns closed. The purpose of the funding was to specifically reimburse hospices for loss of income through charitable activities and to protect core clinical services, and the advice noted that to date the Welsh Government had provided £12.3 million to hospices in Wales to support the sector and strengthen bereavement support throughout the pandemic. The advice identified a risk that if funding was not approved, hospices might have to consider scaling back service provision and the continued viability of some hospices would have been at risk, in turn putting more pressure on NHS services. I therefore agreed to provide £1.5 million for six months (October 2021 to March 2022) to hospices.

263. I am asked if I was made aware of any concerns about end of life care and palliative care (including access to palliative care medicines) in care homes: I cannot recollect any specific concerns being raised with me about these matters during my role as Minister for Health and Social Services.

264. I am asked to outline my involvement with the Covid-19 Moral and Ethical Advisory Group Wales in relation to the use of DNACPRs. I do not recall having any specific involvement with the Advisory Group in relation to the use of DNACPRs. Most of the Advisory Group discussions around the use of DNACPRs were held at meetings prior to me taking up the role of Minister for Health and Social Services.

Part G: Changes to regulatory inspection regimes within the care sector

265. I have been asked to address the Care Inspectorate's decision to pause its routine inspection activity. The Inspectorate made the decision to pause its routine inspection on 18 March 2020 at which time I was Minister for International Relations and the Welsh Language. I do not therefore recall ever being made aware of this decision.

266. I am aware that throughout the pandemic, Care Inspectorate Wales maintained regular contact with Deputy Minister for Social Services Julie Morgan as outlined in the statement of Gillian Baranski on behalf of Care Inspectorate Wales. Regular briefings were provided to the Deputy Minister and assurance about the safety of residents would have been given to the Deputy Minister. If concerns were raised about the suspension of routine inspections in care homes, these would have been raised with the Deputy Minister.

267. In August 2021, Care Inspectorate Wales updated its approach to assurance document, signalling its intention to return to a more structured and routine inspection programme.

268. I am asked whether, on reflection, it was appropriate for Care Inspectorate Wales to suspend all routine inspection activity and/or whether it was appropriate for this to be suspended for the period of time it was. My view is that I consider the suspension of routine inspection to have been an appropriate course of action. I became Minister for Health and Social Services on 13 May 2021. The decision to return to more structured and routine inspection programme was made three months later in August 2021 which I considered was appropriate.

269. I understand that a detailed witness statement has been provided by Gillian Baranski on behalf of Care Inspectorate Wales. This statement confirms that during the period between March 2020 to August 2021 in which routine inspections were suspended, Care Inspectorate Wales undertook 808 inspections and that only a very small number of inspection visits (66) were undertaken virtually.

Part H: Data, infection of Covid-19 and deaths

270. There were several sources of data and modelling. The Knowledge and Analytical Services data monitor.. The data monitor was a regular compendium of data and charts produced by the Covid-19 Analysis Hub within the Knowledge and Analytical Services. It was first produced and circulated on 3 April 2020 and the frequency of circulation changed as the pandemic progressed.

271. A range of topics relevant to adult social care were included within the data monitor including:

    a. Care homes with cases of Covid-19 from Care Inspectorate Wales data;
    b. Domiciliary care services reporting cases of Covid-19 from Care Inspectorate Wales data;
    c. Notification of deaths in care homes.

272. The data monitor regularly included summaries of Office of National Statistics mortality data, which included place of death of which “care homes” was one category. The data monitor also included a Wales-level summary of local authority adult social services departments’ ability to operate, based on a red/amber/green status. From 19 April 2021, the Covid-19 in Wales interactive dashboard was published on the Welsh Government website which began to replace the internal data monitor. From 31 August 2021, the Care Inspectorate data on notifications of Covid-19 cases and deaths was included in the dashboard.

273. As a Minister, I received the data monitor and had access to a range of data presented on key topics relevant to the adult social care sector.

274. The Covid Intelligence Cell was established on 21 September 2020 and it published surveillance to provide a single authoritative source of situational awareness of transmission. It provided a comprehensive overview of the incidence of Covid-19 across Wales.

275. I am asked about any challenges experienced regarding the collection and analysis of state relating to adult social care. The dispersed nature of the sector does create

general challenges: whilst local authorities provide a certain percentage of care facilities, the majority is managed by around 1,000 care homes in Wales. Regular contact with representatives from this sector gave us a good sense of what was happening. I do not recall that there were particular issues with data collection.

Part I: Lessons learned

276. I am asked to identify any key areas of the Welsh Government's management of the care sector which I consider worked well, and any key areas in which I consider there were issues, obstacles or missed opportunities.

277. In terms of what went well, I believe that the close and regular contact between local government and independent care sector provides evidence that the Welsh Government had a real sense of what was happening on the ground. I believe that issues around workforce recruitment and retention in the social care sector were exacerbated by the UK's exit from the European Union, and the exit of several thousand workers from the sector.

278. I asked to outline my view on any lessons learned from the care sector's response to the pandemic. The reluctance of the care sector at certain points to take patients from hospital led to additional pressure on hospital accident and emergency departments and to lengthy delayed transfers of care.

279. Finally, I am asked to provide any recommendations that I would ask the Chair to consider in relation to the response of the adult social care sector in the event of a future pandemic. I believe that recognition and appreciation of those who work in the sector was and continues to be imperative. As such the Welsh Government brought forward its plans to pay the Real Living Wage, along with the other financial support packages, described earlier in my statement, but it is questionable whether the Welsh Government would have the financial reserves to do so now.

Statement of Truth

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

Signed: Personal Data

Dated: 16 April 2025