Witness Name: Dr Heather Payne
Statement No: 1 for Module 8
Exhibits: M08-HP-01 - M08-HP-43
Dated: 7 August 2025

UK COVID-19 INQUIRY

WITNESS STATEMENT OF HEATHER PAYNE

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 6 June 2025 and referenced **M08-HSSGW-002**.

I, Heather Payne, will say as follows: -

1. This is my fourth statement to the Inquiry. I have previously provided a statement in Module 1 (referenced **INQ000319846)**, one in Module 2B (referenced **INQ000274116)** and one in Module 4 (referenced **INQ000507523**). This will be my first statement provided in Module 8 and is provided to assist the Public Inquiry with the impacts on children and young people of Covid-19 infection prevention control measures in healthcare settings.

2. I am the Senior Medical Officer for Women's and Children's Health in the Welsh Government, which is a professional advisory role, providing technical and medical health advice to policy leads within the organisation.

Professional background

3. I was appointed the Senior Medical Officer for Maternal and Child Health in the Welsh Government on 1 June 2018. I remain in that post although I have subsequently taken on significantly broader professional advisory responsibilities including women's health, not just maternal, as well as screening leadership, quality and safety, planning, professional development, and an equality, diversity, and inclusion champion role.

4. Before my appointment as the Senior Medical Officer for Maternal and Child Health, I was employed by Cardiff University between 1 May 1996 and 31 May 2018 as a Senior

Lecturer in Child Health and as a Consultant Paediatrician in Caerphilly. While remaining in that post, I was seconded to the Welsh Government to be the Senior Medical Officer for Maternal and Child Health. I was appointed in this seconded capacity in June 2011 for a five-year period and the role was extended until 31 May 2018. After that, I was appointed substantively to the role and became a permanent Welsh Government employee.

5. In addition to my Senior Lecturer post, I also held an Honorary Consultant Paediatrician appointment at Aneurin Bevan Health Board between 1 May 1996 and 31 May 2011. I was Associate Dean for Disability Support in the Wales Postgraduate Medical School between 2005 and 2011. I left these roles when I was seconded to be the Senior Medical Officer for Maternal and Child Health.

6. I am a Consultant Paediatrician by training. I qualified in 1980, with a Bachelor of Medicine and Bachelor of Surgery from St. Bartholomew's Hospital Medical College, University of London.

7. The role of Senior Medical Officer for Women's and Children's Health is a Senior Civil Service level position within the Welsh Government designated by the Welsh Ministers as the 'Senior Medical Officer'.

8. In this role I have worked across a wide range of policy matters and provided professional advice on all aspects of women's and children's health including in relation to public health interventions; primary and secondary care services; population and targeted screening; specialist services; service standards; service configuration; service development and management; and quality and safety including serious incident reporting and externally commissioned reports and reviews.

9. I have also contributed to the Chief Medical Officer's annual reports since 2012, in addition to developing and writing policy documents for a wide range of health care delivery areas.

10. In my role as Senior Medical Officer, I am experienced in supporting policy colleagues to prepare Ministerial briefings and providing advice, so as to assist colleagues across the portfolio areas that fall within my professional competence. My role includes contributing to the preparation of proactive and reactive communications strategies; horizon scanning for likely public interest and managing the response to this.

11. Reporting arrangements for my work are via the Civil Service policy lead(s) in the Welsh Government who are accountable to Ministers for their policy remit. The value of my role is to bring an understanding of the clinical and person-centred approach, promote policy development that has validity and value for service users, communities and professionals alike, and promotes the Welsh Government's aims of improving health and reducing inequalities.

12. In the Senior Medical Officer role, I have gained considerable experience in undertaking high level policy development in a devolved government setting, as well as working to enable NHS quality and safety development, clinical leadership, and quality assurance work across NHS Wales, and in step or in liaison with policy and professional counterparts in all UK countries singly or as four country approaches. Before Covid-19, this involved chairing meetings of a range of committees for screening, children's, and maternity services, liaising with professional networks in maternity, women's, and children's services, and taking part in commissioning or leading specific projects in quality improvement or service development and coordination.

Preamble

13. The Welsh Government has a range of responsibilities which allowed the organisation to swiftly and effectively address issues during the pandemic. This was reflected in the establishment of the Technical Advisory Group Children and Education Subgroup and the Vulnerable Children, Young People and Safeguarding Workstream.

14. I established and chaired the Technical Advisory Group Children and Education Subgroup which provided detailed and strategic consideration on request from the Technical Advisory Group or Technical Advisory Cell and reporting via those groups to the scientific and technical evidence on Covid-19 as it related to children, childcare and school settings. This included the use of face coverings for children in schools in education settings throughout the pandemic. Most of the interventions for children were childcare or education focussed rather than for healthcare settings. I exhibit the Terms of Reference of the group at **M08-HP-01 - INQ000271531**.

15. In my role as Chair of the subgroup, and in contributions to the Technical Advisory Group, I persistently advanced arguments for the wellbeing of children, however

because the first order decision had been made early on that preventing deaths was the most important priority, and these were most likely to occur in older age groups, measures for the wellbeing of children were consequently in the realm of mitigation and minimising avoidable harms. This was often discussed at Technical Advisory Group meetings, where death rates were the main focus of discussions and modelling activity.

16. The Vulnerable Children, Young People and Safeguarding Workstream group was established by the Education and Public Services Group in March 2020 and coordinated the work of those of policy leads with responsibility for children and young people, its objective was to ensure that vulnerable children and young people were 'safe, seen and heard'. As part of the workstream a safeguarding subgroup was established and led by officials from the Health and Social Services Group. The workstream focussed on keeping all children and young people safe from increased risks of harm, exploitation and abuse and I exhibit the workstreams workplan at **M08-HP-02 - INQ000562181.** Further detail on safeguarding referrals received by the Health and Social Services Group from local authorities throughout the relevant period is set out in M08-HSSGW-001.

Steps taken by the Welsh Government, or steps within knowledge of the Welsh Government, to mitigate potential negative impacts on children and young people of Covid-19 infection prevention and control measures in healthcare settings

17. Infection prevention control guidance for use in the NHS in Wales was not produced by the Welsh Government. Welsh engagement with the UK Infection Prevention and Control Cell was through clinical experts in Public Health Wales who in turn, worked with epidemiologists in each of the local health boards and worked directly with their local infection prevention control teams.

18. Public Health Wales also worked with Welsh Government officials in the Welsh Government's Nosocomial Transmission Group. The Nosocomial Transmission Group was established in May 2020 to provide advice and guidance on the actions needed to minimise the nosocomial transmission of Covid-19. The Nosocomial Transmission Group brought together officials from the Welsh Government, Public Health Wales, NHS Shared Services (which was responsible for procuring and distributing PPE), trade union representatives and nursing specialists. The Nosocomial Transmission Group assumed responsibility for producing evidence-based guidance and leadership in infection prevention control matters (including awareness, education and training).

19. As noted above the Welsh Government did not directly produce guidance on infection prevention control measures in healthcare settings and therefore is unable to provide information on the steps taken by local health boards working with their local infection prevention control teams and Public Health Wales to mitigate the known or anticipated negative impacts on children and young people in those settings. There was no separate guidance issued in relation to children and young people; consideration of these groups was incorporated into the general guidance that the Welsh Government issued in respect of face coverings, visitor restrictions and remote consultations. This is described below.

Facemasks and Face Coverings

20. On 8 June 2020, the Chief Medical Officer for Wales issued a statement recommending the use of medical face masks in hospitals and care homes for the benefit of staff and others. I exhibit at **M08-HP-03 - INQ000350831** the Minister for Health and Social Services statement confirming this.

21. Technical Advisory Group advice on the use of face coverings was received in June 2020. A copy of this is exhibited in **M08-HP-04 - INQ000320896.** The advice noted that face masks and face coverings were not the same thing, and that difference between the two should be emphasised in advice given to the public and that communications from government should contain consistent terminology on this issue.

22. The advice stated that face coverings are likely to benefit others, as much as or more than, they do for the wearer. The advice did not distinguish between the ages of people wearing a face covering, but it did state that some people should not or cannot wear face coverings and used young children as an example (along with elderly people with cognitive impairment). Similarly, it was acknowledged the disadvantages of wearing face coverings, for example it could create barriers to communication for those who are deaf or have hearing impairments, exacerbate skin problems or create a false sense of security despite the risks of Covid-19 still being present.

23. On 9 June 2020, following updated advice from the World Health Organization, the Minister for Health and Social Services recommended that people in Wales should wear a three-layer face covering in situations where social distancing was not possible, for example, on public transport. This information was included in the Written Statement from the Minister for Health and Social Services exhibited at **M08-HP-03 -**

INQ000350831. Following this, on 27 July 2020, a new legal requirement was introduced requiring face coverings to be worn on public transport, children under the age of 11 were amongst those that were exempted from this requirement.

24. On 11 August 2020, the Technical Advisory Cell advised mandating face masks in certain circumstances where there was evidence of sustained or growing community transmission, in primary care settings, in hospitals and in other care facilities, including community, residential and home settings.

25. The Technical Advisory Cell recommended that exemptions were considered for; children under 11, those with certain physical and mental health conditions and key settings such as schools (including school transport) and restaurants. Additionally, it recommended that further consideration should be given to the use of face coverings or face masks by people in situations that have characteristics associated with a higher risk (due to underlying health conditions). These were informed by advice from the European Centre for Disease Prevention and Control dated 6 August 2020, *'COVID-19 in children and the role of school settings in COVID-19 transmission'*.

26. The Technical Advisory Cell also highlighted that a range of equity/equality considerations should also be considered, including those with specific needs, for example the ability to lip read for those with hearing impairment and younger children in particular and those who may be disproportionately disadvantaged financially by having to purchase coverings. I exhibit the Technical Advisory Cell's updated advice on face coverings at **M08-HP-05 - INQ000228031**.

27. Officials within the Health and Social Services Group provided ministers with advice on the efficacy of face coverings. This was primarily from the Chief Medical Officer and Deputy Chief Medical Officer. On 26 August 2020, the Minister for Health and Social Services and the Minister for Education issued a joint statement recommending that face coverings be worn by 'all members of the public over 11 years in indoor settings in which social distancing cannot be maintained, including schools and school transport'. A copy of the statement issued is exhibited in **M08-HP-06 - INQ000300223.**

28. The updated advice acknowledged that although face coverings were likely to be of little value in children under the age of 11 years, the rates of infection and transmission increased from the age of 11 onwards and therefore the use from this age could have a role in risk mitigation. This was based on advice from the Technical Advisory Group

on face coverings for children and young people under 18 in education settings, a copy of which is exhibited in **M08-HP-07 - INQ000066286**. This was a recommendation, not a requirement, and all local authorities were asked to consider their estate and the feasibility of social distancing within these spaces. This advice did not consider healthcare settings.

29. From 14 September 2020, the Welsh Government mandated the use of face coverings in indoor public spaces for everyone aged 11 and over, I exhibit the First Minister's announcement at **M08-HP-08 - INQ000023258**.

30. As detailed in M08-HSSGW-001 paragraphs 131-136, the issue in relation to children's face coverings was whether they were, in any way, effective. The general and growing consensus of scientific advice, including that reaching Cabinet through the Technical Advisory Group and Health and Social Services Group officials, was that transmission may not be as high in younger children as it was for older children and adults. This potential difference was being considered as early as May 2020. Technical Advisory Cell advice dated 5 May 2020 (exhibited as **M08-HP-09 - INQ000066418**) noted that younger children might be less susceptible to infection, however this was caveated that the information was presented with a low degree of confidence. There was, however, at that time, a moderate to high degree of confidence that younger children were less susceptible to clinical disease than adults. It was noted that there was not enough evidence to determine whether this was also the case for older children.

31. The Welsh Government Technical Advisory Cell's advice on children and schools was consistent in suggesting that there would be potentially harmful or negative effects of mandating face coverings for children, especially in terms of teaching and caring relationships which relied on facial expression and the ability to lipread. There were also concerns regarding neurodiverse children finding face coverings challenging, as well as the risk of reducing other infection prevention and control measures due to a false sense of security.

32. Throughout the remainder of the pandemic period the rules around face coverings and settings in which they applied changed, including for children over the age of 11. The application of the hierarchy of controls shifted from a national level, determined by ministers, to a local level where NHS leaders, social care providers, local authorities and employers applied the levels of control. Joint official guidance was issued on 1 June 2021 by the Department of Health and Social Care, Public Health Wales, Public

Health Agency Northern Ireland, Health Protection Scotland, Public Health England and NHS England, titled *'Covid-19: Guidance for maintaining services within health and care settings'* and is exhibited at **M08-HP-10 - INQ000271659**.

33. On 7 February 2022, Cabinet discussed whether the requirements for face coverings should be removed and concluded that this obligation should be removed for indoor public places from 28 February 2022. However, given the need to continue to protect vulnerable people, the necessity for face coverings in retail, public transport and health related settings, where attendance was less discretionary, should remain in place until 28 March 2022. It was agreed some thought should be given to whether it was possible to remove the obligation on baby and toddler group settings sooner. I exhibit the minutes at **M08-HP-11 - INQ000130031**.

34. On 24 March 2022, Cabinet agreed that the requirement to wear face coverings in retail and transport settings should be removed from 28 March 2022, however, to protect the vulnerable, the requirement for such coverings to be worn in health and social care settings would remain in place. I exhibit the minutes at **M08-HP-12 - INQ000058010**.

35. On 26 May 2022, the Chief Medical Officer for Wales announced the removal of the legal requirement on the mandatory use of face coverings in health and social care settings, noting that many hospitals in other UK nations were successfully promoting continued voluntary use of face coverings in health care settings and recommending that a similar approach should be adopted in Wales. I exhibit the announcement at **M08-HP-13 - INQ000048781**.

36. As detailed in paragraph 143 of M08-HSSGW-001, throughout the specified period a number of children's rights impact assessments had been undertaken which considered the use of face coverings in respect of children. Technical advice provided from the Health and Social Services Group informed the following assessments:
    a. Children's rights impact assessment regarding the introduction of a Local Covid-19 Infection Control Decision Framework for schools from autumn 2021, exhibited as **M08-HP-14 - INQ000087109**;
    b. Children's rights impact assessment regarding changes for schools and settings from 1 September 2021 as part of the removal of certain restrictions in connection with Covid-19, exhibited as **M08-HP-15 - INQ000087112**;

c. Children's rights impact assessment regarding increasing onsite learning from 15 March 2021 as part of phased return to schools and settings in connection with Covid-19, exhibited as **M08-HP-16 - INQ000087118**; and
d. Children's rights impact assessment regarding the full return to onsite learning from 12 April 2021 as part of the phased return to schools and settings in connection with Covid-19 exhibited as **M08-HP-17 - INQ000087116**.

Visitor Restrictions

37. Throughout the pandemic, all requests for visiting in healthcare settings were expected to be treated with compassion and empathy whilst ensuring the patient's best interests were met and local risk assessment processes followed.

38. The Chief Nursing Officer for Wales issued a letter to all NHS Wales Nurse Directors and NHS Wales Chief Executives on 25 March 2020, asking that they restrict visiting to inpatients not suffering from Covid-19 infection subject to three exceptions: firstly, it would be permissible for one parent or guardian to be with a child or with a new-born baby; secondly, in-patient women in labour would be permitted to have attendance by one birthing partner from their household; and thirdly, with the advance agreement of the ward sister/ward manager, patients receiving end of life care could have one visitor for an agreed amount of time. Visiting patients infected with Covid-19 was only to be undertaken in exceptional circumstances. This letter, exhibited at **M08-HP-18 - INQ000399385,** and subsequent letters and guidance made it clear that enabling people to say goodbye to loved ones at the end of their lives was to be facilitated wherever possible, and appropriate personal protective equipment should be provided for visitors to ensure their safety. In terms of visiting patients who were not infected with Covid-19, the Chief Nursing Officer for Wales advised no visitor under the age of 12 years should be permitted to visit. In terms of whether or how any discretion was exercised at the local health board level, the Welsh Government does not hold that information.

39. On 20 April 2020, the Welsh Government amended the restrictions with immediate effect to also provide visiting exceptions in respect for individuals with mental health issues such as dementia or with a learning disability with autism, or where visitors not being present would cause the patient/service user to be distressed. I exhibit the Chief Nursing Officer for Wales's letter to all NHS Wales Nurse Directors and NHS Wales

Chief Executives highlighting the update to visitor guidance to in-patient health settings at **M08-HP-19 - INQ000299228**.

40. On 15 July 2020, updated guidance for hospital visiting during the Covid-19 outbreak was published. This guidance superseded NHS Wales visiting guidance of 25 March and 20 April and came into force on 20 July 2020. As noted above, between March and July 2020, visiting was suspended in most hospitals except in exceptional circumstances, such as end-of-life care or for patients with specific needs. The updated guidance from 20 July 2020 allowed for limited, purpose-driven visits, but still emphasised infection control and social distancing. The guidance encouraged the use of virtual contact where it was not safe for in-person visiting to take place. The guidance permitted children and young people to visit a parent/guardian/carer or sibling in a healthcare setting when accompanied by one appropriate adult and contained an exceptionality provision to allow providers to take individual circumstances into account. The guidance also permitted two visitors at a time from the same household or part of an extended household for patients in the last days of their life. I exhibit the guidance at **M08-HP-20 - INQ000299514.** The guidance continued to permit one parent, guardian or carer at the bedside at a time for paediatric inpatients and neonates within non-Covid-19 areas and services. For end of life Covid-19 patients in Covid-19 confirmed and possible infectious areas, up to two visitors were permitted, one at the bedside at a time, for a specified amount of time if permission was sought in advance from the ward sister/charge nurse/nurse in charge.

41. The guidance for hospital visiting during the Covid-19 outbreak was further updated on 30 November 2020 and superseded the previous NHS Wales visiting guidance of 25 March, 20 April and 20 July 2020. The updated guidance provided consideration for visiting in non-Covid-19 hospices and recognised supporting children to visit loved ones can be a key part of their bereavement support. A supplementary statement was provided alongside the guidance which allowed health providers to depart from the guidance in response to rising levels of Covid-19 transmission in their localities, including levels which result in a national lockdown and/or evidence of nosocomial transmission in a particular setting; or falling levels of transmission in their local area. I exhibit the guidance at **M08-HP-21 - INQ000081643.**

42. The guidance for hospital visiting during the Covid-19 outbreak was updated on 18 June 2021 and it included the option for health boards and NHS trusts to use lateral flow testing, or point of care testing, to support hospital visiting. It also made testing available for parents of children in hospital, pregnant women and their identified

support partner and/or essential support assistants in maternity services. Subject to local determination and following a risk assessment, the guidance was updated to allow up to two parents, guardians or carers at a time to visit a child in a paediatric inpatient ward or a baby in neonatal care. Previous guidance allowed one visitor at a time (unless there were exceptional circumstances). I exhibit the updated guidance at **M08-HP-22 - INQ000271664.**

Remote consultations

43. The introduction of remote consultations did not completely replace face to face consultations. Where there was a clinical need for a GP to examine a patient face to face (e.g. where it was not possible for the patient to access the national video consultation service), then that facility remained available.

44. The clinical guidance produced did not affect the existing measures of clinical risk which required careful evaluation of illnesses presenting in children and were more likely to be indicated through in person evaluations. The Welsh Government do not hold data on the number of appointments with GPs that took place face-to-face or remotely.

45. On 11 March 2020, the Minister for Health and Social Services, announced the expansion of the Technology Enabled Care Programme Cymru Attend Anywhere pilot system to a national video consultation service across all 404 GP practices in Wales. I exhibit the Written Statement at **M08-HP-23 - INQ000469843**. The aim of the national rollout was to assist in the reduction of the spread of Covid-19 amongst patients and staff, and to allow patients in self-isolation to maintain face-to-face contact with medical professionals. It was also recognised that the service would allow GPs to continue to hold consultations with patients should they need to self-isolate and thereby reducing the strain on the wider healthcare system. Accordingly, the rollout of the national video consultation service was in alignment with the actions taken by the other nations. I exhibit a copy of the announcement that was made on the Welsh Government's website regarding the rollout of the service at **M08-HP-24 - INQ000469199**.

46. Also on 11 March 2020, the then Chief Executive of NHS Wales, Dr Andrew Goodall, wrote to all General Practitioners, local health boards and the Welsh Ambulance Services NHS Trust to update on the Covid-19 response. I exhibit a copy of the letter at **M08-HP-25 - INQ000395690.** The letter noted that a lot of work had been

undertaken to procure a videoconferencing consultation function so that practices and patients had the option to have virtual surgeries. As set out in the letter, an important objective of the triage process was for a clinician to decide who needed a physical or in-person assessment, as opposed to a remote consultation (either by telephone or the video consultation service). The service was not aimed at any particular age group and was not intended to replace physical assessments. Although there was no specific guidance on the use of remote consultations to be used, or addressed the clinical needs of children, or guidance which specified that children were more likely to require face-to-face assessment, in-person consultations continued to be provided during the relevant period based on patient need. This would be assessed by the clinical team and included where the patient was in a vulnerable group, including children who would be liable to consult with infectious diseases potentially requiring treatment, or if they did not have internet access. During the pandemic period, although there was no formal impact assessment undertaken and although not always explicit in the submission of advice or recommendations to the Minister for Health and Social Services there was consideration of the impacts of the recommendations for whom there may be digital access issues. This consideration was part of an established wider policy agenda and aligned the pre-pandemic long-term transformational policy set out in *'A Healthier Wales'*. This incorporated access issues also set out in the Welsh Government frameworks and strategies including the *'Informed Health and Care: A Digital Health and Care Strategy for Wales'* in 2015 under which local health boards developed their own digital strategies, reflected in their Integrated Medium Term Plans.

47. From 1 April 2020, all GP practices in Wales were able to access the video consultation service and I exhibit a copy of the press statement issued by the Welsh Government confirming this on 1 April 2020 at **M08-HP-26 - INQ000469197.** All training on the video consultation service was given by the Technology Enabled Care Programme Cymru, who also worked with the Life Sciences Hub Wales to encourage GP practices to adopt the technology via direct messaging to GPs and on social media and through the press.

48. As cases of Covid-19 eased during the relevant period, the Welsh Government did not mandate a blanket return to face-to-face appointments. Instead, the Welsh Government's policy approach endorsed a blended model of access with a mix of remote, face to face, urgent, on the day and pre-bookable appointments, as determined by the practice in discussion with the patient. This is reflected in the Access Commitments which were introduced by the Welsh Government from 1 April 2022 and exhibited at **M08-HP-27 - INQ000469272.**

49. The Welsh Government does recognise that there can be limitations associated with remote consultations. This was illustrated in the Welsh Health Circular issued by the Chief Medical Officer for Wales on 4 August 2020 exhibited at **M08-HP-28 - INQ000048607** in which he outlined his concern that the emphasis on remote consultation may make it more difficult for GPs to assess the severity of Covid-19 illness. The Chief Medical Officer for Wales also outlined his concern that breathlessness was not a good indicator of disease severity and asked that clinicians place a greater emphasis on measuring pulse oximetry as part of their clinical assessment, but that the use of remote monitoring of pulse oximetry was not recommended at that time. As a result, changes were made to the public messaging and the Community Covid-19 Framework, which was a framework designed to support primary care, community and paramedic colleagues in decision making regarding the managing of patients with Covid-19. As noted above there was no specific guidance or Welsh Health Circulars issued regarding children and the use of remote consultations.

Safeguarding of children through the healthcare system throughout the pandemic.

Clinicians / healthcare workers and child protection referrals

50. An Essential Services Group, with wide representation from the Welsh Government and NHS Wales, oversaw the development and approval of an NHS Wales Essential Services Framework. This was an agreed list of services deemed to be essential and a range of supporting guidance for NHS Wales Safeguarding Services.

51. During the relevant period, guidance was issued to regional safeguarding boards, local authorities, health boards and NHS Trusts to assist the fulfilment of their duties throughout the Covid-19 pandemic. Further information on guidance issued for children at risk and safeguarding visits for children on the Child Protection Register can be found in M08-HSSGW-001. The Essential Services Framework referred to in paragraph 50 was published in September 2020 as the '*Essential Health Services Quality Assurance Framework*'. It supported NHS Wales bodies during, and in the immediate period following, the pandemic. It outlined the range of services maintained in an emergency situation and is exhibited at **M08-HP-29 - INQ000353134**. These included:

    a) Paediatric intensive care and transport;

b) Paediatric and neonatal emergency surgery and all related rehabilitation;

c) Urgent surgery (such as cardiac, transplantation etc);

d) Urgent illness;

e) Emergency paediatric surgery (including for major trauma);

f) Chronic conditions such as organ failure (including renal dialysis);

g) Immunisations and vaccinations;

h) Screening –blood spot, hearing, new-born and six- week physical exam; and

i) Community paediatric services for children with additional / continuous healthcare needs including care closer to home models and community hubs

52. Between March and May 2021, A '*Review of Essential Children's Services'* was carried out by the Essential Services Steering Group, with the support of NHS staff and officials from the Welsh Government. The Technical Advisory Group Children and Education Subgroup did not provide advice on the creation of this paper which was produced to ensure maintenance of children's health services delivery during the pandemic service pressures. This was a necessary document to deliver on NHS responsibilities, but this did not engage other public services to encourage more holistic child focussed decisions rather than single service focussed decisions, that were being made based on the information available at the time of the pandemic. This report noted that despite the increased level of vulnerability, referral rates to safeguarding fell initially during the first lockdown and that although essential safeguarding was maintained, there was a concern about the negative impact on work to develop services. The paper also concluded that during the pandemic, NHS staff involved in safeguarding were either diverted or partially diverted to support the direct Covid-19 response and there had been issues around the collection and availability on comparable data on safeguarding. I exhibit the report at **M08-HP-30 - INQ000271694.**

53. The Healthy Child Wales Programme, launched in 2016, set out the planned contacts children and their families could expect from their health boards and maternity services up to the age of seven. These covered three areas of intervention such as screening, immunisation, and monitoring and supporting child development. I exhibit the programme overview at **M08-HP-31 - INQ000611679.** The Welsh Government issued regular guidance throughout the relevant period in order to maintain essential services

in health visiting and children's services and to support the continuation of the Healthy Child Wales Programme. This included the use of virtual contacts aimed at helping reduce the risk of transmission between families and Health Visitors. I exhibit the guidance from 24 March 2020 highlighting the continued support for families identified with safeguarding needs at **M08-HP-32 - INQ000097607,** 22 December 2020 at **M08-HP-33 - INQ000610322** and 17 December 2021 at **M08-HP-34 - INQ000353300**. The Welsh Government received assurance that such visits were being undertaken wherever possible and for families that had been identified as being vulnerable or at risk, the option for face-to-face contact was maintained.

54. School nursing services also provide an important role in promoting, protecting and safeguarding the health and wellbeing of children and young people. The approach to safeguarding for school nursing services was established through a set of minimum standards in the school nursing framework and explained in the document *'A School Nursing Framework for Wales'*, published in May 2017 and exhibited at **M08-HP-35 - INQ000611678**. Compliance with these standards and alignment to the subsequent multi-agency all Wales safeguarding procedures 2019 is monitored by local health boards.

55. As detailed in M08-HSSGW-001 the National Independent Safeguarding Board reported on the adequacy and effectiveness of arrangements to safeguard children and adults in Wales. This board met between April 2020 and May 2022 and a meeting chronology is exhibited at **M08-HP-36 - INQ000615922**. Through this board, the Welsh Government's Social Services and Integration Directorate received information from safeguarding boards and heads of children's services on the rate of safeguarding referrals to children's social services for children at risk. However, the Welsh Government's Social Services and Integration Directorate is not able to determine to what extent there was a decrease in clinicians or healthcare workers making child protection referrals during the Covid-19 pandemic.

56. Data available from StatsWales - a free-to-use service that allows a person to view, create and download tables from Welsh data, includes a comprehensive set of information on health, health services and social services in Wales, including NHS primary and community activity, waiting times and NHS staff. StatsWales showed that in 2021/22 there was a 24.5% increase in children's health contacts to social services by healthcare, which indicated a renewed access to services and improved recording

practices. There was a further increase of 6.1% in 2022/23 and 16.6% in 2023/24 reflecting a gradual restoration of safeguarding activity within healthcare services.

57. In October 2024, the Welsh Government introduced new statutory guidance launching the Single Unified Safeguarding Review process. A Single Unified Safeguarding Review is carried out when a person has experienced abuse or neglect and suffered significant harm or died as a result. These reviews contain detailed reports from agencies responding to the most serious incidents and deaths in Wales, as well as recommendations for how agency responses could be improved for the future. As detailed in paragraph 454 and 455 of M08-HSSGW-001, these reviews will prevent the need for families to take part in multiple, often onerous and traumatising reviews. The process allows multi-agency review teams to identify learning, build a greater understanding of what happened during an incident and why; and provide an action plan to improve services.

58. All Single Unified Safeguarding Review reports (including Child Practice Reviews) since 2013 are stored in the Wales Safeguarding Repository which has been designed with Cardiff University. This Wales Safeguarding Repository is part of the Single Unified Safeguarding Review process and is funded by the Welsh Government. It is a digital repository that brings together safeguarding reviews carried out in Wales into a single, searchable location. As they are published, the Single Unified Safeguarding Reviews are uploaded to the repository and available for searching. This enables researchers and practitioners to extract learning about abuse, vulnerability and safeguarding to reduce the risk of recurrence and safeguarding for future generations. Users of the Wales Safeguarding Repository include agencies such as police, social services, local authorities, individuals involved in safeguarding, safeguarding review chairs and reviewers and academic researchers.

Incidences of suspected non-accidental injuries in children

59. The Welsh Government did not hold specific data on increases in suspected non-accidental injuries in children during the pandemic, but it acknowledged widespread concern about a potential rise linked to increased family stress, isolation and reduced personal oversight. The Welsh Government's 2021 report *'Identifying, Quantifying and Measuring the harms arising from the Covid-19 restrictions to Children and Young People in Wales'* highlighted widespread concern about increased rates and severity of child abuse and domestic violence. Section 4.5 of the report specifically noted the impact of lockdowns on family stress and the hidden nature of abuse during this period.

I exhibit this report at **M08-HP-37 - INQ000220855**. Evidence from clinical bodies highlighted delays in child protection case presentations and called for improved safeguarding metrics to address these risks which are now being developed by the Safeguarding in Health Delivery Group and will include the capture of harms such as non-accidental injuries.

60. At the 17 September 2021 meeting of the Technical Advisory Group Children and Education Subgroup I introduced the *'School-Based Violence in South Wales'* paper which had been produced by the Wales Violence Prevention Unit. I raised the paper with officials from the Education and Public Services Group in attendance at the meeting so that they were able to take any necessary action to address school-based violence in the post lockdown period, recognising the impact of the trauma of lockdown separation and lack of socialisation on children's interactions. I exhibit this paper at **M08-HP-38 - INQ000611675.** This paper was also discussed at the Group's meeting on 1 October 2021. The paper identified an increase in school-related violence in South Wales as Covid-19 restrictions eased and children and young people returned to school from March – June 2021, resulting in a 34% increase in assault attendances to A&E compared with April – June 2020.

61. In 2024, the Chief Nursing Officer for Wales commissioned a review of safeguarding arrangements and a Safeguarding in Health Steering Group was established to provide advice and guidance for review activities and final recommendations within NHS bodies in Wales. While the Safeguarding in Health Review (exhibited at **M08-HP-39 - INQ000624493**) was not exclusively focused on the pandemic, this was informed by the impact of Covid-19 on health and social care systems. The Safeguarding in Health Review recommended 28 changes to strengthen safeguarding in NHS Wales. The review acknowledged an increased complexity in safeguarding cases and the need for resilient, digitally enabled systems to support effective safeguarding practices across NHS Wales. In particular, recommendation 28 was for 'Robust digital systems for referrals and other important safeguarding related information and feedback, between health and social care'. Following the report an Oversight Group was established – The Safeguarding in Health Delivery Group, with representatives from the Welsh Government and Health Board Executives to track and monitor safeguarding related incidents and trends, including non-accidental injuries.

62. The Safeguarding in Health Delivery Group, established in April 2025, is progressing four of its five principal recommendations from the Safeguarding in Health review, with a 12-month completion target. The fifth recommendation – developing safeguarding

Metrics, a Quality Statement, and a Datix Module – is well underway, with updated Terms of Reference, stakeholder engagement, and integration into a dashboard known as 'NHS P&I BEACON' which collates data on a number of areas, including data on harms such as non-accidental injuries, healthcare acquired infections, patient safety incidents, mortality rates and Prevention of Future Death reports. The dashboard can be used to benchmark health boards and NHS Trusts who also have access to it.

Reflections

63. Since the pandemic, there is now information that would have been incorporated into the decision making process had we known about this at the time. The decisions taken may not have changed but these could have been further justified and incorporated differential views. For example, the restrictions on population mixing during lockdown and the face covering interventions introduced resulted in the rates of all childhood infectious diseases being significantly lowered. In subsequent years, this has appeared to contribute to a rebound surge in adenovirus infection that was associated with liver failure and a significantly raised liver transplant rate which is apparently a rare but severe unintended consequence of the lack of exposure to general childhood infections.

64. Most children are not ill most of the time, but they have health needs all of the time and as part of pandemic future planning, I would like to see the following Standard Operating Procedures put into place with adequate preparation and resourcing:

    a. The establishment of an overarching multiagency children's advisory group to advise on the potential impacts of any restrictions/measures in response to a health emergency on children and young people (including the impact on maternity care). The group would draw on expertise from those working in health, education, social services, youth justice expertise, housing and community safety to ensure all potential impacts are identified and considered. The group would encompass service user voices such as third sector support groups in the decision-making process. It would be important for the terms of reference to allow the group to generate its own questions, commission research and make recommendations to be directly considered by the highest level policy advisory group, such as the Technical Advisory Group;

b. Rapid agreement of the key data points that were needed to anticipate and monitor experiences and outcomes for children across health, social care and education, with common measurements between agencies so that easy comparisons could be made and issues rapidly identified and monitored;

c. A route into this advisory group for policy questions to be raised and answered holistically with the correct expertise, to avoid policy teams commissioning potentially risky infection control measures in schools without adequate health and safety advice. For example, on 11 August 2021 the Minister for Education and Welsh Language received Ministerial Advice, exhibited at **M08-HP-40 - INQ000145257** for £3.31 million of funding for ozone cleaning machines. I exhibit the Minister for Education and Welsh Language's approval at **M08-HP-41 - INQ000310895.** Concerns were raised after the press notice regarding the funding had been announced about the safety of ozone in schools. Therefore, the Minister for Health and Social Services and Minister for Education and Welsh Language commissioned advice from the Technical Advisory Group about the efficacy, effectiveness and safety of Covid-19 environment mitigation technology (including ozone machines) in educational settings and an evaluation of the ozone generator developed by Swansea University. The Technical Advisory Group Environmental Group commissioned the Wales Covid-19 Evidence Centre to provide a Rapid Evidence Summary and I exhibit this at **M08-HP-42 - INQ000311541**. The report and Technical Advisory Group concluded there was strong evidence of a causal relationship between short-term ozone exposure and respiratory health issues, that ozone is a highly harmful indoor pollutant generating persistent harmful secondary aerosols and that children with underlying respiratory conditions are particularly sensitive to ozone exposure. On 30 September 2021, officials from the Health and Social Services Group presented further advice to the Minister for Health and Social Services and the Minister for Education and Welsh Language with evidence that the ozone technology is not currently suitable for use in schools or colleges and other mitigations are more effective at reducing the spread of Covid-19, I exhibit the Ministerial Advice at **M08-HP-43 - INQ000235848**; and

d. A mechanism to recruit and fund expert members and any additional research needs for children e.g. for rapid reviews from the Covid evidence centre.

65. Whilst we did what we could to protect and promote children's wellbeing in a relatively unprecedented situation of high uncertainty and simple lack of firm evidence, especially in the early stages, this is our opportunity to plan for the future and address

such predictable and unpredictable issues in an organised way that can be a strategic 'blueprint' for early operationalisation in future. This would also require some rehearsal and incorporation into pandemic planning events, which I'm not aware has been done previously.

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

Dr Heather Payne

Dated: 7 August 2025