

Witness Name: Anna-Louise Marsh Rees
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Statement No.: 1
Exhibits: CBFJC/001 – CBFJC/009
Dated: 09 October 2025

UK COVID-19 INQUIRY – MODULE 10

WITNESS STATEMENT OF ANNA-LOUISE MARSH-REES AND SAM SMITH-HIGGINS

We, Anna-Louise Marsh-Rees and Sam Smith-Higgins, make this statement on behalf of Covid-19 Bereaved Families for Justice Cymru (“CBFJ Cymru”). CBFJ Cymru has been granted Core Participant status by the Chair in respect of Module 10 of the UK Covid-19 Inquiry. This statement is in response to the Inquiry’s request for evidence under Rule 9 of the Inquiry Rules 2006 dated 9 April 2025 in respect of Module 10.

Experiences of Covid-19 bereavement

1. The members of CBFJ Cymru are all personally bereaved - left shocked and scared. At first, we thought we were just unlucky. Then we discovered so many others in Wales had lost loved ones in hospitals and care homes in the same devastating circumstances and without any answers as to why. We joined a ‘UK’ bereaved group, only to realise it was predominantly England-focused, so we started a Wales group on 15 July 2021.
2. Our experience of bereavement has been shaped by Wales-specific circumstances. We decided to use our grief in a positive way - to fight for justice for our loved ones and to achieve seismic change in Wales. We believed that by pouring our energy into change, we would gain some closure. The opposite has happened. Our bereavement has been prolonged and worsened precisely because we tried to influence change.
3. Throughout this statement, we refer to decisions made by the Welsh Government and other official bodies in Wales. We recognise that the Inquiry has considered decision-making within previous modules, and that Module 10 focuses on the impact of the

pandemic on the population. The reason we refer to these decisions is not therefore to ask the Inquiry to consider decision-making within this module, but instead to provide the Inquiry with important context to our prolonged experiences of bereavement. These decisions are a prominent feature of our ongoing grief and, as such, our experiences cannot properly be understood without reference to them.

4. Similarly, some of the events outlined in this statement occurred after the end of the period stated in the Inquiry's Terms of Reference (01 January 2020 - 28 June 2022). However, as specified in the Inquiry's Rule 9 request, the impacts of the pandemic may be long-lasting and for the purposes of Module 10, evidence need not be restricted by this date range. We therefore include them as pivotal developments in our ongoing experiences of bereavement.
5. We came together to support each other, to get answers, and to give our loved ones - who died so silently - a voice. We want anyone reading this to understand the effort and determination it takes to represent the Covid bereaved in Wales, and the repeated blows we have faced at every stage. This is what Covid bereavement is like in Wales.
6. There's a Welsh word, hiraeth, that has no direct English translation. The University of Wales likens it to a homesickness tinged with grief and sadness over the lost or departed. Death can cause this feeling, but as Welsh people, with a devolved Welsh Labour Government, we never imagined our leaders would be the cause of our hiraeth. Not in a melancholy way but with provocation and obstacles that have let down bereaved families in Wales. Our longing is for a government that puts Wales first, ahead of political ambition.
7. We are reluctant campaigners, brought together by mutual grief and the inability to get answers. Nearly five years on, we still represent the Covid bereaved of Wales and speak for our loved ones, but it has been gruelling. We have been repeatedly refused a Wales-specific inquiry by the Welsh Labour Government and have put all our efforts into the UK Inquiry. We are volunteers and have not requested or received a penny in donations and grants.
8. It is a privilege to represent the Covid bereaved in Wales, but as the only non-state Core Participant representing Wales, it is a heavy burden on a small group already living with loss. Every day for the last two years, during the Inquiry's hearings, we have heard shocking revelations. As leads, we have had access to evidence for over three years -

retraumatised by what we've seen, unable to speak of it because of confidentiality undertakings. This is not cathartic; it has not brought closure. Quite the opposite.

9. Many CBFJ Cymru members have firsthand experience of inadequate infection and prevention control within health and social care settings in Wales, which is a key failure that caused high levels of nosocomial infections and deaths. The agonising pain and feelings of betrayal, that we and many of our members felt when our loved ones contracted Covid-19 within a healthcare setting is unfathomable. The lack of adequate IPC, PPE and RPE (deficiencies that remain to this day); the use of agency staff who were moved around different wards, hospitals and Health Boards; the movement of patients from ward to ward, and the delays in introducing testing were all contributing factors, and group members were aware and fearful of these practices and shortcomings.
10. Another common experience of bereaved families, is a feeling of guilt for not doing more or trying harder for a loved one, exacerbated by finding out there was a postcode lottery of different rules and restrictions in different establishments. For example, those who accepted the rules feel that they should have done more and should have been more challenging and persistent, when they hear stories of families who through their tenacity and insistence were allowed to visit a loved one in a care home or hospital.

January to March 2020

11. For most of our group, bereavement began in January 2020. We could see the virus spreading rapidly across continents, yet the Welsh Government did nothing. It was only a matter of time before it reached us.
12. By March 2020, we were seriously worried about our older loved ones. The Health Minister, Vaughan Gething, cancelled non-urgent operations, but large gatherings like the rugby still went ahead. Soon, people began to die from hospital-acquired Covid-19, with a patient at the Irrelevant & Sensitive Hospital becoming the first known case in the UK.
13. We already knew our hospitals were old and crumbling, with staff shortages and long waiting lists. What we didn't know was that the most dangerous places to be during the pandemic would be hospitals and care homes.

Wave 1

14. Those who lost loved ones in the first wave were shocked and uninformed. Loved ones disappeared overnight in Wales - no communication, quick, quiet, lonely funerals and some families were unable to hold funerals in wave 1. It was as if they had never lived. Some care homes and hospitals failed to respond to questions from family members or return belongings of deceased residents.
15. The whole country was locked down, and the silence from hospitals and care homes was deafening. Some were not told that their loved ones were dying or close to death, and many were not contacted until after death. Many were too scared to ask questions, and those who did were met with "It's Covid - suck it up." Our questions were muzzled.

Wave 2

16. Wave 2 felt different at first. After Summer (during which there was complacency about the inevitable second wave) the Welsh Government claimed to have an Action Plan and said lessons had been learned. Everyone knew by then that Covid was airborne and spread asymptotically. There was PPE, testing, and vaccines on the way. We were told it would be fine and that Wales was doing thing 'differently' and presumably, 'better'.
17. It wasn't. It was worse. There were a number of decisions which exacerbated and prolonged our bereavement which, as explained in paragraph 3, we refer to here as important context in understanding our grief. These include: PPE did not protect against airborne spread; regular testing was inconsistent; patients were moved between wards and hospitals without informing families; there was no regular testing of patients and healthcare workers; air quality and filtration in care homes and hospitals still wasn't considered; and dead bodies were moved without notice.
18. Covid bereavement often begins before death - from the moment you're told that your loved one had Covid. In Wave 2, again phone calls went unanswered. When we did get through, nurses and doctors could be unkind or impatient. Many were told their loved one was "fine" on the morning they died. Some were never told death was imminent. One family found their deceased loved one still in the ward with the curtains drawn while breakfast was served to other patients.

19. Visiting rights were a postcode lottery. Even when allowed, nurses and doctors could be callous and unempathetic. Many families were not given basic explanations of palliative care or told it could take up to 48 hours for death to occur. DNACPRs were placed without the required consultation.

Bereavement support

20. Bereavement starts when you know your loved one is going to die - before death, not after. Yet no one cared.

21. A number of members felt that there was a lack of religious representation in the hospital during the pandemic. We understand that there were inconsistencies within the various religious services being offered. Within some hospitals the services of a Chaplain were offered to those who were dying, yet in others they were not allowed to enter a Covid-19 ward. There was a lack of consideration by Welsh Government, in both the pandemic preparation and response, to the religious and spiritual needs the Covid bereaved.

22. There was a total absence of bereavement support, either practically or psychologically, following the death of our loved ones. There is a general consensus amongst our members that the bereaved were simply forgotten about. We feel emotionally isolated and left entirely on our own to process the death of our loved one.

23. We are not aware of any Welsh Health Board that implemented bereavement support processes before or during the first 18 months of the pandemic, despite the National Bereavement Framework for Wales being in place since 2019. Instead of ramping up bereavement support in hospitals when thousands died, they paused work and stepped away. Not one of the Health Board websites was updated with Covid-specific bereavement information, and our members had to navigate the process of registering their loved one's death with all the restrictions in place, with no guidance or support.

24. We learned to deal with the loss, even to accept it - until the events began that prolonged our bereavement. It became bereavement whack-a-mole: just as we coped with one thing, another two would appear.

25. CBFJ Cymru successfully lobbied for two years' funding for a bereavement lead in each Health Board, working with the National Bereavement Steering Group and John Moss (the Bereavement Lead in Welsh Government). This was included in the Welsh Government's

national framework for the delivery of bereavement care, published in October 2021, which stated that commissioners must ensure bereavement services are properly coordinated to provide a consistent level of service to bereaved people. Permanent funding was later agreed. However, some Boards still do not have a bereavement lead in post. We believe that not having a bereavement lead in each Health Board during the pandemic contributed to the lack of bereavement support outlined in the above paragraphs, and the subsequent impact of this on our members.

Complaints processes

26. Many members have had to engage in complex and lengthy complaints procedures following the death of their loved one. Complaints went unanswered or were massively delayed. When responses did come, they were incomplete, inconsistent, and inaccurate. One family received seven different responses, each revealing new, horrific information, such as no oxygen for 40 minutes, which triggered fresh questions that rarely got answered. Some bodies simply refused to respond at all.

27. The lengthy complaints process has prolonged the bereavement of so many members of our group. It has hindered their ability to receive some sort of closure. Families received explanations that were contradictory and distressing information such as DNACPR notices and Treatment Escalation Plans.

28. Members found obtaining hospital and care home notes very challenging. When they did arrive, they weren't in chronological order and often had gaps in the records.

29. There is a lack of a strong voice in Wales on behalf of patients and their families. There is no group that represents hospitals patients in Wales, there was supposed to be Patient Liaison Officers in each hospital but not one of our families were ever aware of them. The role of Community Health Councils (now Llais Wales) is to provide support during the complaints process, but they have little teeth to assist.

Lack of inquests

30. There were no inquests into our loved ones' deaths because they died of Covid. If 15 people died due to a Covid outbreak on a hospital ward, one of which was sadly a nurse, only the nurse had a formal inquest. This is obviously a contentious issue for families. The Ombudsman told us they were "too busy" because of Covid to investigate Covid deaths

and outbreaks. This means we lack answers as to how our loved ones died – even when there were clusters outbreaks in hospitals and care homes, and multiple people died of Covid at the same time and in the same place.

Photography of the dead and dying

31. Our experiences of grief and bereavement have been significantly prolonged by the discovery that photographs of dead and dying Covid patients had been taken within the hospitals where our loved ones died. At least 7,300 photos were taken, with these images published widely including on Twitter, Instagram, within books, websites, YouTube videos and media articles. They were also sold in galleries.

32. The taking and publication of these images was pure sensationalism and in our view there is no justification for their publication. By taking and selling these photographs, individuals continue to profit from the grief of the bereaved. As outlined below, this experience has both exacerbated and prolonged the trauma of the pandemic.

33. Exhibited to this statement are examples of the images taken of patients by healthcare workers [Name Redacted] an Operating Department Practitioner (ODP), and [Name Redacted] with the approval of [Outside of scope] that have been publicly circulated, as CBFJC/001 [INQ000652139] and CBFJC/002 [INQ000652140]. [Outside of scope]

[Outside of scope]

[Outside of scope] These exhibits were compiled by CBFJ Cymru for the purposes of challenging this practice and they contain our commentary in places.

34. They show seriously ill patients who are semi-naked, intubated, and turned and prone. There are also images of body bags, personal belongings (including false teeth), and of bloodied floors. Some patients are clearly identifiable.

35. We find this practice disgusting, and it is another example (similar to the refusal to provide treatment to elderly people) of how the moral compasses of some people working within health and social care settings went so awry during the pandemic. And in this respect we find it surprising that this practice was not challenged by the many healthcare workers who can be seen to be present when the images were taken.

36. Seeing these images was traumatising for families and we carefully considered whether we should bring them to the Inquiry's attention for fear of further sensationalising this issue.

However, we decided that it is important that the Inquiry sees for itself just how inappropriate these images are and how lacking in credibility are the claims that consent to take the images was obtained.

37. The photographs were taken by a doctor and an ODP. One staff member took thousands of photographs. As an ODP, they worked as an assistant in theatre and yet were allowed to access all areas, with a focus on Covid wards and the mortuary (which was an unnecessary IPC risk). Their employer, the Health Board, assigned the role of data controller to the ODP and the doctor, so we live in dread of unseen photographs of our loved ones emerging on each anniversary.

38. CBFJ Cymru challenged Outside of scope for allowing photography of this nature, and received a reply Outside of scope



Outside of scope and the group's members remain disgusted and traumatised by this incident.

39. We complained to the Human Tissue Authority about staff members (photographers) entering mortuaries to take photographs, as there are strict rules on who can access morgues. The HTA investigated the incidents and found the staff members were not properly authorised for HTA purposes to enter the two mortuaries.

40. CBFJ Cymru doubts that such serious and invasive breaches of patient confidentiality and privacy can be justified by the public interest in recording the pandemic. CBFJ Cymru does not expect the Inquiry to determine any individual breaches of data protection and

confidentiality. However, as this is an issue of widespread public concern that has caused deep distress to many families in Wales, we ask that the Inquiry takes it into account.

41. One member's loved one was filmed by a news channel whilst he was being treated with CPAP oxygen; this was so traumatic for his family to see on TV with no discussion or prior warning given. These thoughtless and careless acts intensified the bereavement for many. These photos were taken of the very sick and dying without their permission at a time when their dignity should have been a priority.

Covid commemoration and memorialisation

42. The Covid-19 pandemic was a mass tragedy, causing more than 13,000 deaths in Wales, a tsunami of grief, and it required a government-led healing process. Instead, the Welsh Government offered three memorial woodlands – two of which were inaccessible – and used calls for a “Covid memorial” as an excuse to enforce woodlands on farming land, which was opposed by the NFU Wales and we supported them. We were being used.
43. The North Wales memorial woodland officially launched this year. The southeast memorial woodland is still in progress, and we are not aware of any progress in relation to the southwest woodland area.
44. At an event at one of the woodlands more than two years ago, a Welsh Minister planting a tree later tweeted a photo of himself with mud on his clothes, joking that he shouldn't have worn a suit with the hashtag #SchoolBoyError. There was not a single mention of the Covid memorial. We complained and he later deleted the post and apologised to us.
45. The Welsh Government repeatedly refused to hold a national Covid-19 Day of Reflection event. Research has shown that a national moment of reflection is a powerful way to validate feelings of grief, promote healing, and foster a sense of unity. They also serve as a reminder of the importance of community and shared humanity. The Welsh Government did not respect the national one-minute silence. They even refused community events at their own Covid memorial woodlands. Yet when we organised private gatherings to mark the Day of Reflection, members of the Welsh Government sought to attend. Our request to have a plaque at the woodlands, with the names of those who died, has been refused and our Covid memorial patchwork was refused display at St Fagans.

46. The absence of an official national Covid memorial further prolongs our grief. It is so vital for a nation to heal following a mass public tragedy. Members have told us that by “not organising a proper memorial or place of remembrance in Wales...the sheer way they are still trying to brush it under the carpet like it never happened, is an insult to us all.”

Lessons have not been learned

National Nosocomial Covid-19 Programme

47. CBFJ Cymru campaigned extensively for an investigation into Covid-19 nosocomial infections in Wales, and met with the former First Minister, Mark Drakeford in January 2022 around which time the National Nosocomial Covid-19 Programme was announced.

48. The Welsh Government’s press release from 26 January 2022 (which remains available online) states as follows:

“More than £4.5m is being invested into a programme investigating hospital-acquired Covid-19 infections in Wales.

Health Minister Eluned Morgan has pledged that all incidents of COVID-19 caught in hospitals will be investigated and lessons will be learnt to reduce the chances of it happening to anyone else.

The funding will go towards supporting a framework used by health boards to report and investigate hospital-acquired infections. Wales is the only nation in the UK to record every incident of a hospital-acquired infection - also known as nosocomial infections - via the ICNET database.

The investment over two years will support health boards and the NHS Delivery Unit to take forward an important and complex programme of investigation work into cases of hospital-acquired COVID-19.

Throughout the pandemic the NHS in Wales has worked incredibly hard to do all it can to keep the virus out of hospitals and to protect people being cared for, often in very difficult circumstances.

This has included rigorous infection control procedures in place in all NHS settings, including hospitals; free PPE available to all NHS and social care services; extensive guidance issued about social distancing, bed spacing, staff and patient testing, ventilation and mask wearing; and multiple checks undertaken by health boards, Healthcare Inspectorate Wales and the Health and Safety Executive.

However, despite the best efforts of healthcare staff doing their utmost to deliver care and prevent transmission of a highly infectious virus, and all these measures being in place combined with prioritised testing of healthcare workers, COVID-19 infections have been contracted in hospitals.

They account for around 1% of all COVID-19 infections. Very sadly, in some cases, some people have come to harm or died after acquiring COVID-19 in hospitals.

NHS Wales has been committed to investigating hospital-acquired COVID infections throughout the pandemic, with families affected encouraged to contribute to the “Putting Things Right” process and The Nosocomial Transmission Group set up in May 2020 to help prevent infections through learning and publishing a national framework in relation to patient safety incidents of hospital acquired COVID-19.

Health Minister Eluned Morgan said:

Our NHS in Wales has worked incredibly hard to keep the virus out of hospital settings, but unfortunately it has been impossible to achieve this.

With high rates of community transmission outside of hospitals during various periods of the pandemic, it has been a monumental task to prevent COVID-19 entering our healthcare settings and spreading to those receiving care in them. We know that in some cases patients have experienced harm or died after catching COVID-19 in hospital settings, and we are deeply saddened by all those who have been affected by this.

We are investing in this framework as we are determined to not only investigate into every case of hospital-acquired COVID-19 infection, but learn why it happened so we can do everything in our powers to prevent it from happening

again. It will also be reviewed in two years due to the evolving nature of the pandemic.”

49. It will be seen from this press release that the Welsh Government made the following claims:

- a. that Wales was the only UK nation to record every incident of a hospital-acquired infection;
- b. that all incidents of Covid-19 caught in hospitals will be investigated;
- c. that the £4.5 million investment (per year over two years, totalling £9 million) was for the purpose of supporting Health Boards and the NHS Delivery Unit to take forward an important and complex programme of investigation work into cases of hospital-acquired Covid-19; and
- d. that the NHS in Wales did all it could to keep the virus out of hospitals.

50. When the National Nosocomial Covid-19 Programme was announced, we were overjoyed. Some of us cried with relief. Deputy Chief Medical Officer Chris Jones told us in a meeting that he had advised the Welsh Government that all deaths from nosocomial infection needed to be recorded as a Patient Safety Incidents, hence the need for individual responses.

51. However, we quickly became frustrated at the lack of progress with the Programme, and we made a number of Freedom of Information requests, which was the only way we could obtain information. Outside of scope

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52. Our fears about the adequacy of the investigations have unfortunately been realised. Only those who had made a complaint got a report, and an investigation into every incident of a hospital-acquired infection has not taken place despite the “pledge” to do so by the then Health Minister and now First Minister, Eluned Morgan.

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58. The inadequacies of the report and the absence of specific findings have shocked bereaved families in Wales, who had understood that the Programme would include a comprehensive investigation of the circumstances of individual deaths following a nosocomial Covid-19 infection.

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63. The abject failure of the Programme is a glaring example of the failure of the Welsh Government to live up to their lofty rhetoric and promises and it has prolonged our bereavement.

Care Home Investigations

64. We were promised a care home investigation by Mark Drakeford during a face to face meeting with him at Welsh Government buildings on 30 August 2022. He agreed that “just because it is difficult, it doesn’t mean it shouldn’t happen”. To date nothing has been delivered. We sent 18 chaser emails following the meeting, and all that was done was that the Welsh Government issued a form to advise care homes on how to deal with complaints.

65. As outlined at paragraph 3, we are not asking the Inquiry to examine government decision-making within this module or to determine whether and in what circumstances false promises were made about a care home investigation. We instead include this issue as an example engagement with the Welsh Government, particularly the failure to match rhetoric with action, has exacerbated and prolonged our experiences of grief and bereavement.

Public Charter

66. The Welsh Government did not consult us or invite us to the launch of The Charter for Families Bereaved by Public Tragedy, despite CBFJ Cymru being the main group lobbying for bereavement rights in Wales. They invited representatives from Manchester Arena and Grenfell - both outside Wales - but not us. We were advised this was because Covid-19 is not considered a public tragedy and the charter (including its duty of candour) only relates to one-time events.

Media

67. The media loved our “sad” stories early on, but any Wales specific observations and criticisms were cut. Now there is no coverage of Covid-19 issues in Wales, silencing us and protecting the Welsh Government, and we feel like a lone voice seeking to hold the Welsh Government to account for their failures.

Welsh Government in the UK Inquiry

68. The experiences included within the statement are for the purposes of enabling the Inquiry to understand our experience of grief and bereavement, and the ways in which we have been re-traumatised. This includes the lack of candour and meaningful reflection shown by the Welsh Government within the UK Inquiry.

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71. The group understands that the Inquiry has and continues to work at pace, yet engagement with the Inquiry as a core participant can be exhausting, requiring stamina and tenacity. In addition, constantly re-living the events of the pandemic and our bereavement brings re-traumatisation, and makes it difficult for us to move on (leaving us suspended in grief).

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Preparation for the next pandemic

77. Despite multiple submissions to the Inquiry, we have no confidence that Welsh Government is prepared for the next health emergency. As one member said:

“I have no confidence that the next pandemic will see any better outcomes which is the thing that now matters most to me. It killed my father, meant I couldn't be at my mother's deathbed, and came too damn close to killing me. But all anyone focusses on is small details. We need to ensure we are ready next time”.

78. Everyone said, “lessons must be learned,” but all routes to genuine learning were shut down. Instead, “listening exercises” were conducted with the aim of proving “what a good pandemic Wales had”.

Summary

79. We are no longer grieving just the circumstances of our loved ones' deaths, we are traumatised by the refusal of our government to act or learn. We have met respectfully with every organisation that could improve Wales, yet our efforts have been dismissed.

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Outside of scope

81. To witness how these older people, who contributed so much to our country throughout their lives, and who were so fiercely proud to be Welsh, were disregarded and deprioritised is heartbreaking.

82. To know that there is no contrition and no accountability and therefore no possibility to learn from the mistakes made, is desolating and compounds our grief.

83. Trust in the Welsh Government, NHS Wales, and the regulators is broken. We will not let our loved ones be erased from history. Silence will not win. We will keep fighting until change comes.

Statement of Truth

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

Signature: Personal Data

Name: Anna-Louise Marsh-Rees

Date: 9 October 2025

Signature: Personal Data

Name: Sam Smith-Higgins

Date: 9 October 2025