



4 May 2023

Charlotte Whittaker  
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Dear Ms Whittaker

**UK Covid-19 Inquiry Module 2B - Request for evidence reference M2B/CFW/01**

Please find below our response to the questionnaire sent to our Chair, Mario Kreft. This response covers those details we have been able to assemble in the time available. We also attach, and refer to in our response, timelines for 2020, 2021 and 2022 which detail salient decisions, meetings, communications media interviews and press releases from a Care Forum Wales perspective. No part of our response should be considered completely comprehensive as it has not been possible to review all the extensive materials we hold. We would be happy to answer additional queries, provide links to press coverage etc if requested.

*1. A brief overview of the history, legal status and aims of the organisation or body. Please explain whether the work of the organisation or body is UK wide, or is instead confined to Wales only.*

Care Forum Wales was established on 1st March 1993 to give health and social care providers a collective voice in the debate about how to provide the best outcomes for those who need social care. We are a Private Limited Company by guarantee without share capital. We have over 400 members, who are registered care providers in Wales. Our council is made up of individuals representing member organisations and our officers are elected from council members. We work closely with the Welsh Government, commissioners and regulators, on behalf of our members, to shape policies that focus on making sure people receive high-quality care. We support members in providing high-quality social care and share best practice, information and resources and work with the media on care issues. Our members all operate in Wales; some also operate in other parts of the United Kingdom. We are also part of the Five Nations Care Forum <http://www.fivenationscareforum.com/members/> bringing together similar organisations from across the UK and the Republic of Ireland and we jointly employ a part time policy adviser with the Homecare Association.

*2. A brief description of the group(s) which the organisation or body supports or represents.*

Our members provide registered care services in Wales. These include both care homes and domiciliary care and their client groups include older people and younger adults. Our



members include small family run businesses, small and medium enterprises, larger corporate organisations, housing associations, charities and local government providers. They provide care for both state funded clients and private payers. We are also key members of, and currently provide the secretariat to and co-chair of Wales' National Provider Forum, which hosts the Expert Reference Group on domiciliary care. Through the National Provider Forum we work with Community Housing Cymru, Cymorth Cymru and the Homecare Association.

*3. A brief overview of the work of the organisation or body in supporting or representing the relevant group(s) between January 2020 and May 2022 as it relates to the response to Covid-19 of the Welsh Government.*

We first raised our concerns verbally, in particular about guidance for the care home sector on covid-19, in a meeting of the Welsh National Commissioning Board on 10 February 2020. We subsequently wrote to the Chief Medical Officer on 26 February requesting guidance and followed up with a more specific set of queries on 2<sup>nd</sup> March following the issuing of initial guidance by Public Health England. Our 2<sup>nd</sup> March email was also copied to the Deputy Director for Social Care in Welsh Government, the Chief Inspector of Care Inspectorate Wales and the Chair of the National Commissioning Board. We received a response on 10<sup>th</sup> March. This correspondence is attached.

Our Chair and Chief Executive attended the first weekly meeting of Welsh Government's Covid Response Group on 6<sup>th</sup> March and on 12<sup>th</sup> March 2020 we established a WhatsApp group for our members to facilitate quick transfers of information and an opportunity to ask questions. Our regular monthly emails become much more frequent as guidance changed, eventually settling down to weekly. We also hosted online seminars e.g. with employment lawyers to enable our members to access the latest advice.

Throughout the period concerned we attended regular meetings with Welsh Government, regulators, commissioners and others, such as Public Health Wales, on pandemic related issues. Timelines including national meetings are attached as referred to in our introduction. We also attended regional or local meetings where facilitated and we were invited. We were able to feed back the experiences of members from the frontline, highlight difficulties in policy or the implementation of policy and ensure our members were kept informed of changing guidance. On some occasions we undertook surveys of our membership on specific issues.

In the initial stages of the pandemic our work focussed on infection prevention and control and in particular PPE and testing as well as funding. As things progressed and issues around PPE and testing were resolved or became routine, we also focussed on workforce issues and vaccinations.



We also gave responses and highlighted appropriate issues in the media.

*4. A list of any articles or reports the organisation or body has published or contributed to, and/or evidence it has given (for example to Senedd Select Committees) regarding the impact on the group(s) which the organisation or body supports or represents of the response to Covid-19 by the Welsh Government. Please include links to those documents where possible.*

Please see the attached timelines for 2020, 2021 and 2022 which cover national meetings and most media work. We gave evidence to the then Assembly Committee's Inquiry on 7 May 2020: the transcript is here <https://record.assembly.wales/Committee/6198> with our section starting at 11 am and the video of our session is 1 hour and 29 mins in here <http://www.senedd.tv/Meeting/Archive/6f9a474d-a389-46e2-a6e1-125032005424?autostart=True#> . Our written evidence is here <https://business.senedd.wales/documents/s102054/C45%20-%20Care%20Forum%20Wales.pdf>

We also attach the report on a SWOT analysis of the early months of the pandemic which we produced with National Provider Forum colleagues, following an online workshop with providers, in July 2020.

We also gave evidence to the Senedd Cross Party Group on Hospice and Palliative Care inquiry on end of life care during the pandemic <https://www.hospiceuk.org/latest-from-hospice-uk/welsh-inquiry-examines-end-life-care-during-pandemic>

*5. The view of the organisation or body as to whether the group(s) it supports or represents was adequately considered when decisions about the response to Covid-19 were made by the Welsh Government. Please also explain the reasons for the view expressed by the organisation or body in this respect.*

We would see there as being three phases. Initially, in the period to early March 2020 we felt that, like UK Government, Welsh Government and associated bodies were under prepared for what was about to hit, focussed on the implications for the NHS and were slower to respond to the concerns of the care sector. No pandemic planning had been undertaken with our organisation for over a decade and institutional knowledge had been lost. Opportunities were missed to move hospital patients into care homes, as a matter of priority, before covid-19 was in wide circulation. Messages were given to care homes locally that they would be "on their own" with residents not being transferred into hospital. This was particularly concerning to residential homes who unlike nursing homes do not have medically qualified staff on the premises and are not accustomed to dealing with dying residents to the same extent.



From early / mid March 2020, when Covid-19 did hit we were involved in discussions and able to influence decision making with an understanding of the practicalities of the issues facing the care sector. Issues were often not straightforward to solve but from the first meeting of Welsh Government's Covid Response Group on 6<sup>th</sup> March 2020 we were round the table, able to feed in issues and our contributions were listened to and acted on albeit not always as quickly as we might have liked. Our initial concerns focussed primarily on testing, PPE and funding for the sector. But there were also concerns about, for example, smaller care homes who bought food in supermarkets being able to access enough to feed residents. Such concerns were taken up by Welsh Government officials and our questions were listened to, worked on and we were kept up to date on progress. However, during this phase we would still see, for example, guidance being issued by Public Health England followed a few days later by adapted versions from Public Health Wales. This meant that care providers were already following the Public Health England guidance in the absence of anything else and it often required a side by side reading to determine whether there were any substantive changes.

As the pandemic progressed Welsh Government took more of a lead in developing its own policies rather than waiting for UK Government policy and adapting. It had become clear to us, and to the Welsh Government officials, we were working with that we couldn't just rely on UK Government decision making and assume issues in Wales would be appropriately considered. This became clear very early on when PPE suppliers had all their stock commandeered for English providers and they would no longer supply Welsh customers. Since other suppliers were not taking on new customers this created serious problems. When decisions were being taken in Wales we had ready access to Welsh Government officials, were involved in detailed discussions around the development and implementation of policy relating to the sector and were able to influence that appropriately e.g. around the delivery of the vaccination programme within JCVI parameters.

*6. Whether the organisation or body raised any concerns about the consideration being given to the group(s) which it supports or represents with the Welsh Government, when the Welsh Government was making decisions about its response to Covid-19. Please provide a list of any such correspondence or meetings with the Welsh Government, including the dates on which the body or organisation wrote or such meetings were held, to whom the correspondence was addressed or with whom the meeting was held, and any response received from the Welsh Government addressing such concerns.*

See the attached timeline and initial correspondence referred to in response to question 3. Initially there was considerable pressure from individuals within the NHS to discharge people to care homes without testing or adequate protections including PPE. We were able to work with Welsh Government officials and Care Inspectorate Wales in particular, to ensure that the risks in the sector were better understood.



*7. A brief summary of the views of the organisation or body as to any lessons, if any, that can be learned from any consideration which was given to the group(s) that the organisation or body supports or represents by the Welsh Government when they were making decisions about their response to Covid-19*

**Crisis planning beforehand could have been improved and taken more account of the issues for the care sector**

As we have said earlier no pandemic planning had been undertaken with us for over a decade. Many of those we were dealing with and indeed some working directly in the sector were not immediately aware of the potential implications for the sector and those vulnerable people it cares for.

**Better sustainability of and respect for the Care Sector going into the pandemic would have meant better outcomes**

As the First Minister said on BBC Wales in May 2020, the sector was fragile going into the pandemic. The lack of resilience in terms of both finances and staffing made issues during the pandemic harder to deal with. The pandemic brought to the fore the vital work the sector does in caring for some of the most vulnerable in society and we must not lose the importance of recognising that and supporting it appropriately. Unfortunately, as the rest of society moved back to normal and the care sector wasn't able to due to understandable continuing infection prevention and control measures this seems to have been lost. We talk about local implementation below, but we found this worked best where existing relationships with commissioners were good. We also saw issues with a lack of respect for social care's professionalism and some health colleagues in particular automatically assuming care homes were at fault when a covid-19 outbreak occurred.

**Health professionals need greater understanding of the sector**

While most officials within Welsh Government that we dealt with had an understanding of the sector we found the interface with health professionals too often to be particularly challenging. Public Health guidance for the sector seemed to either follow that for NHS staff or prisons (another closed setting!). This meant it was not always appropriate to the needs of the sector. We found a particular lack of understanding of those who work in the sector often not being able to drive or have their own cars meaning that there were unrealistic expectations on how people would get to work, or how people could travel for testing for



example. In some cases there were also issues with GPs refusing to visit care homes where we had to work with Welsh Government to improve access.

**Decision making on a once for Wales basis with appropriate local flexibility would have been better than letting a thousand (or twenty two or twenty nine) flowers bloom**

Wales is a small country with twenty two local authorities and seven Health Boards. Too often local discretion leads to duplication in decision making without the capacity to properly support it. Differences in implementation are often not down to local circumstances or political choices but fairly random choices of officials tasked with implementation at a local level. As an example, funding was agreed for the sector by Welsh Government in April, but when we gave evidence to the then Assembly in May it was still not reaching the sector. The initial tranche of funding gave total discretion to local authorities and while some were focussed on ensuring the sector had the support it needed to continue, others put in place slow and bureaucratic mechanisms for distribution which care providers did not have the capacity to deal with. This also presented particular difficulties for providers who worked across local authority boundaries who were having to deal with different systems. This was recognised in later versions of the scheme which had base expectations for funding the sector's increased costs with local discretionary funding on top. Getting money into those parts of the sector who were predominantly funded by health was even slower, patchier and more messy. This also occurred with infection prevention and control measures with some areas or regions taking decisions to go further, or with different expectations from national guidance.

**Communication and timing of policy changes, expectations around implementation and version control could be improved and streamlined**

In the early stages of the pandemic in particular we found guidance was changed rapidly as more was learnt about Covid-19 and everyone was keen to implement the most up to date guidance as quickly as possible. There was a lack of understanding about which announcements from UK Government applied to Wales and which did not – and UK Government did not make this clear in its communications. However, there were also communication difficulties within Wales, particularly when guidance was issued (as was frequently the case) on a Friday and even more so on a Friday at the start of a bank holiday weekend. We had established mechanisms, primarily through WhatsApp, to supplement our email communication and ensure providers were aware of the new guidance as soon as possible and could ask questions and share experiences. However, frequently our members were contacting local officials in local government or health who were unaware that new



guidance had been issued and were being directed back to the previous guidance. We were then contacting these officials directly and sharing the new guidance with them on behalf of our members. Public sector internal communication mechanisms need to be updated to work in real time! This was even the case with the helpline Public Health Wales had established to deal with queries from “closed settings” – care homes and prisons! There are, of course always going to be questions about how long it takes from a decision to change policy to implement the change but, particularly in the early stages when lives were at risk it didn’t always feel as though implementation was prioritised. Similarly, guidance was often not issued until it was due to be implemented – this was the case with the various funding schemes for example – making it difficult for providers to plan. At later stages, our members were frustrated when, for example, changes to visiting restrictions were announced on the Friday before Mother’s Day with the guidance being issued after the announcement but families understandably expecting immediate implementation.

We also experienced difficulties with version control not always being made clear on changed guidance documents meaning someone had to read both side by side to identify the changes.

**Policy making needs to take into account bad actors**

We were involved in detailed discussions on a number of policy decisions and their implementation e.g. additional funding for the workforce and care home visiting. This was always undertaken with the best of intentions, but we did sometimes feel there was an expectation that citizens would behave like those rational, policy evaluating people in the room. This was particularly evident on visiting where there was an understandable desire to open up care home visiting, but often with little recognition that our members were dealing with potential visitors who were refusing to abide by infection prevention and control measures. This issue was exacerbated by care providers feeling exposed by lack of insurance cover for covid-19. We worked on insurance issues with Welsh Government and the Five Nations Care Forum to try to influence UK Government on insurance issues but were unsuccessful.

Yours sincerely

**Personal Data**

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