

Witness Name: Helen Thomas

Statement No.: 2023/01

Exhibits: Not applicable

Dated: 24<sup>th</sup> July 2023

## **UK COVID-19 INQUIRY**

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### **WITNESS STATEMENT OF HELEN THOMAS, CHIEF EXECUTIVE OFFICER, DIGITAL HEALTH AND CARE WALES**

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I, Helen Thomas, will say as follows: -

#### **Background and qualifications**

1. I began my career in the NHS over 30 years ago, initially working in finance, moving into health information in 2000, gaining wide health informatics experience across a number of senior roles over the last 20+ years. I hold an MSc in Health Informatics from Swansea University and am a leading practitioner of the Federation of Informatics Professionals, a fellow of the British Computer Society and a Professor of Practice at University of Wales Trinity St David.
2. Digital Health and Care Wales was established as a Special Health Authority within NHS Wales on 1 April 2021.
  - 2.1 During the specified period of 21 January 2020 to 30 May 2022, I held the position of Interim Director of the NHS Wales Informatics Service (NWIS), a hosted organisation within Velindre University NHS Trust – until January 2021, Interim Chief Executive, Digital Health and Care Wales (DHCW) – from January 2021 until May 2021 and finally Chief Executive, Digital Health and Care Wales from May 2021 to the present day.

2.2 I was appointed as the Interim Director of NWIS on 1st December 2019 with the following specific responsibilities (which apply to the part of the specified period between 21 January 2020 and January 2021):

- the overall organisation, management, staffing and delivery of NWIS and any matters of finance;
- ensuring that all items of expenditure, including any relevant payments to staff, fall within the legal powers of Velindre University NHS Trust;
- acting within the Scheme of Delegation;
- ensuring arrangements are in place for the exercise of NWIS functions;
- prudent and economical administration;
- ensuring that assets are properly safeguarded;
- ensuring that policy proposals take into account financial considerations;
- ensuring that risks to the achievement of the delivery of NWIS' objectives and fulfilment of my delegated statutory responsibilities on behalf of Velindre University NHS Trust are identified, that their significance is assessed, and that a sound system of internal control is in place to manage them;
- implementing an appropriate framework of assurance covering all business;
- ensuring internal assurance (professional practice of Internal Audit as adopted by the NHS in Wales);
- ensuring appropriate counter fraud arrangements;
- co-operating fully with external auditors;
- signing NWIS' memoranda accounts, where appropriate, on behalf of Velindre University NHS Trust;
- ensuring Velindre University NHS Trust receives appropriate details regarding the NWIS accounts to enable them to incorporate all relevant details into the accounts for their organisation, and, in doing so, enable the Velindre University NHS Trust Accountable Officer, where appropriate, to accept personal responsibility for their proper presentation fully supported by sound financial procedures and records, and in accordance with the Local Health Board/Trust Accounts Directions issued by Welsh Ministers; and

- ensuring that losses or special payments are properly identified and handled in accordance with defined requirements.

2.3 I was appointed as the substantive Chief Executive of DHCW on 8<sup>th</sup> May 2021 with the following responsibilities (which also applied to the period from January 2021 until May 2021, when I was appointed as the Interim Chief Executive of DHCW):

- Accountable Officer for DHCW with full responsibility for the development and management of DHCW. To lead, manage and develop a positive culture and environment within DHCW.
- Leading major change, shaping new ways of working, and further developing the functions of the organisation.
- Providing strategic leadership, direction and expert advice on digital services, giving assurance to stakeholders that the organisation is agile, fit for future purpose, safe and resilient, offers value for money and enables delivery of the key business objectives.
- Working collaboratively across NHS Wales.
- Supporting innovation through new and emerging technologies and ensuring appropriate strategies and plans to deliver are aligned to the organisation's longer term strategic ambitions, and delivery of the Integrated Medium-Term Plan (the key planning document that sets out DHCW's goals to support frontline staff with modern systems, deliver new digital solutions, use data to provide insight and help Welsh citizens manage their own health and to protect our valuable digital assets).
- Providing top level leadership, vision and strategic direction and management across all aspects of DHCW's activities and ensuring that all required decision making, control, delivery and development systems are in place.
- Providing advice to the DHCW Board on all elements of DHCW's business and specifically on matters, relating to probity, regularity and administration.

### **Initial response to the pandemic January – March 2020**

3. I received a letter from the Chief Medical Officer (CMO) on 25<sup>th</sup> January 2020 advising of the need to be prepared to respond to a High Consequence Infectious Disease (HCID) as a result of the emergence of the novel coronavirus in China. NWIS were then invited to attend the Health and Social Services Group Coronavirus Planning & Response Group on 20 February 2020. This Group was established by Welsh Government's Health and Social Services Group to provide strategic coordination and support to the NHS bodies in Wales, and it was helpful that even though NWIS was a hosted body at that time, we were invited to attend. Initially the group met in-person and met on a weekly basis. On 3 March I had sight of the published UK Coronavirus Plan and the following week, I was invited to attend Chief Executive Coronavirus Briefing calls that were taking place three times a week. The Covid-19 Digital Cell (co-chaired by myself and the Welsh Government Health and Social Services Group (HSSG) Director of Technology, Digital and Transformation) was established on 16 March 2020 to consider the digital support needed by local health organisations and to discuss options to address central Welsh Government requirements.
4. Responding to guidance issued by Welsh Government, DHCW took the decision to move to remote working prior to the announcement of 'lockdown' therefore I firmly believe Welsh Government properly appreciated the seriousness of the threat Covid-19 posed and took appropriate steps in response to minimise the threat. There were frequent, timely and useful communications from Welsh Government.
5. I supported the decision to lockdown in Wales at the end of March 2020 and feel that it was the most appropriate response at the time to the threat the pandemic was posing, bearing in mind the information available. I do not have any further comment on the timing of lockdown as it had much more impact on provider/patient facing organisations than my own organisation.
6. I was not approached by Welsh Government for advice regarding the management of Covid-19 in Wales but did provide information and data, for

example SITREPs (Situation Reports) responding to Welsh Government requests for information on Hospital Activity, Capacity, Bed Occupancy (as well as many other specific topics), when requested to do so that may have contributed towards decision making by others. I was part of regular Chief Executive briefings with the NHS Wales Chief Executive Officer/Director General & Chief Medical Officer.

7. DHCW had no involvement regarding the decisions of the Welsh Government in respect of international travel and border control and consequently, holds no information in relation to this.
8. I do not feel able to comment on the alignment of UK and Welsh Government decision making as I was taking direction/guidance in relation to the services for which I am accountable from Welsh Government and not the UK Government.

#### **Overview of the relationship with the Welsh Government as Interim Director of the NHS Wales Informatics Service**

9. As Interim Director of NWIS, I held responsibility for the delivery of national digital infrastructure and applications with the following functions listed as core activities (these are areas consulted upon as part of the transition from NWIS to a Special Health Authority hence the references to DHCW):
  - Application Development and Support - DHCW will be a source for application and platform development within an ecosystem of other developers across Health & Care and commercial partners.
  - Digital Services design, commissioning, planning & delivery - DHCW will support the delivery of new technologies and software across the Health and Care Sector in Wales.
  - Information and Communications Technology - DHCW will play a key role in the provision of IT services and infrastructure to support national services used across the Health and Care sector in Wales.
  - Quality Management & Regulatory Compliance - DHCW will be a source of quality management and regulatory compliance guidance to ensure that digital solutions and services used across the Health and Care Sector

in Wales are of the necessary regulatory quality in order to provide safety for patients and professionals, ensuring patient information is treated with the appropriate governance.

- Information Management - DHCW will be the central, recognised Trusted Third Party for Health and Care data, information and intelligence about and/or arising from the provision of Health and Care services in Wales.
- Information Governance - DHCW will support development and maintenance of a national Information Governance Framework which supports Health and Care Information Governance policy in Wales.
- Cyber Security - DHCW will provide a strategic Cyber Security function on behalf of Health and Care in Wales and will be the liaison with other home countries and the National Cyber Security Centre.
- Finance and Business Assurance - DHCW will ensure that all of their financial risks and savings are recognised and managed. DHCW will manage its delegated budgets and will make decisions in accordance with the detailed arrangements within the annual remit letter.
- Reporting Services - DHCW will be responsible for the dissemination and use of data collected by national IT systems.
- Workforce Improvement - DHCW will assist Health Education and Improvement Wales (HEIW) to provide digital workforce transformation, education and improvement.

9.1 I led the development of the NWIS response plan. This included standing up our emergency response structures to deliver the key Covid-19 digital response priorities. The functions of my role did not change but the focus and priorities changed in order to provide relevant digital and data and technological responses to the pandemic.

10. NWIS primary role was to provide technology, digital and data services to NHS Wales although it should be noted that there are digital solutions used by NHS Wales that are managed locally by Health Boards/Trusts. In response to the pandemic, we were able to develop new, and scale up a number of existing services principally to enable the NHS workforce to continue to operate (i.e. remotely) and deliver priority services. As part of the response to the pandemic

(and falling under Digital Services, Information and Communications Technology and Information Management so within the remit above), the organisation delivered numerous services, including the following:

Principally to support home working:

- Remote GP Desktop – enabling GPs to access their GP Systems from alternative locations/home.
- Additional VPN (Virtual Private Network) tokens for NHS Wales.
- Additional bandwidth for NHS Wales.
- Mobile app for Consultants to view diagnostic reports remotely.
- Video Consultations for Outpatient Appointments.
- Roll-out of Office 365 across NHS Wales.

Application & Data Services:

- Electronic Test Requesting for Covid-19 – to improve efficiency in the covid testing centres.
- Covid-19 Dashboard Reporting.
- Information to support the identification of vulnerable groups.
- Rapid Covid-19 Death Notifications.
- Health Board Covid-19 Test Results.
- Provision of NHS Wales infrastructure to additional sites managing the response (e.g. Field hospitals and covid testing centres).
- Public Health Website re-platforming.

10.1 NWIS, prior to the pandemic, engaged with Welsh Government primarily through the Welsh Government Digital Team of the HSSG. I, and members of my organisation, regularly attended the following meetings/forums:

- National Informatics Management Board (chaired by the Minister).
- Informatics Planning and Delivery Group.
- Monthly NWIS/WG Meetings.
- Monthly meetings between myself and the Director of Technology, Digital and Transformation, Health and Social Services Group.

There were also meetings set up to address specific projects such as the Data Promise, National Data Resource and other new initiatives.

11. Based on reports from the World Health Organisation and other sources about the emerging global pandemic, in February 2020 NWIS started to list and identify all existing and potential data sources (including coding capture options) that could be useful to ensure arrangements were in place to monitor and manage Covid-19 in Wales. Guidance was also issued to Welsh Health Boards, Trusts and primary care (GPs) by NWIS on those clinical and diagnostic codes and nomenclatures to be used to capture Covid 19 related data.
- 11.1 Clinical coding is an essential healthcare function and involves the translation, capture and storage of all key medical information (for example patient diagnosis, treatment, disease status or outcome) related to an inpatient episode of care into a standardised alphanumeric digitised coding format defined by the World Health Organisation and other regulatory clinical bodies. These codes are designed to be used for statistical purposes at organisation, national or international level. The assignment of clinical codes is carried out by clinical coding departments in each Health Board or Trust. The provision to the Welsh NHS of Clinical Coding guidance, support, data quality and training resources is a key DHCW function, performed by the national Classifications and Terminology Standards team on behalf of Welsh Government.
- 11.2 For any significant condition or treatment, such codes have to be issued and used effectively across the NHS for consistent and accurate recording, storage, analysis, reporting and management of health data. This is especially so for any new disease not previously recorded, ensuring effective Clinical Coding for all aspects of Covid-19 was, therefore, a vital element of our pandemic response. From February 2020 onwards, following the issuing by the World Health Organisation of 'Emergency Use ICD (International Classification of Disease) Covid 19 codes' the DHCW Clinical Coding Team worked with other DHCW functions and the NHS to ensure that appropriate coding arrangements were in place and being used across the NHS in Wales. The range and scope of codes deployed increased as knowledge of the disease, treatments and outcomes grew. In addition, the standards used to



ensure consistent application of those codes changed over time as more became known about Covid-19.

- 11.3 Discussions commenced with Welsh Government leads and other colleagues (such as Public Health Wales (PHW) via data sharing group), regarding data NWIS was holding.
- 11.4 Requests for information were received from a range of sources, including, but not limited to, Welsh Government Policy Leads, the NHS Wales Delivery Unit and Public Health Wales.
- 11.5 In response to a request from Welsh Government, work on identifying cohorts of Welsh 'vulnerable groups' (to be subsequently known as 'shielded patients') commenced in March 2020, initially based on patient demographics but with algorithms used of increasing complexity to identify those with comorbidities. The organisation's role was to ensure that a clear specification was in place and then to identify those individuals based on the specification.
- 11.6 The collection of data did change over the course of the pandemic in line with the response, with the implementation of a number of new data collections, plus the ramping up of the frequency of collection of a number of existing datasets, with certain datasets needing to be refreshed on a daily or hourly basis.
- 11.7 There were also examples of more bespoke data requirements, in which, for example, specific condition and medication-based (patient-level) data needed to be pulled from Primary Care and Hospital Pharmacy systems in order to identify individuals who needed to shield, or who were eligible for certain high risk priority groups for vaccination, or who were eligible to receive antiviral drugs following a positive COVID test.
- 11.8 By the time the Covid Vaccine was developed we collected further data from Primary Care to assist with the cohort identification work that was necessary so that citizens could be offered the vaccine according to their grouping.

- 11.9 Control of Patient Information (COPI) regulations enabled teams to act quickly and collect relevant data to support the Covid response. Furthermore, the collective focus and efforts going into the Covid response helped to expedite packages of work that would otherwise have taken much longer. The position was evolving, and we needed to be very reactive to changing requirements.
- 11.10 A prototype Covid-19 Datahub and Datastore (utilising existing Data Warehouse and reporting systems) was compiled on the expectation such products would be required to capture, process and deliver information to Welsh Government and NHS organisations. This work developed at pace with daily agile meetings and presentations to the PHW: NWIS Covid Data Sharing Group and NWIS Management Team. The first version was formally released to NWIS leads on 24<sup>th</sup> April 2020 and to Welsh Government and the wider NHS the following week.
- 11.11 Much of the data was derived from existing operational and reporting systems – but for some, notably 111, Out of Hours and GP systems, ETL (Extract, Transform and Load) feeds to the NWIS National Data Warehouse and Covid Datastore were established.
- 11.12 Separate and more formally commissioned workstreams were also taken forward to capture and report on Covid-19 Lateral Flow and PCR testing data and Vaccination and Immunisation Delivery via the Datahub and the provision of specific Data Warehouse views and extracts provided to Health Boards, Trusts and PHW.
- 11.13 The need to capture timely Covid-19 related mortality data derived from all settings (hospital, home and care homes) was soon established as a major priority for NWIS. The following actions were taken to enable this:
- Work with Office for National Statistics to enable the move from weekly to daily death notification provision.
  - Death derivation from our Welsh Patient Administration System Master Patient Index and the Welsh Demographic Service.

- A Covid-19 Welsh Clinical Portal (WCP) based eForm to enable real-time capture by clinicians.
  - Capture of deaths from care homes.
  - An 'integrated mortality' view bringing all these sources together. We were advised and aware that the data was being used to inform the Covid-19 response.
12. NWIS and PHW established (from 18th March 2020 onwards meeting on a weekly basis) a Covid Data Sharing Group (referred to previously) with membership that expanded to include representation from Welsh Government including Knowledge and Analytical Services (KAS) and the NHS Wales Delivery Unit (DU). This group was set up to receive and process, at speed, requests for the capture and reporting of Covid-19 data via coordinated working across the organisations represented. This group fed into the Data & Epidemiology Group and played a key role in taking forward many of the key Covid-19 reporting projects including the Datahub.
- 12.1 With the need for more real time hospital activity information, processes to capture information from Health Boards and daily Covid-19 SITREPS reports were also developed by NWIS working with NHS Wales Delivery Unit and Welsh Government Policy leads. The content of these included data on key aspects of patient activity, admissions, bed use, length of stays, ICU and specialist treatments and other resource availability and utilisation measures.
- 12.2 NWIS delivered what it was asked to do and in respect of sitrep reporting, co-ordinated all of the responses from the Health Boards for Welsh Government.
13. I can confirm that NWIS were not represented on the Technical Advisory Group or any of its sub-groups.

### **Overview of the relationship with the Welsh Government as Chief Executive of Digital Health and Care Wales**

14. As Chief Executive of Digital Health and Care Wales, I have responsibility to deliver services, as set out in the DHCW Standing Orders and Establishment

Order, these include DHCW's principal role to exercise such functions as the Welsh Ministers may direct in connection with:

- the provision, design, management, development and delivery of digital platforms, systems and services;
- the collection, analysis, use and dissemination of health service data;
- the provision of advice and guidance to the Welsh Ministers about improving digital platforms, systems and services;
- supporting bodies and persons identified in directions given by the Welsh Ministers to DHCW in relation to matters relevant to digital platforms, systems and services; and
- any other matters so as to secure the provision or promotion of services under the NHS (Wales) Act 2006.

14.1 These requirements have been translated into five organisational delivery "Missions":

- Provide a Platform for enabling digital transformation.
- Deliver high quality digital products and services.
- Expand the digital health and care record and the use of digital to improve health and care.
- Drive better value and outcomes through innovation.
- Be the trusted strategic partner and a high quality, inclusive and ambitious organisation.

14.2 I became Chief Executive of Digital Health and Care Wales in 2021 therefore our response to the pandemic was ongoing and we used our emergency response structures to ensure our response plan was effective in meeting the evolving and changing requirements as the pandemic developed.

15. In a written statement on 30 September 2019, the Minister for Health and Social Services announced: "The NHS Wales Informatics Service (NWIS) will transition from its current structure, as part of Velindre Trust, to a new Special Health Authority. Establishing our national digital services organisation as a dedicated organisation reflects the importance of digital technology as a key enabler of change, as set out in A Healthier Wales. This change will strengthen

governance and accountability, both in terms of relationships with other NHS Wales organisations and through stronger leadership and oversight, through an independent chair and board members, with experience and understanding of digital change.”

- 15.1 Welsh Government paused the Special Health Authority Establishment programme, originally scheduled to be live for October 2020. The programme was restarted in June 2020 when key resources were available, in order to enable DHCW to operate as a statutory organisation from 1 April 2021.
- 15.2 I can confirm that the establishment of DHCW was not in response to the pandemic and was planned before it commenced. I do not believe that the establishment of DHCW impeded our response to the pandemic.
- 16. DHCW’s role became focused on delivering national technology, digital and data services required to support the response to the pandemic, in line with our functions.
- 16.1 DHCW’s statutory functions are set out in its Establishment Order:
  - (a) the provision, design, management, development and delivery of digital platforms, systems and services;
  - (b) the collection, analysis, use and dissemination of health service data;
  - (c) the provision of advice and guidance to the Welsh Ministers about improving digital platforms, systems and services;
  - (d) supporting bodies and persons identified in directions given by the Welsh Ministers to DHCW in relation to matters relevant to digital platforms, systems and services;
  - (e) any other matter so as to secure the provision or promotion of services under the Act.
- 16.2 Over the course of the pandemic, these functions did not change but additional solutions and data analyses were made available.

- 16.3 I co-chaired the Covid-19 Digital Cell with the Welsh Government HSSG Director of Technology, Digital and Transformation.
- 16.4 DHCW attended the HSSG Planning and Response Group and continue to do so. I or members of my team also attended the TTP (Test, Trace and Protect) Programme Oversight Group, Planning and Response Sub-group on Acute Secondary Care, the TTP Board, the Covid Test Group, regular Chief Executive Covid calls, the TTP Digital Pathways Group and some informal Four Nations catch-ups.
- 16.5 One of my Directors was a member of the Vaccination Programme Board.
- 16.6 DHCWs principal role during the pandemic was to provide advice, support and delivery of digital solutions and the data available to support decision making.
- 17. DHCW's role in collecting and providing data to Welsh Government was the same as that of NWIS described previously (paragraph 11).
- 18. DHCW's working relationship with the Welsh Government's Knowledge and Analytical Services continued as described for NWIS previously (paragraph 12).
- 19. DHCW were not represented on the Technical Advisory Group or any of its sub-groups. We did however have representation on the Welsh Government Covid-19 Intelligence Support Group and the Welsh Government Covid-19 Mortality Reporting Assurance & Priorities Group.

#### **My general interaction with the Welsh Government**

- 20. I did not participate in core decision making in response to the pandemic, but information requested from my organisation may have been used by others when taking decisions.
- 21. I was not involved in the preparation and/or provision of advice provided to Welsh Government to inform its proposed and actual management of the

pandemic. However, once decisions were taken by Welsh Government with regard to management of the pandemic i.e. contact tracing and vaccines, DHCW were able to deliver technical solutions.

22. I did not provide advice to the First Minister or other Welsh Ministers.
23. I attended a number of groups established as a result of the pandemic and the NHS response, including the following, my role on the different groups is provided against each:
- HSSG Coronavirus Planning & Response Group – commenced 20 February 2020 – member.
  - Chief Executive calls – commenced 11 March 2020 – attendee.
  - Covid-19 Digital Cell – commenced 16 March 2020 – Co-chair.
  - Welsh National Covid-19 Test Plan Task & Finish Group – commenced 2 April 2020 – attendee.
  - Test, Trace, Protect (TTP) Board – commenced 24 April 2020 - member.
  - TTP Programme Oversight Group – commenced 20 May 2020 – member.
  - TTP Digital Pathways Group – commenced 27 May 2021 - Co-chair.
24. I had a positive working relationship with the Welsh Government Digital Policy Lead (Director of Technology, Digital and Transformation, HSSG) over the course of the pandemic, both as Director of the NHS Wales Informatics Service and as Chief Executive of DHCW. We jointly chaired the Digital Cell and TTP Digital Pathways Group. The joint chairing arrangement was beneficial as it allowed requirements (technical solutions to assist with management of the pandemic) to be balanced against what was technically possible and provided an understanding of timescales for delivery. Decisions such as prioritisation of work packages were made and actioned promptly.
- 24.1 There were many meetings that were established between Welsh Government and key partners during the Covid pandemic response to discuss and plan specific requirements (i.e. meetings regarding modelling, data sharing etc).

- 24.2 The data modelling and the data that we provided in support of that work was a really good example of good collaborative working between DHCW, Welsh Government, Swansea University and the NHS Wales Delivery Unit (DU), with DHCW involved in the provision of data both to Welsh Government and to the Swansea University modelling unit. With Swansea University producing various forecasts under different modelling assumptions, Welsh Government/Delivery Unit undertook some validation of those models and then provided those results back to DHCW, who then derived health board and local authority-level forecasts from those all-Wales forecasts and made those forecasts available to NHS Wales and Welsh Government users. Included within the suite of forecasts were those relating to incidence of COVID, admissions, intensive care admissions, hospital beds, ICU beds and deaths, and where the data was available, those modelled forecasts were shown alongside time series of actual numbers of admissions, deaths etc.
25. DHCW does not provide any healthcare services to patients and therefore the modelling information provided had less relevance to our response. We used models as they were developing to support provision of them in the Covid Datahub.
26. NWIS/DHCW had good opportunities to communicate with Welsh Government, specific groups were set up with partners across Wales to discuss emerging requirements, constraints and opportunities, for partners to deliver solutions as part of the overall response. I felt that the frequency of these meetings was appropriate and met requirements but if any urgent/non-urgent ad-hoc specific advice was required, this would be directed to the relevant Policy Lead.

### **Non-pharmaceutical Interventions**

27. I was not directly involved in decisions relating to NPIs (Non-Pharmaceutical Interventions) but was party to CEO briefings with the NHS Wales Chief Executive Officer/Director General & Chief Medical Officer. My organisation was involved in providing data to Welsh Government to inform Policy Leads and decision makers.



28. I did not have any specific direct conversations regarding non-pharmaceutical interventions with Welsh Government in my capacity as Interim Director, NWIS/Chief Executive, DHCW.
29. I did not advise Welsh Government concerning vulnerable groups/people at risk and those with protected characteristics in terms of decisions made about non-pharmaceutical interventions, or in respect of how such interventions would impact upon existing inequalities in Wales.
30. I was not involved in decisions regarding lockdown and other NPIs implemented in Wales therefore I do not feel it appropriate to comment upon issues, obstacles or missed opportunities that may have been identified.
31. From the briefings I was party to, it was evident to me that at risk and vulnerable groups were at the heart of Welsh Government decision making when considering NPIs.

### **Test, Trace and Protect**

32. With regard to Test, Trace and Protect (TTP), my organisation provided:
- Project Management wrap for the delivery and on-going support of the technical solutions:
    - Initial implementation which included, training, testing, liaison with all stakeholders (Welsh Government / Health Boards / Local Authorities and third-party suppliers
    - Stakeholder engagement for vaccine campaigns / policy changes
    - ongoing development for software releases / changes / mandatory software updates
    - Support model
    - Interpretation of requirements
  - Procurement expertise: in procuring the contact tracing solution.
  - Technical advice and guidance, hosting, and ongoing development of the contact tracing solution.
    - Establishment of a Product Solution Team

- Building a national solution taking into account current guidance using a Customer Relationship Management (CRM) model which was made available to 22 Local Authorities, 7 Health Boards and Public Health Wales
- Training was provided
- Provision of the COVID pass solution:
  - Data Flows
    - i. Management of Files received from the Welsh Immunisation System (WIS)
    - ii. Management of files sent to England
    - iii. Import of WIS Bulk files
    - iv. Development and import of new data following new vaccination schedules e.g. Boosters
    - v. Import of Overseas data
    - vi. Receipt of Vaccine data from WIS Daily
    - vii. Exchange of data between DHCW and NHS Digital increased to every 2 hours between 8 am and 10 pm
  - Demographics
  - Development and maintenance of the Welsh Pandemic Record (WPR) Dashboard
  - Paper and Digital Covid Pass
  - Support model for management of system issues
- Technical support for the exchange of Vaccine records between England and Wales
- DHCW worked with NHS Digital on data integration
- Covid-19 Community Testing Units (CTUs):
  - A COVID-19 priority project was initiated to enable CTUs to use the Welsh Clinical Portal (WCP) to request COVID-19 tests electronically.
  - 25 CTUs were set up by Health Boards to test key worker groups and the wider public for COVID-19 using the Virology swab test.
  - All CTUs were using the WCP “All Wales instance” to place the test request and to print barcoded labels. Usage across Wales as end of June 2020 was over 93% electronic.

- Provision, ongoing maintenance and development of the Vaccine solution:
    - Planning, system analysis, system design, development, training, implementation, integration and testing, and operations and maintenance of the vaccine information system.
    - Support and maintenance of the required infrastructure
    - Liaison with all relevant stakeholders
    - Roll out of Software releases
  
- 32.1 Welsh Government sought advice on digital options for the support of TTP from a technical aspect only. Regular meetings took place with Welsh Government throughout the pandemic.
  
- 32.2 Due to the evolving nature of the pandemic and the growing understanding as it progressed, requirements could change, with solutions needed in very short notice. We worked collaboratively with Welsh Government colleagues and PHW and Health Board & Local Authority colleagues to work through these.
  
- 33. TTP evolved and matured in response to the changing demands of the pandemic. Technical system improvements were made throughout the life of the TTP system, supporting efficiencies in the Contact Tracing process and workflow and improving the Citizen experience. Many of these were developed collaboratively at a user group before undergoing the formal change process. Examples included:
  - Template SMS in citizen's language of choice
  - Changes to screen layout to improve user experience
  - Improvements to address searching including autofill household contact address
  - Changes to queue views to show items used for prioritisation including Age, Keyworker status
  - Additional queues for case management
  
- 33.1 COVID Onset Date was initially calculated as the earliest of the onset of one of the three primary symptoms or when the test result was collected, received,

or authorised. This calculation was changed to prioritise the symptom onset date over the other measures. This was necessitated with the introduction of routine testing, which in some cases, identified positive cases before they were symptomatic.

- 33.2 Backwards Contact Tracing was introduced in November 2020. The Suggested Exposures of the Index Case up to 14 days before the COVID Onset Date were recorded.
- 33.3 eForms evolved several times during the pandemic. The development and testing of the eForm required a separate dedicated resource from Microsoft and placed considerable demand on the DHCW Testing resource.
- 33.4 Returning Traveller functionality was introduced in April 2021. This was a very complex change (31 user stories) to the system, requiring an extra panel, new case and citizen types, modified bulk uploads and new two-way texting SMS functionality to automatically provide all returning travellers with isolation and tracing advice. The process allowed a citizen to provide responses, via SMS, to whether they were positive or negative throughout their post-travel isolation. Prior to this process, the team in Wales responsible for tracing returning travellers were doing so with phone calls. As travel became permitted during the pandemic it became unrealistic for the team to manually trace every returning traveller given the increasing volumes of people travelling.
- 33.5 SMS messages were used to disseminate public health advice and provide bespoke messaging to each citizen regarding their isolation period and actions if they developed symptoms. When changes to policy such as isolation periods were made by Welsh Government, those changes required DHCW to facilitate system changes to the rules in the contact tracing system. Time required to undertake these changes did not always align to government expectations. For example the Isolation Period for Index Cases was 10 days. Welsh Government announced on 30 December 2021 that this was to be cut to 7 days from 31 December 2021. DHCW were able to develop, test and

implement this change on 13 January 2022. This was subsequently changed to 5 days, a fortnight later on 27 January 2022.

- 33.6 Resolution Codes were automatically applied by the system when a case reached the end of isolation but could also be manually applied if required.

## **Shielding**

34. With regards to Shielding, the role of NWIS/DHCW was to clarify the definition of each cohort on the shielding list and to use this definition to derive the data relating to the cohorts for Shielding purposes.
35. Inclusion on this list was based on advice provided by the four UK Chief Medical Officers and GPs were also given the opportunity to add and remove patients from their own practice and as such were able to review and amend the shielded patient list pertaining to their own patients.
36. Between 24 March and 3 April 2020, approximately 85,500 letters were sent to individuals at high risk of becoming seriously ill should they contract the coronavirus (COVID-19). The letters provided advice on extra steps individuals could take to avoid catching COVID-19. No personal data was provided other than the individuals' name, address and the fact that they had been identified as falling into one of seven categories of individuals at high risk.
- 36.1 A potential problem was identified on 6 April 2020 and, following checks, the full extent and the cause recognised on 8 April 2020. Approximately 13,000 letters had been issued to out-of-date addresses. Steps were taken to resend letters to the correct addresses, with those letters expected to be delivered from 14 April 2020.
- 36.2 Welsh Government were not involved in the processing of this information. The investigation identified the cause as human error within NWIS, with time pressures to deliver new data sets, and limited time to undertake testing,

considered to be the significant contributing factors. A file that contained accurate information including names and NHS numbers, but addresses that were several years old, was inadvertently used as a reference file for addresses. The affected individuals had changed address between the date the reference file was created, in December 2014, and the date letters were posted. The list used for this work had been run against death dates and no letters were issued to deceased individuals.

36.3 The issue was limited to advice letters sent directly to individuals. It did not affect work NWIS had been involved in to provide lists of vulnerable individuals to other stakeholders, such as Local Authorities and Health Boards, to allow individuals to access priority services, such as supermarket home delivery slots.

36.4 An extract from the timeline which explains the communication and action taken to rectify the error is below:

10 April	Briefing provided to Chief Executive, NHS Wales.
10 April	Information Commissioner's Office notified via breach reported
14 April	Corrective action was taken at the earliest opportunity to resend the letters to the most recent known addresses of the affected patients.
15 April	Informal discussions between NWIS' Data Protection Officer and the ICO's Wales Office.
15 April	'No surprises' report completed (formally submitted to Welsh Government 16 April).
15 April	A public apology issued by the Minister for Health and Social Care, which was widely reported through various media channels (BBC, ITV, Wales Online etc).

## Divergence

37. My view on divergency between the Welsh Government and the other three nations is that Welsh Government focused on the needs of the people of

Wales and how best to protect them therefore some divergence was expected and necessary to reflect local need.

38. NWIS/DHCW provided the data, digital and information responses to Welsh Government policy requirements as per our statutory function. Our work was not impacted by any divergence in the Welsh Government approach to managing the pandemic.

### **My engagement with the UK Government and counterparts**

39. My organisation had contact with NHS Digital and NHS England with regard to data flows and access to Covid testing developments, this was a positive working relationship. Control Of Patient Information regulations enabled teams to act quickly and collect relevant data to support the Covid response. Furthermore, the collective focus and efforts going into the Covid response helped to expedite packages of work that would otherwise have taken much longer.
- 39.1 My organisation collaborated with NHS Digital and NHS England to establish the cohort priority list for Vaccinations that was established via the Joint Committee on Vaccination and Immunisation (JCVI) guidance. My organisation also established the cohort list which detailed those Welsh Residents that were required to isolate or take further immediate actions to protect themselves from the disease prior to the vaccination roll out.
- 39.2 Information was shared with the NHS Digital/NHS England so that Welsh resident identity could be established for use with the NHS App that supported online availability of Covid Vaccination records and for the creation of Covid travel passes and certification of vaccination for entry in UK venues etc.
- 39.3 My organisation collaborated with NHS Digital/NHS England to establish access to the Covid App for Welsh Residents – The app providing information on Welsh residents with notification of recent interactions with others who may have recently tested positive – this allowed Wales to establish important elements of its Covid Test Trace and Protect (TTP) response with particular

ability to allow contact tracing to commence with information provided by the data relayed as part of Welsh Residents using the Covid App

39.4 My organisation collaborated with NHS Digital/NHS England to provide other Welsh Resident Demographic Information to be shared so that Testing kits could be sent out and then sent to UK established testing sites – with information from those testing results relayed back into the Welsh Results Reporting Service.

40. With regard to engagement with our counterparts in England, Scotland and Northern Ireland, my organisation attended a Four Nations meeting chaired by Scotland that talked about the Covid pass and test booking. We attended regular meetings with Welsh Government and UK Government where the developments that Welsh Government required for covid pass were discussed and Welsh Government were constantly communicating with UK Government to gain an understanding of UK Government digital team timescales for development.

40.1 I also attended a number of Four Nations Catch-ups related to the pandemic, including one in March 2020 to discuss the NHS Covid App. I attended two general strategic sessions with my counterparts from the other UK nations over the course of the pandemic.

41. As I was not involved in advising Welsh Government on management of the pandemic, I had no need to engage with counterparts in the UK Government or NHS England to fulfil this function.

#### **Informal communications**

42. I can confirm that I was not part of any WhatsApp or other informal messaging group with Welsh Ministers, senior advisors, and senior civil servants where messages were concerned with the response to the pandemic.



## **Public health communications**

- 43. I did not undertake any role related to public communications and behavioural management of Welsh Government's response to the pandemic but was a member of the TTP Board which oversaw development of the TTP Communications Strategy.
- 44. In my opinion, the "Keep Wales Safe" campaign was extremely effective and worked well.

## **Lessons learned**

- 45. I am aware that the Four Harms identified in the Welsh Government framework for recovery were used to seriously consider further lockdowns therefore I believe the Welsh Governance approach reflected upon lessons learned from earlier stages.
- 46. Finally, regarding Lessons Learned and future ways of working, I would like to recognise the hugely effective Team Wales approach across the public sector. It removed barriers and created a community/network approach from a digital and public health leadership perspective.

## **Transcripts of Evidence**

- 47. I can confirm that I have not been required to give evidence before the Senedd in relation to the Welsh Government response to the pandemic.

## **Statement of Truth**

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

**Signed:** Personal Data

**Dated:** 24/07/2023