

Witness Name: Sumeshni Tranka

Statement No: WG1

Exhibits: 48

Date: 20/11/2023

## **UK COVID-19 PUBLIC INQUIRY**

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### **WITNESS STATEMENT OF SUMESHNI TRANKA**

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I, Sumeshni (Sue) Tranka, will say as follows: -

1. I provide this statement in response to a request made by the Chair of the UK Covid-19 Public Inquiry ("the Inquiry") pursuant to Rule 9 of the Inquiry Rules 2006 dated 5 May 2023 and referenced M2B/CNO/ST/01 ("the Request").
2. This statement covers the period from 21 January 2020 to 30 May 2022 ("the Specified Period"), and more particularly my tenure as Chief Nursing Officer for Wales from 30 August 2021 to 30 May 2022.

#### **Preface**

3. I extend my deepest sympathies to those who have lost loved ones during the pandemic. The pandemic has had a profound impact on all of our lives and will not be forgotten in history. It will be remembered as a time that was unimaginably hard, with rules and restrictions that were in place for all to follow, and the toughest memory, for those who didn't get a chance to spend their final moments with their loved ones. I too, have personally felt the loss of loved ones during this pandemic and I acknowledge the lasting pain for so many who suffered such loss during this time. I am indebted to the healthcare workers in England and Wales, who continue to go above and beyond every day, despite the ramifications of what they have endured. For this, we remain eternally grateful.

## **A. Background and professional qualifications**

4. I have worked in the Welsh Government since 30 August 2021. I have been in post since that date as the Chief Nursing Officer for Wales and Nurse Director, NHS Wales.
5. My professional background is that of a registered nurse. I started my nurse training in 1992, qualified as an enrolled nurse in 1994 and then worked, trained, and qualified as a registered nurse in Johannesburg, South Africa in 1998. I am in receipt of a Diploma in General Nursing, Diploma in Midwifery, Diploma in Mental Health, and Diploma in Community Nursing from South Africa. I have been awarded a Post-Graduate Diploma, Healthcare Practitioner award from St George's Medical School, the University of London and I have a Master of Science in Clinical Quality Improvement from Middlesex University, London.
6. I joined the NHS on 7 April 1999, and have had continuous service in the NHS ever since. In total I have 24 years of NHS experience, having worked in surgery and critical care mainly. I have been an advanced nurse practitioner, and a nurse consultant working autonomously with a prescribing qualification whilst in clinical practice.
7. I am a Fellow of the Queen's Nursing Institute since 2021. The Queen's Nursing Institute is a registered charity dedicated to improving the nursing care of people in their own homes and communities. It is a national network of Queen's Nurses who are committed to the highest standards of care. The Institute helps nurses to develop their skills through training programmes, and to implement their own ideas for improving patient care. It also publishes research into nursing practice, workforce and education and improving knowledge and standards, and seeks to influence government, policymakers and employers to secure investment in high quality services.
8. I have been an Alumna Leadership Scholar of the Florence Nightingale Foundation since 2021. The Florence Nightingale Foundation's principal focus is to improve health, clinical outcomes and patient experience by building nursing and midwifery leadership capacity and capability, through enabling nurses and midwives to access sophisticated and bespoke leadership development opportunities, in the UK and overseas, which are tailored to individuals' needs, empowering them to use their professional voice.

9. In addition to my role as Chief Nursing Officer for Wales, I also hold an Honorary Professorship with Cardiff University, supporting both undergraduate and post graduate nurses with education on leadership. I was appointed to this role on 1 March 2022 for a five-year period. Prior to that, I held an Honorary Professorship at the University of Surrey from 2017 to 2021. I am a graduate of the Harvard Business School for Government, where I completed a programme on Leadership for the 21st Century in 2022. I was appointed as a Trustee in August 2022 to the Board of the Florence Nightingale Foundation charity.
10. I have recently published two papers, on the value of improving patient safety and the health economics impact, and PPE fit testing effectiveness (which was written during the pandemic as a result of work I led): -
  - 10.1. *Value of improving patient safety: health economic considerations for rapid response systems—a rapid review of the literature and expert round table*, by Christian Subbe, Dyfrig A Hughes, Sally Lewis, Emily A Holmes, Cor Kalkman, Ralph So, Sumeshni Tranka, and John Welch.
  - 10.2. *Retrospective evaluation of factors affecting successful fit testing of respiratory protective equipment during the early phase of Covid-19*, by Silvia Caggiari, Dan Bader, Zoe Packman, Jane Robinson, Sumeshni Tranka, Dankmar Bhning, and Peter Worsley.

## **B. Covid-19 Specific**

### My role as Deputy Chief Nursing Officer for England between January 2020 and August 2021

11. Prior to joining the Welsh Government and from 3 January 2020 to 29 August 2021, I held the role of Deputy Chief Nursing Officer for England at NHS England and Improvement (which formally merged to form one NHS England on 1 July 2022). I reported directly to the Chief Nursing Officer for England, Dame Ruth May.
12. As Deputy Chief Nursing Officer for England, I had responsibility for the safety and innovation portfolio for the nursing and midwifery profession in England. This portfolio included responsibility for infection prevention and control, although when I joined the team in January 2020 the Lead and Deputy Nurse Leads for infection prevention and control, Linda Dempster and Gaynor Evans respectively, were reporting directly to the Chief Nursing Officer for England, given the emerging concerns around Covid-19.

13. I was aware at that time, through the Chief Nursing Officer for England and the infection prevention and control leads for England, that the UK Infection Prevention and Control Cell (the "UK IP&C Cell") was informally meeting to discuss the emerging concerns coming from China, Italy, and other European countries, to determine whether the substantive infection prevention and control guidance would suffice if we experienced the same health system impacts from Covid-19 as those countries were experiencing.
14. The Chief Nursing Officer for England asked me to support Sir Keith Willett, then the National Director for Emergency Planning and Incident Response at NHS England and Improvement, by attending the 'Two steps ahead' meetings with effect from 14 February 2020. This group focussed on determining healthcare requirements for the likely future phases of the response to Covid-19, including matters such as intensive care capacity, respiratory capacity, and reviewing oxygen requirements across the NHS in England.
15. I also supported the Chief Nursing Officer for England in her role as Co-chair of the Hospital Onset Covid-19 Infections Working Group (which later became known as the Nosocomial Transmission Group). This working group was initially established as a sub-group of the UK Scientific Advisory Group for Emergencies ("SAGE"), but in April 2020 it became part of the NHS England and Improvement structure. During March 2020, I supported the NHS Hospital Visiting Work Guidance Group to review the advice on hospital visiting in England, which formed part of Public Health England's UK infection prevention and control guidance.
16. Unfortunately, on or around 24 March 2020 (before testing was available), I became severely unwell with Covid-19 symptoms and remained off work for several weeks, returning on a phased basis from 8 April 2020.
17. Upon my return to work, I was designated as the Director with responsibility for infection, prevention and control guidance development for NHS settings. I also joined the Clinical Cell leading on hospital visiting, which at the time was led by Dr Mike Prentice and a Lead Nurse from my team, Zoe Packman. I took over from Zoe as Co-chair with Mike from April 2020.
18. The Head of Infection Prevention and Control at NHS England and Improvement, Dr Lisa Ritchie, reported directly to me. She was supported on a daily basis by medical advisor, Dr Mark Wilcox. Externally, the role of the infection prevention and control

team in NHS England and Improvement was to work with the UK IP&C Cell to advise, develop, and support guidance at country level. Internally, their role was to translate the guidance produced by the UK Health Security Agency, previously known as Public Health England, for NHS settings and NHS commissioned services in England.

My role, functions and key responsibilities as Chief Nursing Officer for Wales from 30 August 2021 onwards

19. My role as Chief Nursing Officer for Wales and Nurse Director, NHS Wales entails setting the professional agenda and future direction for the nursing and midwifery professions in Wales and acting as a senior adviser to the Welsh Ministers on all matters relating to nursing and midwifery practice and education. This includes providing leadership, advice, guidance, and support for delivery of the Welsh Ministers' priorities for nursing and midwifery in Wales, including through: -
  - 19.1. delivery of A Healthier Wales, the Welsh Government's 10-year strategy for health and social care.
  - 19.2. delivery and extension of the Nurse Staffing Levels (Wales) Act 2016.
  - 19.3. implementation of the Vision for Maternity Services (2019).
  - 19.4. delivery of the National Breast-Feeding Action Plan (2019).
  - 19.5. support and advise in respect of the Whole School Policy Agenda and community children's nursing services.
  - 19.6. improving the health of those with learning disabilities – reducing inequality in health outcomes.
  - 19.7. monitoring and overseeing the safeguarding work programme.
  - 19.8. promoting high quality, safe, compassionate care through the review of key frameworks and standards.
  - 19.9. increasing diversity in the nursing and midwifery workforce.
  - 19.10. establishing and maintaining effective communication networks across the NHS and independent healthcare sector.

- 19.11. providing an effective UK contribution to nursing, midwifery and healthcare policy in an international arena; and
- 19.12. working collaboratively to plan, design, extend, and enhance nursing and midwifery roles to improve clinical practice and integrated care across NHS Wales.

#### The Nursing Directorate

- 20. The Nursing Directorate is part of the Health and Social Services Group. The Health and Social Services Group is responsible for exercising strategic leadership and management of the NHS in Wales and is accountable for the robust stewardship of NHS funds. The Group exercises its leadership function through seven Local Health Boards, three NHS Trusts and two Special Health Authorities, all of which are directly accountable to the Minister for Health and Social Services through the Director General (who is also the Chief Executive of NHS Wales). The Group is also the link between the local authorities' social services directors and the Minister for Health and Social Services. The Group has the following overarching responsibilities:
  - 20.1. promoting, protecting and improving the health and well-being of everyone in Wales.
  - 20.2. leading efforts to reduce inequalities in health.
  - 20.3. making available a comprehensive, safe, effective and sustainable National Health Service.
  - 20.4. ensuring that high quality social services are available and increasingly joined up with health care and other services; and
  - 20.5. ensuring that through Cafcass Cymru, children are put first in family proceedings, their voices are heard, and decisions made about them by courts are in their best interests.
- 21. The Nursing Directorate provides leadership for the nursing and midwifery professions in Wales and the services they deliver. The team provide professional advice to the Minister for Health and Social Services, Deputy Ministers, and Welsh Government officials on a range of issues related to the delivery of care, as well as leading and supporting specific policy areas. As Nurse Director of NHS Wales, I work with NHS leaders to drive improvements in care and to deliver the Programme for

Government (which I produce here, as exhibit **M2BCNOST01/01-INQ000066133**) and A Healthier Wales (which I produce here, as exhibit **M2BCNOST01/02-INQ000066130**), the Welsh Government's plan for the future of health and social care, published in June 2018.

22. The Nursing Directorate initiates and leads on a varied work programme of service improvement with NHS and social service staff. The professional priorities for nursing and midwifery practice are delivery of the Welsh Government's Strategic Vision for Maternity Services in Wales, as exhibited in **M2BCNOST01/03-INQ000353471**. This includes monitoring Health Boards' performance against all Wales outcomes indicators and performance measures; delivery on the breastfeeding action plan as part of Healthy Weight: Healthy Wales commitments; improving patient experience in Wales; and safeguarding in NHS Wales. We also act as the health link on learning disability policy, and lead on the cross-cutting Government Improving Lives Disability Programme. We also hold the policy lead responsibility on implementation and extension of Nurse Staffing Levels (Wales) Act 2016.
23. Since 25 April 2022, the Nursing Directorate, is now known as the Quality and Nursing Directorate and has merged with the Population Health Division of the Chief Medical Officer's directorate. The Quality and Nursing Directorate is led by the Chief Nursing Officer for Wales and the Deputy Chief Medical Officer. A newly appointed Deputy Director also now works across the Directorate to support us with connecting and aligning the respective remits of policy leads and nursing officers. The Directorate is organisationally positioned under the Health and Social Services Group, in the Welsh Government. Judith Paget, Director General of Health and Social Services, leads the Health and Social Services Group and is my direct line manager. I produce here, as exhibit **M2BCNOST01/04-INQ000177492**, the HSSG organograms for the period 2020-2022, which show my role in the Group's Executive Director Team structure. I also produce here, as exhibit **M2BCNOST01/05-INQ000353472** and exhibit **M2BCNOST01/06-INQ000353473** respectively, structure charts for the Nursing Directorate pre-merger and the Quality and Nursing Directorate post-merger.
24. The Quality and Nursing Directorate's remit is large and covers, in addition to the nursing responsibilities set out above, responsibility for policy on Palliative and End of life care, maternity and neonatal care, major health conditions e.g. Diabetes, long Covid, neurological conditions, implementation of the Quality and Engagement Act 2018, the duties of candour and quality, creation of Llais (citizen voice body), NHS

governance and several additional and aligned priorities as set out in A Healthier Wales.

Key officials supporting the Chief Nursing Officer during the Specified Period

25. I am assisted in my role as Chief Nursing Officer for Wales by a team of Nursing Officers: -
- 1.1. Stephen Clarke, part-time Nursing Officer, advising on mental health and providing support to the mental health policy team.
  - 1.2. Richard Desir, Nursing Officer with policy responsibility for quality, safety and patient experience including professional advice in this area as well as support provided to the wider HSSG.
  - 1.3. Karen Jewell, Chief Midwifery Officer and Nursing Officer with responsibility for policy relating to maternity and neonatal services and professional adviser for school nursing, health visiting and community children's nursing. (School nursing, health visiting, and community children's nursing were moved to a dedicated policy lead within the Directorate on 9 January 2023.)
  - 1.4. Gillian Knight, Nursing Officer, advising on Nursing and Midwifery workforce and regulation and providing professional advice to the Workforce Directorate.
  - 1.5. Paul Labourne, Nursing Officer, advising on the strategic primary care programme and supporting its delivery. Paul Labourne also co-chaired the Primary and Community Planning and Response Sub-Group and deputised for me with delegated responsibility at meetings of the Health and Social Care Planning and Response Cell.
  - 1.6. Ruth Wyn-Williams, part-time Nursing Officer, advising on learning disabilities and providing support to the learning disability team.
  - 1.7. Hazel Powell was Nursing Officer for Mental Health and Learning Disabilities in post when I joined the Welsh Government but has since left.
2. I, as well as the wider Health and Social Services Group, are also supported by Welsh Government officials who work in the Office of the Chief Nursing Officer. This team supported me during the Specified Period when I joined the Welsh Government on the 30 August 2021.



3. Once I joined the Welsh Government, I also worked with officials across the Health and Social Services Group but closely with the following individuals during the Specified Period: -
  - 3.1. Professor Chris Jones, Deputy Chief Medical Officer who provided joint cross-professional leadership on infection prevention and control, particularly to minimise nosocomial transmission in closed settings. We were Co-Chairs of the Nosocomial Transmission Group and following a restructure joined me in leading the Quality and Nursing Directorate.
  - 3.2. Debbie Tynen, Head of Health Care Associated Infections and Blood Safety also frequently linked in with myself and my wider team and fed into the Nosocomial Transmission Group (which I detail below). We also engaged on advice to the NHS on the Antimicrobial Resistance (AMR) and Healthcare Associated Infections (HCAI) improvement goals as set out in the Welsh Health Circular issued on the 27 September 2021 and exhibited in **M2BCNOST01/07–INQ000353276**.

Specialist advice and support

4. When I took up post as the Chief Nursing Officer for Wales, arrangements were already in place for sharing information from, and with, Public Health Wales and others. Under these arrangements Public Health Wales, Dr Eleri Davies and Nurse Consultant, Gail Lusardi supported the UK IP&C Cell on behalf of Wales and then fed back to Welsh colleagues through the Chief Nursing Officer for Wales and Deputy Chief Medical Officer.
5. Since August 2021 my interaction with Dr Eleri Davies, who I knew through my previous involvement in the UK IP&C Cell on behalf of England, has continued to be strengthened and she has interacted closely with both myself and the Deputy Chief Medical Officer, to share information from the UK IP&C Cell that is relevant to the Welsh Government's response. I have called upon her expertise and advice in several situations since coming into post as Chief Nursing Officer for Wales, including in respect of the UK IP&C Cell's re-review on the evidence on transmission dynamics and PPE advice, advice on de-escalation measures for Covid-19, and advice on the reactivation of full Covid-19 protection measures if the case arose. I have also called on her advice in respect of a review of hospital cleaning standards. I understand from my colleagues in the Office of the Chief Nursing Officer that there is an informal

arrangement with the infection prevention and control team at Public Health Wales to provide support on 1 day per week to the Welsh Government.

#### Transition from England to Wales

6. My transition from NHS England to the Welsh Government in the midst of the pandemic, i.e., following the Delta wave but before the Omicron wave, was free of complexity, consequence, or difficulties in operating across the four countries, with the national Chief Nursing Officers, or within Wales itself. However, it naturally took some time to familiarise myself with processes, operating rules, and how the Civil Service functions in Wales. I have been well supported by a mentor, Andrew Jeffreys. My current line manager, Judith Paget and my previous line manager, Andrew Goodall have both been exceptional in helping me navigate the differences between the English and Welsh health and care systems. Their support during the initial transition period helped me to cement my understanding of the NHS in Wales and the Welsh Government and maintain clarity of differential responsibilities. My own proximity, during my time working in NHS England, to the cross organisational working of what was then Public Health England, the UK IP&C Cell, the UK Chief Medical Officers and Chief Nursing Officer Forum, meant that I had already established strong professional relationships which I have been able to reinforce following my move to Wales, helping me to maintain good and robust communication during the Omicron response, which coincided with the autumn/winter after I took up post in 2021.

#### **C. Role in key decision-making and advice provide to the Welsh Government**

7. In respect of the Welsh Government's response to the Covid-19 pandemic, I should make clear that I have had no role in the Welsh Government in respect of advice upon the scientific group outputs or modelling exercises, advising the First Minister or the Minister for Health and Social Services on the timing of different stages of the Welsh Government's response to the pandemic, prediction of future Covid-19 surges, emergence of new variants, immunity responses to vaccinations, or testing.
8. I have had no meetings with the First Minister to brief him on Covid-19 related work during the Specified Period.
9. I did not have a role in the provision of information, data, analysis or advice on decisions concerning the imposition of, easing of, or exceptions to

non-pharmaceutical interventions, including the national lockdowns, firebreaks, restrictions, working from home, social distancing, mass gatherings, self-isolation, school closures or openings, face-coverings for the public or border controls.

10. My role in the pandemic response since taking up post on the 30 August 2021 has been to provide advice to the Minister of Health and Social Services and to support and to advise the NHS on matters related to the implementation of infection prevention and control measures specific to the pandemic phase. I have provided advice as part of formal Ministerial Advice on Covid-19 related work and issues, submitted to the Minister for Health and Social Services. For example, I provided advice on amendments to the hospital visiting guidance in December 2021, as exhibited in **M2BCNOST01/08-INQ000116711**. I also supported Chris Jones, Deputy Chief Medical Officer in relation to proposals on the management of patient safety incidents following nosocomial transmission Covid-19 in January 2022, as exhibited in **M2BCNOST01/09-INQ000116736**. Additionally, in April 2022 I provided advice relating to updates to the maternity and neonatal visiting guidance, as exhibited in **M2BCNOST01/10-INQ000116751**.
11. I have also worked and continue to work closely with Professor Chris Jones, Deputy Chief Medical Officer for Wales, and together we have advised the Minister for Health and Social Services on matters related to the management of Covid-19 nosocomial transmission, healthcare associated infections (HCAI) and in particular the de-escalation of infection prevention and control measures in May 2022. For example, on 20 May 2022, the Deputy Chief Medical Officer for Wales and I issued a joint letter to NHS Wales providing advice on the de-escalation of Covid-19 measures to enable the transformation and modernisation of planned and elective care, and to reduce waiting times. I produce a copy of this letter here as exhibit **M2BCNOST01/11-INQ000353329**.
12. Since taking up post in 2021, I can confirm that the Welsh Government has adequately involved me in discussions and decision making relevant to my role, in its response to the pandemic. I have felt included in all leadership and Executive discussions and was asked for advice and support specifically regarding nursing and patient safety concerns.
13. I have been part of the following groups in respect of the Welsh Government's pandemic response and decision making: -

#### The Nosocomial Transmission Group

14. The Nosocomial Transmission Group was established prior to my arrival at the Welsh Government. I held the role of co-Chair of the Nosocomial Transmission Group with the Deputy Chief Medical Officer.
15. I produce here, as an exhibit **M2BCNOST01/12–INQ000271888** the terms of reference for the Nosocomial Transmission Group when I joined the Welsh Government. The Group reviews the terms of reference from time to time and the amended terms of reference for the Group dated 6 January 2022 as exhibited in **M2BCNOST01/13–INQ000353418**.
16. The purpose of the Nosocomial Transmission Group was to provide advice, guidance and leadership for all healthcare and care settings in Wales on the actions needed to minimise nosocomial infection and enable the safe resumption of services. This included hospitals, primary and community care settings, registered care homes, domiciliary care, learning disability units, and prisons.
17. The Group's work covered: -
  - 17.1. evidence based guidance.
  - 17.2. hygiene, distancing and decontamination of health and care environments.
  - 17.3. leadership for infection prevention and control.
  - 17.4. awareness, education, and training in infection prevention and control; and
  - 17.5. creating a culture of infection prevention and control as everyone's business.
18. Membership of the Nosocomial Transmission Group included: -
  - 18.1. Chief Nursing Officer (Co-Chair)
  - 18.2. Deputy Chief Medical Officer (Co-Chair)
  - 18.3. Welsh Government policy leads
  - 18.4. Public Health Wales

- 18.5. HCAI Delivery Board Chair
  - 18.6. Nurse Director representative
  - 18.7. Health Education and Improvement Wales (“HEIW”)
  - 18.8. Shared Services Partnership
  - 18.9. Academy of Medical Royal Colleges Wales
  - 18.10. A representative from the Partnership Board
- 19. Information, system updates and guidance produced by the Nosocomial Transmission Group was shared with Local Health Boards. The Nosocomial Transmission Group also provided updates on specific areas of infection prevention, such as testing and the use of face masks in clinical settings.
  - 20. Shortly after I joined Welsh Government, an internal assurance audit was undertaken in September 2021 to understand and evaluate the effectiveness of the Nosocomial Transmission Group, and the actions taken by that group in respect of the guidance provided to hospitals and other health and care settings, the monitoring arrangements put in place to ensure effective implementation of that guidance, and the lessons learned by the Welsh Government. The internal audit service provided substantial assurance on the controls in place in respect of the Nosocomial Transmission Group. I produce here, a copy of this report, as exhibit **M2BCNOST01/14-INQ000022598**.
  - 21. To the best of my knowledge, there were no occasions where the advice of the Nosocomial Transmission Group was not followed by the Welsh Government, or any health or care bodies or organisations in Wales.
  - 22. I set out below a brief chronology of the meetings I attended since joining the Welsh Government and spanning the Specified Period. I produce here the minutes of those meetings, as the exhibits referenced below.

**Meeting date**

**Exhibit ref.**

22 December 2021

Exhibit **M2BCNOST01/15–INQ000353346**

28 January 2022            Exhibit **M2BCNOST01/16–INQ000353406**

3 March 2022             Exhibit **M2BCNOST01/17–INQ000353411**

28 March 2022            Exhibit **M2BCNOST01/18–INQ000353413**

*Black Asian and Minority Ethnic Covid-19 Advisory Group*

23. I had no direct involvement in the work of the First Minister's Black, Asian and Minority Ethnic Covid-19 Advisory Group, or the Black, Asian and Minority Ethnic Covid-19 Scientific Subgroup. I understand the Nursing Officer for learning disabilities at the time had some involvement in the work and that the previous Chief Nursing Officer was consulted on specific matters such as DNACPR (do not attempt cardiopulmonary resuscitation).
24. The work of this group has been important and since I have taken up the post in the Welsh Government, I have supported work on the wider Anti-Racist Wales Action Plan, the wider Anti-Racist Wales action plan group.

*Meetings with Directors of Nursing in NHS Wales*

25. This is a meeting with the Directors of Nursing from each of the NHS bodies in Wales and also includes the Nursing Officers and Welsh Government officials from within my office. This is not a Covid-19 specific meeting but an established forum for discussion and one that supports my role as Nursing Director for Wales. During the Specified Period the topic of Covid-19 was discussed at these meetings.
26. The Health Board/Trust Nurse Director Forum is a peer support, professional advisory group established as a resource to the Chief Nursing Officer/Nurse Director NHS Wales (CNO) within the Welsh Government, Health and Social Services Group.

The functions include:

- Ensuring nursing and midwifery moves forward in a consistent way across Wales.
- Sharing and taking responsibility for professional issues related to nursing and midwifery education and practice.
- Commissioning of work to support the activity of the Forum; and

- Intelligence gathering and sharing good practice.

27. I set out below a brief chronology of the meetings I attended after joining the Welsh Government and during the Specified Period.

<b>Meeting date</b>	<b>Exhibit ref.</b>
24 September 2021	Exhibit <b>M2BCNOST01/19–INQ000353385</b>
26 November 2021	Exhibit <b>M2BCNOST01/20–INQ000353395</b>
28 January 2022	Exhibit <b>M2BCNOST01/21–INQ000353398</b>
25 March 2022	Exhibit <b>M2BCNOST01/22–INQ000353400</b>
29 April 2022	Exhibit <b>M2BCNOST01/23–INQ000353402</b>
27 May 2022	Exhibit <b>M2BCNOST01/24–INQ000353404</b>

#### Scientific advice, data and modelling

28. From my experience in my previous post, I am aware that Wales has been involved on a UK basis through infection prevention and control groups and were invited to participate in the Nosocomial Transmission Group in NHS England to understand differing responses to Covid-19 across the UK. Representation on this group was via Public Health Wales.
29. From an international lesson learned perspective, although there were no formal lessons learnt processes in September 2021 when the internal audit was concluded, the Welsh Government's Technical Advisory Cell (TAC) discussed and worked with overseas offices to gather relevant data as required.
30. Before I joined, the Welsh Government commissioned the NHS Delivery Unit to set up the Covid-19 Rapid Sharing of Early Learning (CoRSEL) system as a mechanism to allow the rapid sharing of early learning relating to in-hospital transmission of Covid-19 across Wales. This system worked alongside the established pre-Covid-19 reporting systems for serious incidents. The idea of this was to share learning from both specific events or incidents but also from good practice. The Delivery Unit

shared the findings of an evaluation of CoRSEL and found that the principle of a shared learning platform across the NHS was welcome and well received. However, as it was a separate digital system to those normally used across the NHS, in practice it wasn't utilised to its maximum. I understand from the NHS Executive Nurse Director group that the process of producing and sharing rapid learning could have been more successful if learning was shared in a nationally consistent digital platform. The concept, however, was deemed to be a positive and a welcome mechanism. The learning from CoRSEL was formally submitted to the Nosocomial Group for to LHBs via the representatives.

31. Learning points logged by the NHS are reviewed by an oversight group, led by the Delivery Unit, which includes membership from the Welsh Government, Public Health Wales and Improvement Cymru. Details are communicated to NHS organisations for further consideration as to whether any local changes are required. The oversight group reported into the Nosocomial Transmission Group.
32. In addition, representatives from Public Health Wales attend the UK IP&C Cell. This Group reviews new evidence on infection prevention and control from a wide range of sources and has updated the UK guidance on a number of occasions during the pandemic.

#### Non-pharmaceutical interventions ("NPIs")

33. As outlined above, I had no role in the provision of data, analyses, or advice on decisions concerning the imposition of, easing of or exceptions relating to national lockdowns including firebreaks, local and regional restrictions, working from home, restrictions on mass gatherings, self-isolation requirements, opening and closures of schools, use of border controls.
34. At the time I joined the Welsh Government the situation in Wales had to some degree stabilised and Wales was in what was referred to as Alert Level 0. While case rates were still concerning the NHS in Wales was stable (in comparison with earlier waves of the pandemic).
35. Unfortunately, this stable period did not continue, and we saw from September onwards an increase in case rates which with hindsight we now know was likely linked to the rise of the Omicron variant of the virus. My involvement from September 2021 to May 2022 was focused on supporting the healthcare system through the



winter pressures and the impact of Omicron, as opposed to advising on or participating in decision making on non-pharmaceutical interventions.

36. I was asked to comment on the Revised Local Options Framework which was issued by the Chief Executive NHS Wales on the 1 October 2021, exhibited in **M2BCNOST01/25-INQ000083252**. As the impact of the Omircon virus became clearer I and Professor Chris Jones, Deputy Chief Medical Officer, wrote to Health Board Chief Executives and Nurse Directors to confirm that while essential services were to be maintained the local options framework was designed to support choices about how resources and workforce was to be deployed, noting that services could be come quickly overwhelmed as the variant spread. Paediatric and children's services had been omitted from the framework, recognising the important role these services play in safeguarding vulnerable children and families, but we recognised there may need to be flex during this period. In this letter we set out that the expectation was that the full range of existing visits by this service should be maintained wherever possible. A copy of this letter dated 17 December 2021 is exhibited in **M2BCNOST01/26-INQ000353300**.
37. In December 2021 I, along with the other Chief Nursing Officers raised concerns about the UK IP&C Cell guidance in light of the Omicron variant. We commissioned the UK IP&C Cell to undertake a review of the evidence and guidance to provide a view on whether the guidance needed to be enhanced given the emerging variants, respiratory and winter virus and increased staff absences. A copy of my email to Dr Eleri Davies, Chair of the UK IP&C Cell, and her response is exhibited in **M2BCNOST01/27- INQ000227346**.
38. As we came out of the winter and the Covid-19 situation stablised I also provided advice along with Professor Chris Jones, Deputy Chief Medical Officer, dated 20 May 2022, relating to 'De-escalation of COVID-19 measures in NHS Wales to enable transformation and modernisation of planned and elective care and to reduce waiting times'.
39. The advice was provided to the NHS in Wales, as plans to remove the last elements of the emergency legislation on the 30 May 2022 were imminent and the Welsh government had started to integrate Covid-19 specific approaches, including test, trace, protect into our public health response for communicable diseases, and in particular respiratory infections. This has enabled us to use the infrastructure and

capacity we have established for the Covid-19 response to support other programmes.

40. They specifically refer to:

40.1. **Social distancing** - analysis of the evidence and data meant we were able to provide advice to the service that there is no longer a requirement for social distancing: *Other than in clinical areas where COVID-19 / Respiratory cases are being managed or in “high risk settings for ongoing transmission of COVID-19” where the risks cannot be mitigated by applying the hierarchy of controls, there is no requirement for social distancing or segregation of asymptomatic patients. Physical distancing can return to pre-pandemic arrangements, but organisations must ensure that they maintain compliance with all relevant Health Technical Memoranda and Health Building Notes.*

40.2. **Use of face masks for staff and face masks or coverings for all patients and visitors** - in areas that are dealing with known or suspected cases of SARS-CoV-2 and other respiratory infections, the use of face masks for staff and face masks or coverings for all patients and visitors should be continued in compliance with infection prevention and control guidance. Once the current legal requirement is lifted, it remains the responsibility of the Local Health Board to ensure that staff and visitors comply with infection prevention and control guidance for health and care settings - and continue to be advised and supported to use masks or face coverings in public areas of hospitals.

#### **D. Care homes and hospitals**

41. I was not in post at the time that key decisions relating to discharge from care homes at the start of the pandemic was made.

42. As outlined above, I took up post in August 2021 when the Omicron variant was the next phase of the pandemic, and decisions were taken to reduce elective activity to enable and free up adequate capacity at Local Health Board level, as reflected in the revised Local Options Framework outlined above.

43. I have since been involved in work developing future guidance to support NHS Wales' response to extreme pressure/surge. This work takes into account the learning from the pandemic to ensure that decision for discharge has clear oversight

mechanisms to prevent the doubling up of community resources at times of pressure/surge.

#### **E. Test, Trace, Protect**

- 44. The questions relating to testing capacity during the first few months of the pandemic are not relevant to me as this is prior to me taking up post in August 2021.
- 45. In my opinion from what I have reviewed, heard, and assessed since taking up post, I believe that the test, trace, protect programme in Wales has been a success. At the start of the pandemic, it is known that Wales lacked the lab capacity to meet expected demand from its TTP programme. The UK-wide network of Lighthouse Labs provided significant additional capacity since May.
- 46. Plans to further increase Welsh public sector provided lab capacity were announced in August supported by additional Welsh Government funding of £32 million.
- 47. When compared to other countries, the UK and Wales has had some of the highest population testing rates in the world. There has been significant sampling capacity, extra hot labs, for rapid testing, and 24-hour provision of NHS laboratories. And an increase in recruitment of lab staff.
- 48. The Audit Wales report from March 2021 reported that it had seen different parts of the Welsh public and third sector work together well, in strong and effective partnerships, to rapidly build a programme of activities that is making an important contribution to the management of COVID-19 in Wales. The configuration of the TTP system in Wales has a number of strengths, blending national oversight and technical expertise with local and regional ownership of the programme, and the ability to use local intelligence and knowledge to shape responses.
- 49. Arrangements for testing and contact tracing have evolved as the pandemic has progressed. But maintaining the required performance in these areas has proved challenging in the face of increasing demand.
- 50. Testing volumes increased significantly in response to increasing incidence of COVID-19, and results have generally been turned around quickly. The tracing

workforce has expanded rapidly. But when demand has risen across regions at the same time, there has been insufficient contact tracing capacity to meet the increased demand.

51. The success at March 2021 was quantified in the following way:
- 40 testing sites in place, carrying out 96,000 tests per week.
  - 2,400 staff appointed, trained, and onboarded to provide contact tracing.
  - 8 regional teams in place, tracing, providing advice to, and following up on 14,000 positive (index) cases and 31,200 close contacts per week.

## **F. Shielding**

52. I had no role in the classification of the clinically extremely vulnerable or the shielding programme in Wales. I understand that this was led by the office of the Chief Medical Officer for Wales.
53. When the shielding and clinically extremely vulnerable lists were published, I was not holding the post of Chief Nursing Officer, so I am unclear as to the extent of involvement the UK Chief Nursing Officers had in 2020. My professional view is that it remains critical that all clinical executives namely Chief Medical Officers and Chief Nursing Officers are involved in key decisions such as these. The involvement of the Chief Nursing Officers may have enabled or supported consideration of impact on black, Asian, and ethnic minority workforce and the impact for people with learning disabilities earlier in the pandemic.

## **G. My engagement with the Chief Nursing Officers in the other UK nations**

54. To my knowledge, the Chief Medical Officer, Deputy Chief Medical Officer and Chief Nursing Officer for Wales met with their counterparts in the UK Government and the other devolved governments.
55. Prior to taking up post as the Chief Nursing Officer for Wales, I had been invited intermittently to the UK Chief Nursing Officer meetings in my capacity as Deputy Chief Nursing Officer for England to update the Chief Nursing Officers on matters within my portfolio, i.e., infection prevention and control guidance, development of the national infection prevention and control support programme, behavioural change programme for infection prevent and control compliance, and hospital visiting. I am unable to comment on whether these structures changed during the period prior to

my appointment as Chief Nursing Officer for Wales as I was not closely enough involved in those structures as Deputy Chief Nursing Officer for England.

56. In my opinion, the current relationship between the four Chief Nursing Officers across the UK is a strong, professional, and supportive relationship. The Chief Nursing Officers from Wales, Scotland and Northern Ireland were all appointed relatively recently and at around the same time; the Chief Nursing Officer for Scotland took up post in October 2021, shortly after I took up post as Chief Nursing Officer for Wales, and the Chief Nursing Officer for Northern Ireland took up post in March 2022. This makes us a fairly new team, and we have all benefited from the mutual professional support that this team have offered to one another.
57. We have a standing fortnightly professional meeting (called the Chief Nursing Officers Forum), with nominated deputies who attend with us and deputise as necessary. This is a formal meeting relating to nursing professional matters. These meetings have touched on the pandemic response across the UK, for example following receipt of evidence reviews or technical updates from the UK IP&C Cell or the UK Health Security Agency. All Chief Nursing Officers share a relevant country specific update relating to Nosocomial infections, infection prevention and control guidance considerations, staff sickness from Covid-19, so mainly operational challenges as a result of the ongoing pandemic phases. These meetings also act as a forum for agreeing decisions and actions in respect of professional nursing approaches across all four countries that are wider than the pandemic, for example, discussions recently have addressed industrial action readiness.
58. I set out below a chronology of the meetings of the four Chief Nursing Officers during my time in post up to 30 May 2022, and I produce the minutes of these meetings as the exhibits referenced below.

Meeting date	Exhibit ref.
17 September 2021	Exhibit <b>M2BCNOST01/28–INQ000353280</b>
1 October 2021	Exhibit <b>M2BCNOST01/29–INQ000353359</b>
15 October 2021	Exhibit <b>M2BCNOST01/30–INQ000353294</b>
26 November 2021	Exhibit <b>M2BCNOST01/31–INQ000361821</b>

10 December 2021	Exhibit <b>M2BCNOST01/32–INQ000353297</b>
17 December 2021	Exhibit <b>M2BCNOST01/33–INQ000353416</b>
23 December 2021	Exhibit <b>M2BCNOST01/34–INQ000353396</b>
31 December 2021	Exhibit <b>M2BCNOST01/35–INQ000353397</b>
7 January 2022	Exhibit <b>M2BCNOST01/36–INQ000353399</b>
14 January 2022	Exhibit <b>M2BCNOST01/37–INQ000353405</b>
21 January 2022	Exhibit <b>M2BCNOST01/38–INQ000353307</b>
28 January 2022	Exhibit <b>M2BCNOST01/39–INQ000353314</b>
4 February 2022	Exhibit <b>M2BCNOST01/40–INQ000353319</b>
18 February 2022	Exhibit <b>M2BCNOST01/41–INQ000353417</b>
4 March 2022	Exhibit <b>M2BCNOST01/42–INQ000353339</b>
18 March 2022	Exhibit <b>M2BCNOST01/43–INQ000353324</b>
1 April 2022	Exhibit <b>M2BCNOST01/44–INQ000353419</b>
22 April 2022	Exhibit <b>M2BCNOST01/45–INQ000353474</b>
13 May 2022	Exhibit <b>M2BCNOST01/46–INQ000353403</b>
27 May 2022	Exhibit <b>M2BCNOST01/47–INQ000353333</b>

UK Health Security Agency

59. Between August 2021 and May 2022, I participated in meetings of the UKHSA and Chief Nursing Officers. These were not decision-making committees but forums for sharing information and horizon scanning UK impact.
60. Further to this, the UKHSA has also met with Welsh Government officials to discuss the plans for the 4 nation UK IP&C cell, and to better understand the relationship and accountabilities across the devolved nations, outside of the acute phase of the pandemic i.e., during business as usual.

### Informal Communications

61. I can confirm that since taking up post as Chief Nursing Officer for Wales, there have been no private communications between myself and the other Chief Nursing Officers, either one-to-one or as a group that I am aware of, at which the Welsh Government's policy making, or decisions on the pandemic response in Wales were discussed.
62. I have not participated in any WhatsApp messaging groups with Welsh ministers, senior advisors, or senior civil servants in relation to the pandemic response in Wales.
63. The four Chief Nursing Officers do not have a WhatsApp group between us, that I have been invited to join nor participated in, during my time working at the Welsh Government as the Chief Nursing Officer for Wales. The Chief Nursing Officer for England and I remain in contact via private messages exchanged over WhatsApp and iPhone messaging. In the main the messages began when I took up post in NHS England and Improvement as Deputy Chief Nursing Officer for England, after 3 January 2020.
64. The messaging commenced during my time at NHS England, and in 2020 those messages are related to IP&C guidance development and Nosocomial infections in relation to the pandemic response. It also relates to general discussions regarding meetings, support for teams and follow up of actions etc. It is my opinion that the messages are to support daily operational outputs.
65. The messages exchanged between me and the Chief Nursing Officer for England from August 2021 onwards focused on the professional challenges faced by the nursing and midwifery professions and do not specifically relate to policy development or decision making by the Welsh Government; rather we engaged over WhatsApp as a means of informally checking in on the English and Welsh positions at the time of the Omicron resurgence, i.e., in or around December 2021.
66. I can confirm that my WhatsApp messages that I exchanged with the Chief Nursing Officer for England during my time since in post at the Welsh Government up to 30 May 2022 have been disclosed to the Inquiry.

67. During my time as Deputy Chief Nursing Officer, England, my involvement with the UK Government was confined to liaison with the Chief Nursing Officers and attendance at Senior Clinician Group, which included all UK chief nursing officers and chief medical officers. I have found these meetings to exhibit positive co-working and good professional engagement, primarily through the Chief Nursing Officer for England.
68. I only attended a few of the joint UK Chief Nursing Officer or Chief Medical Officer meetings after taking up post of Chief Nursing Officer for Wales in August 2021 and I understand the Group was stepped down by the Chair Sir Chris Whitty in March / April 2022. Copies of actions were shared ahead of meetings as part of the meeting papers, by the Secretariat, in the Chief Medical Officer for England's office.

#### **H. Divergence between the approaches of the Welsh Government and the UK Government**

69. As I joined Welsh Government in August 2021 I was not in post when Wales began to diverge from the UK, so I do not consider myself sufficiently informed to comment on when this occurred or the factors that contributed to this decision.
70. Through the Coronavirus Act 2020, powers continued to be devolved to Wales. I am aware through discussions, that Chief Medical Officers worked closely together across the four nations of the UK, to ensure decisions were aligned as much as possible. However, it is reasonable to expect that politicians made their own choices, even if advice was consistent based on own local context. In Wales, the Ministers have close, and long-standing trusted relationships with stakeholders and information and data may flow differently resulting in different approaches. Looking at divergence related to lockdowns, Wales had more granular datasets that drove decision making locally and enabled local lockdowns to be managed separately from the way in which England or others had done. It is my view that some divergence based on local data was necessary and seemed to have worked well.

#### **I. Other individuals, organisations and working groups**

71. The Welsh Government has an established practice of social partnership and encourages engagement with stakeholder groups.



72. There were a number of individuals, organisations and working groups that I have had ongoing communication with. I have summarised these groups and organisations below.
73. While discussions would inevitably touch upon the pandemic these were not Covid-19 specific groups and did not directly inform the Welsh Governments decision making around non-pharmaceutical interventions. These groups and the nature of the discussions would however be relevant to the wider healthcare system and, in so far as the impact of the pandemic was discussed, to module 3 of the Inquiry.

Royal College of Nursing (RCN)

74. The Royal College of Nursing is an important stakeholder with whom the Welsh Government works closely. It is the main nursing union and professional body in the UK. Meetings take place on a quarterly basis between the Minister for Health and Social Services and the Director of the Royal College of Nursing. I attend these meetings, or a Nursing Officer attends on my behalf, to support the Minister from both an official and professional capacity. The discussions focus on professional nursing matters relating to Wales.

Welsh Nursing and Midwifery Committee

75. The Welsh Nursing and Midwifery Committee is an independent statutory advisory committee, there to advise Welsh Ministers on matters relating to nursing and midwifery. I produce here, as exhibit **M2BCNOST01/48–INQ0003000072**, the terms of reference for the Welsh Nursing and Midwifery Committee. Nursing Officer, Paul Labourne is an invited member of the Committee and provides updates on behalf of the Chief Nursing Officer. The terms of reference are reviewed periodically, and when the Chair changes.

Heads of Midwifery Advisory Group

76. The All-Wales Heads of Midwifery Advisory Group is a forum, which facilitates collaborative working and communication between the leaders of midwifery and maternity services across Wales and is directly accountable to me as the Chief Nursing Officer for Wales.

77. The Chief Midwifery Officer routinely attends the meetings and provides an observer's report from a Welsh Government perspective. I also attend the meetings when required or if there is a strategic need.

Chief Midwives UK

78. The Chief Midwifery Officer for Wales attends these meetings and feeds back to the Chief Nursing Officer on matters impacting on Welsh policy and delivery.

NHS Health Visitors and School Nurses Groups

79. Health visitors and school nurses are specialist public health nurses and lead on the healthy child Wales programme.

Royal College of Midwives

80. The Royal College of Midwives is the only professional organisation and trade union dedicated to serving midwifery and the whole midwifery team so is an important stakeholder who the Welsh Government engages with. Meetings take place on a quarterly basis between the Minister for Health and Social Services and the Director of the Royal College of Midwives. I attend these meetings, or a Nursing Officer attends on my behalf, to support the Minister from a professional capacity. The discussions focus on professional midwifery matters relating to Wales.

Royal College of Obstetrics and Gynaecologists

81. The Royal College of Obstetricians and Gynaecologists (RCOG) is a professional association committed to ensuring women's healthcare is of the highest standard. During the Specified Period there were meetings relating to vaccination during pregnancy which will be relevant to modules 3 (healthcare systems) and 4 (vaccines and therapeutics).

**J. Role in public health communications**

82. I did not have a role in the use of public health communications and behavioural management in Wales during the pandemic and decisions on this were taken by others with the necessary professional expertise.
83. Since joining the Welsh Government, I have not participated in any public health communications related to Covid-19, but I have engaged with non-Covid-19 matters such as the launch of the Chief Nursing Officer's priorities for Wales.

## **K. Role in public health and coronavirus legislation and regulations**

84. I did not have any role or involvement in providing advice and briefings to the First Minister and or the Welsh Government on the public health and Covid-19 legislation and regulations that were proposed or enacted. This includes the Coronavirus Act 2020 which came into force before I joined the Welsh Government.

## **L. Lessons learned**

85. Given the time at which I joined the Welsh Government I am unable to comment on how the Welsh Government reflected and learned from lessons in the early stages in the pandemic.
86. In terms of my broader reflections on the whole period I would consider the key challenges during this period to be:
- 86.1. Unclear responsibilities and accountabilities across government bodies like Public Health England, now UKHSA in developing and publishing IP&C guidance.
  - 86.2. Significant lack of understanding across partners on the operational role of NHS England and Improvement in IP&C.
  - 86.3. Lack of joined up working with the Partnership forums at start of pandemic.
  - 86.4. Better data at regional and local level regarding deprivation and vulnerabilities may have supported better understanding and actions and interventions adapted for the local context.
87. There were in my view missed opportunities from public health bodies in all four nations at the start of the pandemic in identifying the potential impact of the SARS-CoV2 virus on ethnic minority communities as little was understood regarding multi-generational living conditions, and multi-occupational households. This led to increased mortality in healthcare workers and citizens from these backgrounds.
88. I also believe that there were missed opportunities to ensure that in pandemic preparedness that adequate PPE and FFP3 masks were designed more suitably for the diverse workforce the NHS now has. As a result, only a handful of masks passed

fit testing on certain ethnic groups e.g., Filipino female nurses have a high fit fail test rate on several of the standard FFP3 masks.

89. Leadership in England and Wales should increase their engagement with Black, Asian and minority ethnic healthcare workers and trade unions to ensure that Black, Asian and minority ethnic members of staff feel valued by the organisation, are involved in decision-making processes and feel able to speak up when they are not being protected.
90. The NHS and primary care should also improve the data it holds on people with learning disabilities so that this group of patients can be more appropriately considered for vaccination.
91. Guidance on DNACPR should be clear and properly understood by healthcare professionals and individuals, especially in circumstances where a patient's carer or advocate may not be able to be present in hospital.
92. I will also offer comment on what worked well during the whole period of the pandemic during my time in England and Wales below:
  - 92.1. The four nation IP&C cell delivered some very notable successes despite considerable challenge. The group fulfilled its terms of reference and delivered credible and trusted advice and developed guidance on IPC throughout the pandemic, providing clarity and consistency across the UK and across different health and care sectors. The cell demonstrated excellent collaborative working and built credible, coherent working relationships across the UK. The Cell enabled the rapid sharing of information rapidly across the four nations of the UK and rapid operational response across England with managing Nosocomial infections.
  - 92.2. In Wales, the mechanisms set up by the Welsh Government through the Contingency groups and other forums allowed for good involvement, discussion and escalation to the Executive Director Team on matters that require high level decision making.
  - 92.3. The swiftness of setting up a programme of reviewing nosocomial deaths in Wales including a regular situation update from Local Health Boards and Trusts.

92.4. It has been my experience since taking up post in Wales, that every effort is being made to ensure decisions are based on the evolving scientific knowledge of Covid-19 and how it is affecting Wales and the UK.

92.5. The Technical Advisory Cell has been robust in utilising emerging international experience and evidence, as well as information from the modelling forum to translate this into operational delivery. A weekly summary has been published for the system to support further understanding of decisions and interventions.

#### **M. Evidence before the Senedd and its committees**

93. I did not give evidence to the Senedd or any of its committees during the Specified Period.

#### **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.

**Personal Data**

**Signed:** \_\_\_\_\_

Sumeshni Tranka

**Dated:** 20 November 2023