

Witness Statement of: Alun Jones

No. of Statement: 1

Exhibits: 25

Date of Statement: [23 August 2023]

UK COVID-19 PUBLIC INQUIRY

WITNESS STATEMENT OF ALUN JONES

I, ALUN JONES, 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”) under Rule 9 of the Inquiry Rules 2006 dated 26 January 2023 and referenced M2-HIW-01.

Preface

2. The purpose of this statement is to assist the Inquiry to understand the way that organisations, which were instrumental in the response to the Covid-19 pandemic, worked and made decisions. The Inquiry has asked about the role of Healthcare Inspectorate Wales (“HIW”) had in the provision of advice or informing the making of key decisions by the Welsh Government in response to the Covid-19 pandemic. As the Chief Executive of HIW I consider myself to be the appropriate person to assist the Inquiry with this request.
3. I would like to take this opportunity to express my great sadness at the loss of life resulting from the Covid-19 pandemic and the profound and lasting impact it has had on so many people. This was a period that affected so many of us in so many ways

and I am committed to helping in the Inquiry in any way I can, so lessons can be learned from the actions and decisions taken during this unprecedented time in our lives. This was undoubtedly one of the most challenging periods for healthcare in recent history and required HIW to adapt the way it worked in order to discharge its role and support the healthcare sector and the Welsh Government in rising to the challenges presented by the Covid-19 pandemic. I am proud of the work of HIW during this period and look forward to engaging with the Inquiry to identify and learn lessons from the Covid-19 pandemic.

4. Prior to joining HIW I had 18 years of experience working in audit, inspection and regulation. I previously worked for the Audit Commission, the Healthcare Commission and the Care Quality Commission (“CQC”).
5. I joined HIW in April 2014 initially in the post of Deputy Chief Executive and subsequently led the organisation as the Interim Chief Executive during the Covid-19 pandemic. I was appointed as HIW's permanent Chief Executive in July 2022.
6. In view of the available time, my account cannot reference large volumes of materials when covering the breadth of issues raised by decision-making during the Covid-19 pandemic. The information in this statement, and the material exhibited, are not intended to provide a complete picture of all of HIW's activities during the Covid-19 pandemic (much of which will be more appropriately considered in later modules of the Inquiry), rather this is produced to illustrate key aspects of HIW's role in the Welsh Government's response to Covid-19.

Healthcare Inspectorate Wales: legislative background, core functions and structure

Legislative background

7. HIW was established in 2004 and given the responsibility to conduct inspections of NHS bodies and services, including the seven Local Health Boards and three NHS Trusts. Over the years it has acquired a wide range of additional responsibilities.
8. The majority of the powers and functions that HIW exercises are in fact conferred on the Welsh Ministers¹ and exercised by HIW on their behalf.

¹ Where powers were originally conferred on the National Assembly of Wales, paragraph 30 of Schedule 11 to the Government of Wales Act 2006 transferred them to the Welsh Ministers.

9. The Welsh Ministers recognise the importance and necessity of HIW's professional independence and judgment in exercising these functions on their behalf. The Minister for Finance and Local Government is therefore responsible for the oversight of audit, inspection and regulation as they relate to public services, including the organisation arrangements for HIW. The Chief Officer of HIW is therefore able to monitor, evaluate, review, assess, and report on the quality and provision of healthcare services, without prejudicial pressure or improper constraint.
10. HIW is not a subordinate element of, or integral to, the Welsh Government Health and Social Services Group, which is most closely concerned with the services upon which HIW reports and inspects. It is deliberately separated from the Health and Social Services Group ("HSSG").
11. HIW's main functions and responsibilities are drawn from the following legislation:
 - a. Health and Social Care (Community Health and Standards) Act 2003
 - b. Care Standards Act 2000 and associated regulations²
 - c. Mental Health Act 1983 and the Mental Health Act 2007
 - d. Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DOLS).
 - e. Ionising Radiation (Medical Exposure) Regulations 2017
 - f. Independent Health Care Regulations 2011
 - g. The Private Dentistry (Wales) Regulations 2017
12. The Health and Social Care (Community Health and Standards) Act 2003 ('the 2003 Act') provides the basis for the HIW to undertake reviews and investigations of healthcare provided by and for Welsh NHS bodies. The 2003 Act provides powers for the HIW to enter and inspect NHS premises, and to require information and documentation from NHS bodies.
13. The Care Standards Act 2000 and the Independent Healthcare (Wales) Regulations 2011 require independent healthcare providers to register with HIW if they are providing certain services. Independent healthcare providers, as a term use in this

² A number of Regulations have been made under the Care Standards Act 2000. The Welsh Ministers may exercise powers under section 42(1) to make regulations.

statement, refers to independent hospitals, clinics and medical agency services. The table below sets out the type of services these independent healthcare providers offer and which are in HIW remit:

Provider type:	Services may include:
Independent Hospitals	Acute hospitals (which provide a wide range of services including medical and / or surgical treatment, including investigations, under general anaesthesia or intravenously administered sedation)
	Mental health hospitals
	Hospices
	Dental hospitals providing treatment under general anaesthesia
	Maternity hospitals
	Hospitals providing termination of pregnancy
	Hospitals providing cosmetic surgery;
	'Prescribed techniques' or 'Prescribed technology' e.g Endoscopy, Hyperbaric oxygen treatment (HBOT), Circumcision of male children, Dialysis, In vitro fertilisation (IVF), Use of a Class 3B or 4 Laser or Intense Pulsed Light Source (IPL).
Independent Clinics	Basic physical or psychiatric measurements and investigations.
	Minor procedures such as curettage, cautery, cryocautery of warts, or other skin lesions.
	Longer term treatment for chronic conditions.
	Treatment for drug and alcohol misuse.
	Prescription of medication and discussion of diagnosis and treatment options or onward referral for other services.
	Weight management / weight loss services.
	Travel vaccination services.
Independent medical agency services (or private 'call out' medical services)	Basic physical or psychiatric measurements and investigations.
	Minor procedures.
	Prescription of medicines.

	Discussion of diagnosis and treatment options or onward referral for other services.
	Travel vaccination services.
	Internet consultation, diagnosis or prescription.
	Provision of 'Out of Hours' call out service for independent clinics

14. Independent healthcare providers can only provide healthcare legally if they are registered. HIW will only register a provider if satisfied that it will be able to meet legal requirements, and national minimum standards which apply to their particular services. As a regulator, HIW has the power to inspect these services and where patients are put at risk can take enforcement action, including suspension or cancellation of registration and in the worst cases prosecution.
15. HIW has specific responsibility in relation to protecting vulnerable patients. HIW monitors compliance with the Mental Health Act 1983 and carries out some of the functions formerly performed by the Mental Health Act Commission in relation to Wales. It also monitors compliance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards introduced under that Act in 2009.
16. The Prisons and Probation Ombudsman ("PPO") is required to undertake an investigation of every death that occurs in a prison setting. In Wales, HIW contributes to these investigations by undertaking a clinical review for all deaths within a Welsh Prison or Approved Premises. This arrangement is defined within a Memorandum of Understanding between the PPO and HIW.
17. The Inspectorate is also responsible for monitoring compliance with the Ionising Radiation (Medical Exposure) Regulations 2017. These Regulations aim to protect patients from hazards associated with ionising radiation.

Core functions

18. HIW is the independent inspectorate and regulator of healthcare in Wales. Its core role is to inspect NHS services and regulate independent healthcare providers against a range of standards, policies, guidance and regulations to highlight areas requiring improvement. In its current three year strategy for 2022 to 2025 HIW describes its purpose as being to check that healthcare services are provided in a way which

maximises the health and wellbeing of people. It aims to provide an independent view on the quality of care delivered by the NHS and independent healthcare services across Wales.

19. HIW's remit covers a range of NHS settings including hospitals, GP surgeries, dental practices, mental health units and Community Mental Health Teams. In the independent sector, it regulates and inspects healthcare settings by registering a range of providers including independent hospitals and clinics, dental practices, mental health units, hospices and laser treatments at beauty salons. It monitors compliance against conditions of registration and considers the quality of care being delivered against relevant regulations and standards.
20. Alongside a mixture of onsite and offsite assurance, inspection and registration activities, HIW uses information about healthcare services to gain assurance in relation to the quality and safety of services provided to citizens in Wales. This includes:
 - a. Listening to others
 - b. Monitoring Incidents and notifications
 - c. Examining safeguarding concerns and outcomes
 - d. Monitoring compliance with legislation
 - e. Actively engaging and sharing information with healthcare providers and partner agencies.
21. In addition, HIW can drive improvement through reporting and sharing of good practice.
22. HIW reviews services against a range of published standards, policies, guidance and regulations and where there are shortcomings, makes recommendations on what needs to be improved and requires action plans to be implemented in order to address them. HIW is unable to take legal enforcement action against NHS organisations, but it does have mechanisms to escalate issues where requested improvement isn't made or where it has evidence to suggest that there are significant risks to patient safety. There are two key escalation approaches used by HIW. The first of these is HIW's own Service of Concern process for the NHS, launched in November 2021, which may lead to a Service Requiring Significant Improvement Designation³. The second mechanism

³ <https://www.hiw.org.uk/supporting-services-improve-service-concern-process-nhs-bodies-wales>

is HIW's participation in the NHS Wales Escalation and Intervention arrangements⁴, where it contributes, along with Audit Wales and the Welsh Government to inform the escalation status of each local health board and Trust in Wales. The most significant of these statuses is Special Measures.

23. Where there appears to be a systemic failure in delivering healthcare services, HIW can undertake special reviews and investigations to ensure that rapid improvement and learning takes place.
24. If appropriate, special reviews can be coordinated with other inspectorates, regulators and auditors such as Audit Wales, Care Inspectorate Wales ("CIW") and Estyn to carry out cross sector reviews in health, social care and education. HIW also engages with the Community Health Councils and third sector organisations and charities to identify key themes and issues emerging from people in Wales when interacting with the healthcare system. The Community Health Councils were replaced in April 2023 by Llais, a statutory independent body which operates in both health and social care settings to support people to share their views and experiences of services in Wales.
25. HIW's work programme is planned to ensure that it meets its statutory requirements and it has a number of agreed protocols, concordats and memoranda that set out how it works with other regulators, inspectorates and organisations to improve the safety and quality of healthcare services in Wales and to share good practice. An example of one such memoranda is provided in exhibit **AJMB2HIW01/01-INQ000182600**.

Structure of HIW

26. As outlined above HIW carries out its functions on behalf of Welsh Ministers and although part of the Welsh Government, protocols have been established to safeguard the operational autonomy of HIW. Exhibit **AJMB2HIW01/02-INQ000182573** provides the current Memorandum of Understanding between HIW and the Welsh Ministers.
27. Under arrangements with the Welsh Ministers, HIW provides quarterly updates to the Minister for Health and Social Services on its activities in line with its annual operational plan and long-term strategic priorities.
28. While HIW's functions and responsibilities are extensive, it is a relatively small organisation, consisting of 85 members of staff situated throughout offices in Wales and who consequently need to be multi skilled and develop knowledge and

⁴ <https://www.gov.wales/nhs-escalation-and-intervention-arrangements>

competence in the different areas of work HIW delivers on. Whilst HIW's staff are civil servants employed by government, it decides on its own programme of work and where, when and how this is carried out. The management structure of HIW is provided in Exhibit **AJMB2HIW01/03-INQ000182574** which sets out the key roles and areas of responsibility within HIW.

29. As outlined above, at the start of the pandemic I was in the post of Deputy Chief Executive and subsequently led the organisation as the Interim Chief Executive during the Covid-19 pandemic. This was due to the Chief Executive post being vacant following the previous Chief Executive taking up a new role outside of HIW and Welsh Government just before the pandemic. In the absence of the Chief Executive, I in my role of Deputy Chief Executive, and Stuart Fitzgerald, the Director of Strategy and Engagement, initially shared the responsibilities of the Chief Executive until my appointment as interim Chief Executive in March 2020. I was appointed as HIW's permanent Chief Executive in July 2022.

Healthcare Inspectorate Wales role, function and responsibilities during the Covid-19 pandemic

30. Much of the work of HIW will be relevant to later modules in the Inquiry, particularly module 3, in which the Inquiry will examine the impact of Covid-19 on healthcare systems in the UK. In this statement I have sought to summarise some of the key areas of work and role of HIW during the pandemic, but additional information can be provided either in respect of this module or later modules if the Inquiry wishes. As outlined above, HIW's function is to provide an independent view on the quality of care delivered by NHS and independent healthcare services across Wales on behalf of Welsh Ministers.

31. During the pandemic period, HIW continued to discharge this role through a dynamic approach to assurance and inspection work, making use of off-site activities. HIW also continued to follow up on concerns received and seek assurance via its Concerns Team. HIW's most significant change in this area was the use of offsite' Quality Checks, which included the use of self-assessments, telephone interviews and analysis of evidence to assess quality of care. Each Quality Check resulted in a report being produced and published. HIW's offsite assurance work continued to evolve and became the default approach to assurance until it formally reintroduced routine onsite inspections from 26 April 2021, doing so in a phased way. HIW made extensive use of its Quality Check, offsite approach to assurance, which is referenced in paragraph 53

of this statement. Where intelligence indicated that patient risk was substantial, HIW continued to undertake onsite inspection work during this period, mitigating risks of virus transmission with risk assessments and control measures. HIW's inspection of the Heddfan Mental Health Unit in north Wales is an example of where a decision was taken to undertake an onsite inspection. HIW's inspection of the Heddfan Mental Health Unit in north Wales is an example of where a decision was taken to undertake an onsite inspection. This onsite inspection took place between the 7 and 9 of July 2020 and the purpose was to gain assurance that sufficient attention was being given by the health board to address issues that had been raised through concerns reported to HIW. The report, which is exhibited in **AJMB2HIW01/04-INQ000182603** covered a range of issues but also considered the impact of the restrictions in place to respond to Covid-19. Due to the pandemic no visitors or family members were allowed access to the Heddfan unit. There were ward mobile phones available for patients to contact friends and families, however, these facilities were poor. Although the health board was looking to reintroduce visitors and were putting together plans for visits to take place safely, in the meantime, HIW recommended that the health board needed to make improvements for patients to receive virtual communications with family members.⁵

32. HIW played an active role in keeping independent healthcare services informed of health protection advice being provided to NHS services from Welsh Government. This was done via emails or HIW bulletins which were issued by HIW to independent healthcare service providers. HIW acted as the conduit for all such guidance, issuing newsletters to independent healthcare services to notify them of all relevant information. Examples of newsletters produced by HIW are provided in exhibits **AJMB2HIW01/05-INQ000182596**, **AJMB2HIW01/06-INQ000182599**, and **AJMB2HIW01/07-INQ000182597**.

33. HIW's Quality Insight bulletins for the period 2020 to 2021 highlight the key findings from the work it undertook, including engagement with healthcare providers and other intelligence that it held. The following bulletins are exhibited to this statement:

- a. Quality Insight Bulletin Covid-19 December 2020 (**AJMB2HIW01/08-INQ000182575**)

⁵ See page 10 of report provided in exhibit **AJMB2HIW01/04-INQ000000**

b. Quality Insight Bulletin Covid-19 February 2021 (**AJMB2HIW01/09-
INQ000182576**)

c. Quality Insight Bulletin Covid-19 May 2021 (**AJMB2HIW01/10-INQ000182577**)

34. Much of what is set out in the Quality Insight Bulletins will be outside of the scope of this module, which focuses on decision making by the Welsh Government, but they are exhibited to provide the Inquiry with an initial overview of the range of the work HIW undertook during this period.

35. On 13 March 2020⁶ HIW issued a statement advising that arrangements were in place to consider whether specific inspections would go ahead, and the potential for inspections and reviews to be postponed or conducted using different methodology. This statement was issued following a collective decision, involving myself, the Director of Strategy and Engagement and the Director of Clinical Advice as a consequence of the outbreak, informed by:

- a. Government guidance including in relation to activities and travel;
- b. Patient safety considerations, including the risk of virus transmission caused by inspection activities;
- c. Staff welfare; and,
- d. The burden of inspection activities at a time when healthcare services are under considerable pressure.

36. On the morning of 16 March, HIW held its weekly business group meeting. Over the weekend there had been a number of developments in the news about the pandemic, transmissibility and increased cases seen in the UK. Having considered the risk assessment process carried out, as referenced in paragraph 35, I discussed the situation with the Director of Strategy and Engagement and the Director of Clinical Advice and we collectively agreed that HIW should pause the routine inspection and review programme. This was communicated on 17 March 2020⁷. HIW's approach to considering its role during this early stage of the pandemic was aimed at balancing its

⁶ <https://www.hiw.org.uk/coronavirus-covid-19-statement-13-march>

⁷ https://www.hiw.org.uk/coronavirus-covid-19-statement?_ga=2.218411801.1698152217.1676367121-45770709.1657273328

statutory responsibilities with the need to be supportive and reducing the burden of its work on healthcare settings.

37. Following the decision to pause routine onsite inspections, HIW took account of a range of sources of information to inform its strategic and operational response to the pandemic. Sources of information included the regular “data monitor” produced by Welsh Government which helped to provide a rounded view of data covering all various aspects of the pandemic including cases, deaths and vaccinations, health and social care figures and information from Public Health Wales. HIW continued to work with partners to monitor services in response to Covid 19, including regular intelligence sources and data analysis. The Welsh Government’s reports and information were reviewed alongside data dashboards and modelling to determine the issues and risks being faced by settings and services. HIW was involved in a range of meetings which included the All Wales National Modelling forum which met every two weeks and was a sub-group of the Technical Advisory Group (“TAG”). The purpose of this forum was to agree consistent and coherent methods and messages around Covid-19 models for use in Wales by the Welsh health services. HIW attended from 17th June 2020. Additionally, HIW attended the Nosocomial Transmission Group, which met monthly from 1st September 2020. The purpose of the Nosocomial Transmission Group was to provide advice, guidance and leadership for all healthcare and care settings including hospitals, primary and community care, registered care homes, domiciliary care, learning disability units and prisons (healthcare settings) to minimise nosocomial transmission and enable the safe resumption of services.

Healthcare Inspectorate Wales role in decision making by the Welsh Government

38. HIW does not have a direct role in relation to emergency planning or delivering healthcare services including issues relating to public health. HIW was not involved in key decision making relating to the Welsh Government’s strategies relating to Covid-19 including those relating to community testing, surveillance, the movement from ‘contain’ to ‘delay’ and guidance and advice to health and social care providers. There are specific arrangements in place, described in a Memorandum of Understanding to ensure that HIW is operationally independent in terms of how it discharges its role and the judgements that it reaches. There were two Memorandums of Understanding in place during the pandemic period which are provided in exhibit **AJMB2HIW01/11-INQ000182589** and **AJMB2HIW01/12-INQ000182578**. As HIW is operationally independent it does not have an explicit role in providing support for political and administrative decision-making within the Welsh Government and does not routinely

provide advice to the Welsh Government for the purpose of policy development. However, HIW does seek to influence policy where it feels it can add value through reference to the inspection work that it has undertaken or is undertaking and in identifying theme and systemic issues which may require action by the Welsh Government.

39. This position remained the same during the pandemic period and HIW was not involved in the decision making by the Welsh Government in relation to Covid-19 or the use or relaxation of NPIs. HIW did provide the following Ministerial briefings which set out the actions HIW had taken in response to the Covid-19 outbreak and the principles that underpinned its approach to continuing its work during this period:

- a. Informal Ministerial Briefing – Healthcare Inspectorate Wales’ Response to COVID–19 , dated 30 April 2020 (**AJMB2HIW01/13-INQ000182579**)
- b. Informal Ministerial Briefing - Healthcare Inspectorate Wales – Inspection of two field hospital/surge capacity sites in Hywel Dda University Health Board, dated 11 December 2020 (**AJMB2HIW01/14-INQ000182522**)
- c. Informal Ministerial Briefing – Healthcare Inspectorate Wales – Plans to Inspect Mass Vaccination Centres, dated 10 February 2021 (**AJMB2HIW01/15-INQ000182524**)
- d. Informal Ministerial Briefing – Healthcare Inspectorate Wales – Embargoed Report – Field Hospital Report, dated 19 March 2021 (**AJMB2HIW01/16-INQ000182532**)
- e. Informal Ministerial Briefing - Healthcare Inspectorate Wales – Mass Vaccination Centres – Letter to Health Boards – Immediate Assurance Issues; dated 22 March 2021 (**AJMB2HIW01/17-INQ000182580**)
- f. Informal Ministerial Briefing – Healthcare Inspectorate Wales – Publication of Quality Insight Bulletin’ dated 21 May 2021(**AJMB2HIW01/18-INQ000182581**)
- g. Informal Ministerial Briefing – Healthcare Inspectorate Wales – COVID-19 National Report, dated 21 June 2021(**AJMB2HIW01/19-INQ000182582**)

40. The purpose of these Informal Ministerial Briefings was to provide assurance to Ministers on the work of HIW and to update and inform them of the outcome of its work during this period.

41. In relation to the public health and coronavirus legislation that were proposed and enacted, HIW did not provide advice to the Welsh Ministers but it did issue guidance to registered providers regarding the impact of the decisions taken by the Welsh Ministers to enact such legislation. Specifically, HIW provided guidance on the modifications of Disclosure Barring Service (“DBS”) requirements in the Independent Health Care (Wales) Regulations 2011 (the Regulations), contributing to Welsh Government briefings to Ministers regarding this.
42. The procurement of whole independent hospital capacity resulted in the potential for NHS staff to be deployed in these hospitals at short notice. The extant regulatory framework meant that a person could not work in an independent hospital until a DBS check had been applied for and the result of the check considered by the independent hospital where they were intending to work.
43. A notice was issued under section 33(1)(a) of the Coronavirus Act 2020 to modify the DBS requirements in the Regulations to make it lawful for registered providers/managers of an independent hospital with beds for overnight stay that provided care for over 18s to rely on a fast-track Barred list check, or a previous DBS check that was is no more than 3 years old, when allowing staff to work on their premises.
44. HIW issued guidance to highlight and explain to registered providers the changes to DBS requirements and clarify minimum expectations for employment checks, allowing independent hospitals to quickly deploy NHS staff and recruit new staff to address staffing shortfalls. A copy of this guidance is provided in exhibit **AJMB2HIW01/20-INQ000182601**.
45. HIW also issued guidance regarding the fast-tracking of processes for granting interim practising privileges to consultants and deploying NHS staff within Independent Hospitals. A copy of this guidance is provided in exhibit **AJMB2HIW01/21-INQ000182602**. This guidance arose from the fact that the Welsh Health Specialist Services Committee (“WHSSC”) had developed a framework agreement to make independent hospital facilities and staff available for the admission and treatment of NHS patients. The independent hospital would remain registered with HIW and would maintain accountability for the quality and safety of care and compliance with regulations.

46. HIW's guidance provided advice on how providers could maintain compliance with Regulation 21 and Schedule 2 of the Independent Health Care (Wales) Regulations 2011 both when granting practicing privileges ("PPs") to consultants who did not already hold them with the hospital, or with another independent healthcare provider and for deploying non-medical NHS staff.
47. HIW also issued guidance to registered providers on how HIW would support them as they in turn supported the NHS in its response to Covid-19. This consisted of guidance to explain to registered providers what changes to service provision could be dealt with by way of revised statements of purpose, and what changes still required an application to vary conditions. HIW also made it clear that any applications in relation to the Covid-19 response would be given priority. A copy of this guidance is provided in exhibit **AJMB2HIW01/22-INQ000182598**.
48. Additionally, HIW issued broader guidance setting out temporary changes to the registration process because of Covid-19. This included detail on how the various stages of registration would be achieved, in accordance with HIW's statutory role. A copy of this guidance is provided in exhibit **AJMB2HIW01/23-INQ000182595**.
49. In relation to Private Dentistry, HIW issued specific advice and guidance to Private Dentistry providers in addition to arrangements communicated by the Chief Dental Officer (CDO) for Wales to all NHS dentists. This was of particular importance to private only dental practices, as these may not have all been in receipt of the alert levels issued by the CDO⁸.
50. In relation to the guidance available to healthcare settings, once the Welsh Government published guidance and advice which healthcare providers were required to follow, HIW acted as the conduit for this to independent healthcare settings. The initial months of the pandemic were a period which saw Welsh Government produce numerous guidance documents and these needed to be shared quickly with IHC settings. HIW used the 'gov delivery' newsletter system to share these, issuing over 40 in the period between 11 March 2020 and 22 January 2021.
51. HIW established an adapted approach to seeking assurance from healthcare settings which took account of the following four principles:

⁸ <https://www.hiw.org.uk/guidance-private-dental-practices> lists all the guidance issued by HIW. These are not relevant to the scope of Module 2B however examples are exhibited earlier in this statement in exhibits AJMB2HIW01/04; AJMB2HIW01/05 and AJMB2HIW01/22.

- i. Any government guidance and potential restrictions on activities or travel
- ii. Patient safety, including the risk of virus transmission caused by our inspection activities
- iii. The welfare of our own staff
- iv. The burden of any activities we conduct, at a time when healthcare services are under considerable pressure.

52. HIW made use of its internal governance structures, including its monthly Senior Leadership Group, to agree that the approach to seeking assurance would be through offsite virtual methods and evidence reviews (reserving onsite inspection visiting for highest risk cases). It also made use of these structures to agree that the methodology used to measure standards and seek assurance on quality would be aligned to the key areas set out in the NHS Wales Planning Framework issued by the Welsh Government⁹.

53. The focus of the work also represented the areas we already knew, through our work and through advice received from HIW Clinical Advisors, to be crucial to safe, effective patient care. Each sector-specific methodology considered these areas plus other pertinent areas to that sector. The offsite assurance work, referred to as Quality Checks, specifically explored arrangements put in place to protect staff and patients from COVID-19; infection prevention and control arrangements; governance process and the environment of care. Quality Checks took 4 weeks from date of activity to publication of report, compared to 3 months for an onsite inspection. Due to the shorter timescales associated with a Quality Check, HIW was able to provide fast and supportive improvement advice on the safe operation of services during the pandemic.

54. Therefore, in terms of the response measures taken by the Welsh Government in relation to Covid-19, HIW did not have decision making responsibility for these but took responsibility for ensuring that the independent healthcare sector received all alerts, notifications and guidance from the Welsh Government which related to the delivery of healthcare during the pandemic.

55. In respect of the imposition of non-pharmaceutical interventions (“NPIs”) in Wales, as with other aspects of the Covid-19 response HIW did not have a decision-making role.

⁹ NHS Wales planning frameworks | GOV.WALES

However, as regulator of independent healthcare services and as the conduit of the Welsh Government's advice to this sector, HIW did ensure that all alerts and guidance relating to NPI's were conveyed to independent healthcare settings and that any barriers to independent healthcare settings implementing such guidance and policies were conveyed into Welsh Government policy teams. HIW conveyed this advice via "govdelivery" (a public sector communications platform) by issuing newsletters to Registered Managers of independent healthcare services, whom were the primary point of contact for communicating advice and guidance to. On occasion we would supplement newsletters by hosting a 'webinar' session. An example of this would be webinars which were held on 2 and 3 March 2021 to provide advice and highlight actions for Registered Managers regarding Lateral Flow Testing for Independent Hospitals.

56. In accordance with HIW's operationally independent role, the organisation was not asked to provide advice or to clear advice being given to the Welsh Government. It had no role in the decision-making process in relation to NPIs and public health messaging and neither would it expect to be included in this process. As a non-policy making area, HIW was not party to the evidence and data that would have supported such advice and decisions to be made and therefore would not have been able to comment.
57. For clarification, HIW also does not have a decision making or advisory role within the UK government, other devolved governments or local authorities. As an inspectorate with operational independence from the Welsh Government, HIW does not liaise with UK Government or other devolved governments in relation to operational or policy matters. HIW is however part of the European Partnership for Supervisory Organisations in Health Services and Social Care ("EPSO") and has relationships with partner inspectorate organisations across the UK who carry out similar work. Through these networking and partnership arrangements, which are supported by Memoranda of Understanding, HIW maintained contact with other relevant departments, namely the Care Quality Commission, Care Inspectorate Wales, Estyn, Audit Wales and EPSO member organisations from across the world. These relationships operate on an information sharing and collaboration basis, rather than on an advisory or decision making, basis. Initially at the start of the pandemic, the main conversations were around how these organisations were continuing to deliver their roles and how they were deploying their staff. This was helpful for HIW to learn about and consider how other organisations were approaching the unprecedented situation. For example, we

learned that CQC and CIW were having supportive check-in phone calls with care homes to see how they were coping/adapting to the demands of the pandemic. For the independent sector in Wales, HIW monitored regulatory notifications to enable it to gain early insight into operational challenges. HIW also increased the frequency of contact that it had with the National Collaborative Commissioning Unit (“NCCU”) a body responsible for commissioning services on behalf of NHS Wales. The NCCU has a role in the ongoing monitoring of care received by NHS patients being treated in the independent sector. We also learned that CQC was seeking to support some clinical staff to take up frontline NHS roles to help with the response, something that we were also considering.

58. The purpose of information sharing during the pandemic was to provide insight into the adapted methods of assurance that HIW had designed in order to enable it to seek assurance from healthcare settings at a time when onsite inspection work was considered high risk. HIW also used these conversations as an opportunity to reflect and challenge our own decision making so that it could continue to consider whether its approach to seeking assurance could be further adapted or strengthened in any way, taking lessons learnt from the experiences of other similar inspectorates and regulators. This was done on an informal basis due to the rapidly changing nature of the infection rates over this period.

Impact of the Welsh Government and UK Government decision making on Health Inspectorate Wales

59. During the initial period of the pandemic, decisions taken by the Welsh Government or at a UK Government level had an impact on HIW delivering its responsibilities, most obviously the requirement to stay at home and not leave the home unless necessary. HIW was not and would not have expected to have been consulted on the decisions taken by the Welsh or UK Government prior to implementation.
60. The initial Coronavirus Joint Action plan issued on the 3 March 2020 outlined the various ‘phases’ of the UK response to the virus. HIW shared a copy of this with independent providers and advised them to seek further information or updates via the Public Health Wales website. Whilst HIW took the decision on 17 March 2020 to suspend its routine assurance programme, subsequent announcements by the First Minister on the 22 March 2020 urging avoiding all but essential travel and UK Government guidance asking people to remain at home to halt the spread of Coronavirus meant that HIW had to pause some of the activities it undertook in order

to deliver its statutory role. With the coming into force of the national lockdown and subsequent restrictions, HIW needed to fully reconsider its approach to delivering its role going forward.

61. In addition to this, HIW had to consider the personal safety and wellbeing of its staff, staff working within healthcare settings, and patients and understand how or whether it was able to appropriately justify sending members of the workforce to inspect healthcare settings, considering lockdown and social distancing measures being legally in force. There was, for example a risk that HIW staff could transmit the disease to members of the public simply by travelling between areas of Wales.
62. HIW communicated to stakeholders and the public the fact that it still may be necessary for it to use its inspection powers in a very small number of cases where there was clear evidence to do so. Any decision to do so considered the safety and wellbeing of HIW staff, healthcare workers and patients.

Communications and the maintenance of public confidence in the response to the Covid-19 pandemic in Wales.

63. HIW's role is to provide a view on the quality of healthcare services in Wales. For the NHS in Wales, HIW is the inspectorate, taking authorisation from the Health and Social Care (Community Health and Standards) Act 2003¹⁰ for its work. In the course of fulfilling this responsibility, a programme of assurance and inspection work is carried out and the findings of each piece of work are published so that members of the public can find out HIW's view on healthcare settings that are of interest to them. Despite the adaptations made to HIW's inspection and assurance methodology to enable the work programme to go ahead, it continued to publish reports of our findings into each piece of work carried out over this time. The publication of its work may or may not have had an impact on the public confidence in healthcare provision, but this was not something which was measured over the course of the pandemic and so cannot provide any specific evidence to support this either way.
64. Additionally, trends and themes identified from the work conducted by HIW during the period in question were analysed and published in HIW's Covid -19 National report exhibited in **AJMB2HIW01/24-INQ000182583**. In this report, HIW identified that there was a need to strengthen the infection, prevention, and control (IPC) arrangements in place within healthcare settings. Further to this work, HIW also added further lines of

¹⁰ Sections 70, 71, 72 and 73

questioning into the IPC section of its inspection and assurance methodology so that this area could be explored more thoroughly during future inspection work.

65. Neither myself nor any other staff from HIW were asked to attend the Senedd Cymru to provide evidence or information to any of its committees during the pandemic period. The work of HIW was, however, of interest to the Senedd and committees would often consider in session reports published by HIW and it was not uncommon for Senedd Members to write to HIW with queries. For example, 30 June 2020 Lynne Neagle, MS and Chair of the Children, Young People and Education Committee wrote to HIW to request an update on the arrangements in place to visit and inspect in-patient facilities and the plans HIW had to respond to any future easing of lockdown requirements. I replied to this on the 15 July 2020, and it was discussed at Committee on 20 July 2020. A copy of this letter is exhibited **AJMB2HIW01/25-INQ000182584** as an example of engagement with the Senedd.

Lessons learned

66. HIW's quality check approach allowed it to consider the quality and safety being delivered by new models of healthcare that arose in response to the challenges of COVID-19. It reported on these specific findings through Quality Insight Bulletins as exhibited to this statement at paragraph 33. Additionally, the COVID-19 National Review report, draws on all work undertaken at the height of the pandemic together and is exhibited in **AJMB2HIW01/24-INQ000182583**.

67. An internal evaluation of HIW's Quality Check approach took place to review the effectiveness of the adapted approach to seeking assurance from settings that was introduced early in the pandemic. This resulted in a number of internal recommendations made to strengthen the approach being used, which were subsequently implemented. These were designed to ensure the strongest evidence possible was provided from healthcare settings back to HIW to enable a thorough assessment to be made. The approach and methodology for the Quality Check process and lessons learned from this review address issues and themes of later modules to the Inquiry.

68. In relation to actions taken by Welsh Ministers to control and deal with the pandemic, this is not within HIW's remit and therefore HIW did not undertake any review of this.

69. HIW has continued to make use of risk assessments to support the safety of patients in healthcare settings and HIW staff carrying out inspection work. HIW has continued

to adapt these assessments to take account of advice available from Public Health Wales to ensure the safety of patients and staff.

Statement of Truth

I believe that the facts stated within this witness statement are true.

Full name: Alun Jones

Position or office held: Chief Executive, Healthcare Inspectorate Wales

Signed:

Personal Data

Date: 23 August 2023