Witness name: Mark Hackett
Statement Number: 1
Exhibits MH1-1 to MH1-7
Dated: 16.11.2023

THE UK COVID-19 PUBLIC INQUIRY

MODULE 2B

First Witness Statement of Mark Hackett

I, **Mark Hackett** will say as follows:-

1. I was the Chief Executive of the Swansea Bay University Health Board ("SBUHB") until 31st August 2023. I make this statement in relation to Module 2B of the UK Covid-19 Public Inquiry, which is looking at the Welsh Government's decision-making in relation to the Covid-19 pandemic between 21 January 2020 and 30 May 2022. I became Chief Executive of the Health Board in January 2021. The previous Chief Executive was Tracy Myhill. She is also providing a statement for this Module and my statement therefore focuses on my role, and in particular my dealings with the Welsh Government, from January 2021 onwards.

My Background and Qualifications

2. I have worked as a Director and Chief Executive within the NHS for over 37 years. For 23 of those years, I have worked in Health Boards and Trusts running complex teaching hospitals systems. These have included University Hospitals of North Staffordshire NHS Trust, Southampton University Hospitals NHS Trust, The Royal Wolverhampton Hospitals NHS Trust and Birmingham Women's Hospital NHS Trust. My qualifications include BSc (Econ)

Economics and Diploma Health Services Management. I have written a number of peer-review articles around leadership, governance, partnership, alliances and mergers in the NHS.

My role and my dealings with the Welsh Government

3. I was the Chief Executive of Swansea Bay University Health Board between January 2021 and August 2023. The Chief Executive is the accountable officer for SBUHB, with full responsibility for its management and continued development. The Chief Executive provides top level leadership, vision and strategic direction and operational leadership across all aspects of SBUHB's activities and ensures that all required decision making, control, delivery and development systems are in place. The Chief Executive is accountable for operational delivery of organisational, financial, population, value for money, partnerships and quality performance. These were my duties during my tenure as Chief Executive, and in the period from January 2021 to May 2022; I should stress that by the time that I joined the Health Board the NHS in general and SBUHB in particular were moving into the recovery phase of the crisis. This recovery phase was part of a wider programme of recovery and service change, made necessary both by the pandemic and by the pre-existing challenges that the Health Board faced.

4. The primary channel of communication between me and the Welsh Government about the pandemic specifically was a twice weekly all-Wales chief executives' call with Welsh Government to provide updates on the latest positions. In February 2022 the frequency of this call was changed to every other week until summer 2022. This included many discussions about modelling and the appropriate responses to the data and projections. I attach to this statement **[MH1-1-INQ000255784]** which is an example record from these meetings.

5. There was also a monthly leadership meeting chaired by Dr Andrew Goodall, the Director General, Health and Social Services/NHS Wales Chief Executive and attended by the CEOs of Health Boards, including me. This meeting was not solely concerned with Covid-19, but given that the pandemic and recovery from the pandemic dominated our activities at the time, much of our time was spent on this. I attach to this statement marked **[MH1-2.1-INQ000255785 and MH1-2.2-INQ000255786]** an example agenda and minutes from these meetings.

6. I had other meetings with the Welsh Government as part of the normal arrangements for liaison between Health Boards and the Government. These included Chief Executive meetings, annual plan meetings, escalation meetings and meetings of joint executive teams.

In these regular meetings Covid-19 would have been discussed as part of the Health Board's activities but this was not the primary focus or purpose of the meetings.

7. I had regular correspondence with Dr Andrew Goodall, with his successor Judith Paget, and with Dr Simon Dean, the NHS Wales Deputy Chief Executive, about issues such as plans and recovery of services. I attach to this statement marked **[MH1-3.1-INQ000255787, MH1-3.2-INQ000255797 to MH1-3.9-INQ000255807 and MH1-3.10-INQ000255788 to MH1-3.18-INQ000255796]** a bundle of correspondence relating to planning and **[MH1-4.1-INQ000255808 to MH1-4.6.4-INQ000255816]** which contains correspondence relating to the recovery of services.

8. As well as these meetings in which I participated there were a number of meetings which my senior colleagues attended on behalf of the SBUHB. The most significant were as follows.

(a) There was a regular meeting, initially twice-weekly, and then weekly every Tuesday called the HSSG Covid-19 Planning and Response Group. Our representatives on this were the Director of Public Health, Dr Keith Reid, and the Emergency Planning Lead, Karen Jones. Regular updates were provided to this meeting from the TAG, including the latest modelling and changes to approaches, and this was a good forum for discussion and debate which could then be taken back to our Gold command meetings to inform our decisions. I attach an example 'SitRep' report from one of these meetings marked as **[MH1-5-INQ000255817]**.

(b) There were regular medical directors' meetings with Dr Frank Atherton, the CMO, which our medical director Dr Richard Evans attended. So far as I am aware there were no minutes of these meetings.

(c) There were regular meetings of Directors of Public Health with the Chief Medical Office and Public Health Wales which Dr Reid attended. (This was initially a combined meeting with the meeting at (b) above but it was then separated out). Again I am not aware of these meetings having been minuted.

(d) Our Director of Strategy, Sian Harrop-Griffith, attended regular meetings with representatives from the Welsh Government at the Test Trace Protect Programme Oversight Group. I understand that agendas and minutes were prepared for these meetings, but they are not available to SBUHB at this time.

9. These meetings meant that there was an opportunity for the Health Board to have some input into developments and policies and to feed back our experience of what was going

at local level. I have, however, to be realistic and to acknowledge that we were not the decision makers: usually the decisions were made by the Government, the CMO and the Chief Executive of NHS Wales. Often policy changes were communicated to us as a final product. I think that was an inevitable consequence of the need for policy to change and develop in the light of fast-moving events.

10. Our role was not really to provide advice to the Welsh Government as such, although of course we did feed up information and comments through the meetings discussed above and through the submission of data as I discuss below. I did not attend any decision-making committees, groups or forums dealing with the pandemic.

11. As I joined the Health Board almost a year into the pandemic, the meetings and interactions between us and the Welsh Government had started to become less intense as the response was fully underway and recovery was starting. The only Covid-19 specific meetings I attended were the CEO twice-weekly calls I mentioned above; the rest of the meetings were 'business as usual' meetings, which would have been undertaken regardless of the pandemic, although of course much of that regular business was affected by the pandemic.

12. I do feel that the extent of the contacts I had with the Welsh Government was appropriate and sufficient given the situation I faced when I became CEO. The CEO calls were an opportunity to discuss local and national positions and concerns, but attendance was not too onerous, and I consider that was right, given that more was known of the virus at that point and that guidance was already in place for Health Boards to follow.

13. As well as information being communicated to the Government in meetings, there was daily reporting of key statistics. By the time I joined the organisation, we had a Covid dashboard in place, which was a live database collecting information from across the services including case numbers, staff isolating/sickness, vaccinations administered (added once the programme started shortly after my arrival), etc. The submission of data was routine by the time I was in post via daily SitReps. SitReps were sent from each hospital within SBUHB to Digital Health and Care Wales (DHCW), who would collate and send the data to the Welsh Government. Further high level SitReps were submitted to the South Wales Local Resilience Forum (SWLRF) on behalf of the entire Health Board, and this information would be collated with other multi-agency SitReps and fed back to the Welsh Government. I attach examples of the SitReps as exhibits **[MH1-6.1-INQ000255820 to MH1-6.5-INQ000255824].**

14. We had access to the Wales specific modelling via the twice-weekly CEO meetings and the weekly HSSG Covid-19 Planning and Response Group. The modelling data did inevitably change as the virus developed and sometimes the modelling was received at the last minute or with different versions. I do not think that this was anyone's fault or an indication of a system failure: rather it was a function of the situation we were in. But it did make tasks like drafting the annual plan challenging. It was difficult for us to finalise these documents when they were due.

15. The Health Board was able to ask questions about the scientific advice, the data, the modelling etc, particularly via the regular meetings. Of course, at times the Health Board was simply putting into effect policies that had been made at Welsh Government or UK Government level, and we had to accept those policies. But where we needed further information in order to guide our responses, we were generally able to obtain it.

Non-Pharmaceutical Interventions

16. Non-pharmaceutical interventions (NPIs) were already in place by the time I joined the Health Board. The majority of the lockdowns and the firebreak had happened the previous year, with the one announced in December 2020 already in place as I took up post, after which the restrictions started to be released from March 2021. The only new restriction for which I was present was the three-day closure between Christmas and New Year at the end of 2021.

17. Working from home and social distancing were also already in place as was mask wearing and other NPIs. Decisions around NPIs during my tenure mainly centred around relaxing of restrictions and stepping measures back up as cases rose. While I played no role in national decisions, I did support the clinical executives to make decisions locally to reintroduce measures such as mask wearing and restricted visiting when we were seeing high cases numbers. Guidance was limited from Welsh Government in this regard once restrictions started to lift and many of the provisions of the Coronavirus Act expired in March 2022. We had to make our own decisions as to what worked best for us. We were not involved in the decision making at a national level around restrictions easing.

18. I personally did not attend any meetings around NPIs with the Welsh Government during my time in post. There were discussions about this in the meetings I describe at paragraph 8 above. I am not aware of specific advice being sought from SBUHB or provided by us around NPIs relating to vulnerable groups, those at risk and/or with protected characteristics.

19. I do not believe there were any particular issues or obstacles in relation to NPIs. Arrangements were adequate when I took up my post - NPIs were already in existence when I started and lockdowns were virtually over by this point. The main ones still in place which affected how the organisation was able to function were mask wearing and social distancing. The latter in particular caused a considerable amount of disruption to the re-introduction of non-essential services. It would have been beneficial to have an input into the extent to which these were required when case numbers were lower in the community, or more autonomy to flex as we needed based on our own local numbers, rather than a blanket approach, especially towards the end of the time period. This was perhaps an area in which information could have been improved and could have been supplied more promptly.

20. I cannot comment on the extent to which the Welsh Government gave consideration in its decision making to the impact of NPIs on at risk or other vulnerable groups in the light of existing inequalities; I was not involved in the development of the policy.

Local Lockdowns and Restrictions

21. The majority of the lockdowns and the firebreak had occurred the previous year, with the one announced in December 2020 remaining in place as I took up post until the restrictions started to be released from March 2021. The only new restriction for which I was present was the three-day closure between Christmas and New Year at the end of 2021. Having differing restrictions across England and Wales did cause some confusion within local communities as to what they could and could not do, but also frustration as other nations were perceived to have more freedom, which caused challenges when imposing restrictions such as masks for those visiting or working within our sites.

Care Homes

22. The key decisions in relation to care homes had been made prior to my arrival. The main focus as regards care homes during my period as CEO was getting vaccination teams into the homes. I would observe that it would have been helpful for there to have been clearer guidance as regards the relaxation of restrictions as we are still in a position whereby some private care homes will not accept people from our wards without a negative test, despite this no longer being a national requirement.

Impact on hospitals

23. As I have explained earlier in this statement, by the time that I joined the Health Board the focus was on recovery. The core decisions around discharging of patients, DNAR and the management of hospital capacity had already been made.

(a) As regards discharging of patients, the policy of Covid testing before any discharge was in place at the time I took up my post. The stringency of the testing regime was able to be modified as the vaccination programme progressed.

(b) There was, so far as I am aware, no change in the policy as regards DNAR orders during the relevant period when I was the CEO.

(c) As regards the management of hospital capacity the key change in the period was the relaxation on the rules as regards social distancing that the successful roll out of the vaccination programme made possible. The rules as regards social distancing were relaxed in February 2022. This allowed us to reopen various outpatient clinics and other units that had not been able to operate during the earlier phases of the pandemic.

24. The other focus as regards the management of hospital capacity was the problem of beds being occupied by patients who had no clinical need to remain in hospital. This is, of course, a perennial problem but the Covid-19 pandemic greatly exacerbated the difficulties. We responded by purchasing beds in local nursing homes. It had at one point been thought that the field hospital programme might assist with this. Two field hospitals were established in Swansea in the earlier stages of the pandemic, but had never been put into operation because we simply could not spare clinicians to staff it; those clinicians were needed in the hospitals. The first field hospital, Bay Field Hospital, was used as a testing centre and as a (highly effective) vaccination centre. The second, Llandarcy Field Hospital, was closed in September 2020 with the beds and equipment being transferred to Bay Field.

25. Decisions by the Welsh Government about these issues were primarily communicated by way of the Tuesday HSSG Covid-19 Planning and Response Group, and there was the opportunity to discuss them in the same meetings. I would say that during the period when I was CEO the Welsh Government gave the Health Board a reasonable level of freedom to shape its own responses to the challenges that we were facing as regards these issues. I did not feel that we were being micro-managed.

Test, Trace and Protect

26. The Health Board had a supportive role in Test, Trace and Protect as this was primarily managed through the local authorities. We did provide some funding and the workforce was a joint one between us and the local authorities.

27. During the later part of the relevant period the centres were gradually being wound down and the staff and funding were withdrawn in consultation with the local authorities and the Welsh Government. These developments were part of the remit of the Public Health meetings discussed at paragraph 8(c) above.

Informal Communications

28. There is only one WhatsApp group in existence which is between the Chief Executives of the NHS Wales organisations called 'CEO Social'. The current Director General of the Health and Social Services Group, Judith Paget, was/is a member, she joined it in her previous Chief Executive role for Aneurin Bevan University Health Board. Andrew Goodall was in post as Director General initially when I joined the group, and he was not a member. I joined the group on 6th January 2021.

29. The focus of the group discussions was social, as its title suggests. But, of course, we did to an extent discuss common issues that affected our organisations. I attach a download of the chat history labelled as **[MH1-7-INQ000255825].** I have been informed that SBUHB has downloaded this chat history using forensic extraction software.

Public Health Communications

30. I did not play any role in the use of public communications and behavioural management in the Welsh Government's response. Our local work was 'fronted' by the Director of Public Health as the gold commander and lead in this area for us.

31. The Welsh Government's public health communications worked well in terms of regular public briefings but there was some confusion when the Welsh restrictions differed to that of other home nations.

Lessons Learned

32 I do feel lessons were learned as the pandemic went on. While I was not present for the critical period in 2020, my understanding is that the knowledge within the Government about the virus and its effects was sufficiently limited that much of the decision making was a matter of reacting to the situation that was being faced. A lot of the policies were necessarily emerging and changing.

33. By the time I joined in January 2021, while cases were continually increasing, the broad shape of the response from the Welsh Government had been set and the policies were able to be more stable, especially as Wales was already in lockdown. The focus of activities during my tenure was more around the recovery from the virus once restrictions started to lift. This involved efforts to improve patient care, to start the recovery of services and to rebuild our health service.

34. During the second phase we knew more about the consequences of our decisions and therefore there was a greater ability to set a clear policy as opposed to reacting to events. Overall, I would say that by this time the Government was both better informed and better at giving guidance, partly because it was less overwhelmed. The guidance we were receiving about issues like projected incidence and projected capacity improved throughout the relevant period when I was in post.

35. One issue that I should mention is nosocomial transmission. We were the first health board in Wales to undertake reviews of patient safety incidents following nosocomial transmission of Covid-19, in line with the national framework and regulations. In 2021, the health board established a Nosocomial Review Team to confirm all nosocomial cases of Covid-19 and complete this programme of work, with a targeted focus on deaths from nosocomial Covid-19 and we started to contact families in summer 2022. We had extensive discussions with the Government who were concerned that there would be benefit from this proceeding across all Health Boards simultaneously rather than an earlier introduction of this approach in Swansea causing concern to patients and families in other areas. I feel that in some ways the NHS in Wales more generally was slower to act than we would have liked, but I acknowledge that there was real merit in ensuring that this important work went forward at the same time across Wales.

36. Although there were issues such as this as regards the timeliness of information and the setting of policies, my overall view is that the systems worked reasonably well particularly

given the severity of the challenge that the Welsh Government and NHS Wales were facing in the period from January 2021 to May 2022.

Evidence before the Senedd

37. I have not given evidence before the Senedd, but I did, on behalf of the Health Board, submit written evidence to the Health and Social Committee in January 2022 in response to the 'Request for written evidence: the impact of the waiting times backlog and the effectiveness of the Welsh Government's Health and Social Care Winter Plan 2021-2022' (included in the exhibits marked **[MH1-3.14-INQ000000]**).

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings for contempt of court 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 in its truth.

Signed **Personal Data**

Dated 16 November 2023