

## UK COVID-19 PUBLIC INQUIRY

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### Fourth Witness Statement of Professor Philip Banfield

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I, Professor Philip Banfield, of the British Medical Association (the BMA or the Association), will say as follows:

1. I am chair of the BMA's UK council, chair of the BMA's board of directors and a member of the chief officer team of the BMA. I am a Consultant Obstetrician and Gynaecologist based in North Wales and an honorary professor in the Cardiff University School of Medicine. Before being appointed as chair of council, I spent several years as a representative of BMA Cymru Wales, as chair of both Welsh council and the Welsh consultants committee. I have sat on the UK council since 2012.
2. I provide this statement in response to a request for evidence made on 18 September 2023 by the UK COVID-19 Public Inquiry (the Inquiry) under Rule 9 of the Inquiry Rules 2006 in connection with Module 2B of the Inquiry.
3. I provided an earlier witness statement to the Inquiry in connection with Module 1 of the Inquiry dated 12 April 2023, and Modules 2, 2A, 2B and 2C of the Inquiry dated 21 July 2023. I also provided a draft witness statement in September 2023 in connection with Module 3 of the Inquiry.
4. I took on the role of chair of UK council of the BMA in July 2022, after the period identified by the Inquiry as having particular relevance to the Rule 9 request (namely, 21 January 2020 to 30 May 2022). During the relevant period covered by this Rule 9 request I was Chair of BMA Welsh Consultants Committee. In providing this corporate statement to the Inquiry, I have sought input and assistance from colleagues in BMA Cymru Wales, as well as from relevant UK policy and communications teams across the Association. The information contained within this statement is true to the best of my knowledge and belief.

## **A. Introduction**

5. The BMA is a professional body and trade union for doctors and medical students in the UK, representing the views of doctors working in all branches of medical practice and specialties. Through the experience and insight of its membership, the BMA has a wealth of information and evidence about how the pandemic impacted on doctors and wider healthcare systems.
6. The overwhelming priority of the BMA's members is to ensure that they provide the best possible care and treatment for their patients. During the pandemic, doctors and other healthcare staff worked tirelessly to safeguard the nation's health and care for those in need, often at great personal cost to their physical and mental health.
7. This witness statement is designed to be read alongside my earlier witness statement for Modules 2, 2A, 2B and 2C of the Inquiry, dated 21 July 2023 (INQ000228384).

## **B. Overview of key messages**

8. The aim of BMA Cymru Wales during the period of this Rule 9 request was to influence the Welsh Government primarily on issues where a distinct Welsh response was required. The available staffing capacity of BMA Cymru Wales, and the focus on such issues, meant that BMA Cymru Wales did not take a position on all policy decisions made in Wales in relation to the response to the Covid-19 pandemic. This was especially the case where other parts of the Association were better placed to do so, and certainly so in areas that were not devolved.
9. The extent to which BMA Cymru Wales attempted to address specific issues that arose in Wales was determined by the priorities of its elected committees and Welsh Council, acting on behalf of the wider medical profession in Wales.
10. The Inquiry has asked for the views of BMA Cymru Wales on a number of specific issues. The remainder of this section provides an outline of these, in addition to other issues within the scope of Module 2B.

### ***Risk assessments and at-risk groups***

11. During April 2020, BMA Cymru Wales raised concerns with Welsh Government regarding the adequacy of staff risk assessments by NHS employers (see paragraph 78b), particularly given emerging evidence on the disproportionate number of deaths amongst ethnic minority healthcare workers. Members had brought to our attention

that a range of tools had been developed and circulated across various Health Boards; in our view a single consistent and thorough process was required to protect the whole health and care workforce, and this was lacking.

12. The First Minister convened an expert advisory group to consider the disproportionate effects upon ethnic minority individuals, with a specific sub-group tasked with development of a national risk assessment tool for the health and social care workforce. BMA Cymru Wales was not invited to provide formal representation to either the advisory group or sub-group. BMA Cymru Wales relayed its significant concern with the initial product of the sub-group to the Minister for Health and Social Services and Chief Medical Officer for Wales in meetings and correspondence, calling for an adjustment in the scoring of certain risk factors in the risk assessment tool (in particular to reflect the increased risk to people over 70, cardiovascular disease sufferers and those of Black African heritage) and suggesting an adjustment to the overall scoring matrix as to what would be considered 'very high risk' (see paragraph 60a).
13. BMA Cymru Wales subsequently shared the BMA's own risk assessment paper, which had been developed by an expert group featuring prominent academic expertise, with the Welsh Government Senior Medical Official responsible for the sub-group (see paragraph 79b). BMA Cymru Wales also shared anonymised member feedback on the Welsh Government's tool with Welsh Government civil servants (see paragraph 79b). Similar concerns had been expressed by other Trade Union members of the Welsh Partnership Forum (WPF)<sup>1</sup>.
14. Despite initial disagreement on the detail within the Welsh Government's risk assessment tool, BMA Cymru Wales, leading on behalf of the WPF Trade Unions, were able to work in social partnership to agree risk assessment FAQs to support implementation (see paragraph 79b).
15. The Inquiry has asked for details of how BMA Cymru Wales called for workers in 'at risk' groups to be deployed away from frontline care. The Welsh Government's risk assessment tool was updated in August 2020 (M2B/PB/001 - INQ000355859, M2B/PB/002 - INQ000355860) with the pausing of shielding by the CMO for Wales.

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<sup>1</sup> The Welsh Partnership Forum (WPF), which existed prior to the pandemic, is a tripartite group sponsored by the Welsh Government with representatives from the recognised healthcare trade unions for NHS Wales, senior management for NHS Wales and the Welsh Government. The main purpose is the development, support and delivery of workforce policies at a national, regional and local level. See paragraph 53 for more information on WPF.

Pressure from BMA Cymru Wales ensured that any shielding individuals, including shielding retirees who offered to return as part of the pandemic response, would automatically score 7 and thus be termed 'Very High Risk', having the most stringent adjustment measures put into place, including non-patient facing duties or working from home. BMA Cymru Wales, on behalf of the WPF Trade Unions, also emphasised the need for any redeployment or return to the workplace to be agreed by individuals (M2B/PB/003 - INQ000118603).

16. BMA Cymru Wales continued to take the lead in WPF discussions on the issue of risk assessments as the pandemic continued to evolve in 2021, for example with the advent of the vaccination campaign and the Welsh Government's updated guidance on shielding individuals returning to work. The risk assessment FAQs and guidance were updated at various points as these changes happened, with BMA Cymru Wales continuing to provide input (see paragraph 79e).

### **PPE**

17. A key concern of BMA Cymru Wales regarding PPE related to the availability of items and the poor local communication about stock levels, which exacerbated these concerns.
  - a. The lack of availability (or perception of a lack) of appropriate PPE was a regular feature of BMA Cymru Wales member feedback in the initial phase of the pandemic. A survey conducted by the BMA in late April 2020 revealed that 67% of respondents in Wales did not feel fully protected from Covid-19 at work, with 60% purchasing PPE directly or making use of donated equipment<sup>2</sup>. Member concerns were conveyed to Welsh Government officials including the Chief Medical Officer and Deputy Chief Medical Officer, as detailed in the correspondence listed later in this statement. BMA Cymru Wales also shared member testimony with Audit Wales to support their study of PPE provision in 2021 (paragraph 90d).
  - b. In response to representations from a number of unions including the BMA, the Welsh Government established regular technical briefings at which the

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<sup>2</sup> BMA Covid Tracker survey (UK wide), 30 April 2020. 835 responses were from doctors in Wales.

representatives of the NHS Wales Shared Services Partnership (NWSSP)<sup>3</sup> provided updates to BMA and other trade union representatives on national PPE stock levels. Whilst these updates did provide a level of reassurance, and BMA Cymru Wales cascaded information from the NWSSP to members, it was apparent that frontline staff were still experiencing difficulties in accessing PPE through their local Health Boards. BMA Cymru Wales made repeated calls to Health Board Chief Executives for them to cascade information on local PPE stocks and procedures to employees. Better information sharing of this national picture would have been beneficial for staff morale and mental health and helped to alleviate somewhat restrictive practices at a local level around accessibility to PPE items. Survey findings through 2020 suggested that members experienced shortages of FFP3 respirators and long-sleeved disposable gowns, in particular.

18. A second key concern of BMA Cymru Wales in relation to PPE was the inadequacy of the Infection Prevention and Control (IPC) guidance in the face of aerosol transmission, and the type of respiratory protective equipment (RPE) available to staff as a result.

- a. Early concerns raised by BMA Cymru Wales, for example with the Director of Primary Care and the CEO of NHS Wales in March 2020 (see paragraphs 73a and 79a), centred around the IPC guidance and associated PPE documentation produced by the Welsh Government and other UK administrations deviating from the recommendations of other organisations, including the World Health Organisation (WHO). This particularly related to gowns (instead of aprons) and eye protection in the form of goggles or a face shield. The updated guidance produced by all four UK Chief Medical Officers in early April 2020 was helpful in realigning somewhat toward WHO recommendations, including the provision of eye protection. However, concerns persisted as the pandemic developed and understanding of the significance of airborne routes of transmission evolved.
- b. BMA Cymru Wales increasingly highlighted the relevance of aerosol transmission, the greater protection of respirator masks compared to Fluid

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<sup>3</sup> NHS Wales Shared Services Partnership (NWSSP) delivers a wide range of high quality, professional, technical, and administrative services for and on behalf of NHS Wales also working with the wider public services, including Welsh Government. During the pandemic this included PPE procurement and distribution. More information can be found at: <https://nwssp.nhs.wales/>

Resistant Surgical Masks (FRSMs) (PB/451 - INQ000145893) and the limited recommendation for when frontline healthcare staff should wear Respiratory Protective Equipment, which the BMA believed – and its Long Covid survey<sup>4</sup> indicates - placed doctors and other healthcare workers unnecessarily at risk. This led to a range of further interventions later in 2020 and throughout 2021 and 2022, including on 23 February 2021 (paragraph 59d), 09 December 2021 (paragraph 61d), 23 December 2021 (paragraph 59h), 27 January 2022 (paragraph 59i) and 31 January 2022 (paragraph 59h).

### ***Mask wearing for the public***

19. BMA Cymru Wales maintained throughout the pandemic that face coverings should be made mandatory in enclosed and/or crowded areas, as a means of reducing transmission and protecting the public, and as part of a package of measures including social distancing and hand hygiene (see, for example, press statements of 05 June 2020 and 13 July 2020 at M2B/PB/004 - INQ000118775, M2B/PB/005 - INQ000118491). The need to reduce Covid-19 transmission was essential not only for the public's health, but also for the consequences that high levels of infections would likely have for already-overstretched healthcare services and the individuals working within them.
20. BMA Cymru Wales pushed for the Welsh Government to strengthen their stance on face coverings in meetings with the Minister for Health and Social Services, the CMO for Wales, and NHS Wales Director General (see paragraphs 61a, 66b, 74a and 75). The initial response, in May 2020, was that the Welsh Government was not minded to recommend their use, but later, in June 2020, changed its position to recommend, but not mandate, face coverings in situations where social distancing measures would be difficult. The Welsh Government moved towards a position of mandatory face coverings on public transport only on 27 July 2020, over a month after this was introduced in England (15 June) and Scotland (22 June).
21. Eventually, on 11 September 2020, it was announced that from 14 September 2020 face coverings were a legal requirement in shops and other indoor public places in

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<sup>4</sup> In January 2023, the BMA undertook an in-depth survey of doctors experiencing post-acute health complications of COVID-19 ('Long Covid') (PB/377 – INQ000373375). Less than 1 in 3 respondents (27%) reported having access to RPE around the time they contracted Covid-19. Around 60% of respondents reported that the post-acute effects of Covid-19 impacted their ability to carry out day-to-day activities on a regular basis.

Wales, two months after the same measure was introduced in Scotland (10 July) and England (24 July). It was also subsequently clarified that face coverings would be a requirement for anyone accessing primary care services, with GPs being able to exercise clinical judgement in determining when it was appropriate for patients to remove their face covering.

22. As part of their updated Coronavirus control plan, during the summer of 2021 the Welsh Government gradually relaxed restrictions on social contacts indoors and outdoors, culminating in a move to alert level zero<sup>5</sup> on 07 August 2021. As face coverings remained a legal requirement in all indoor environments other than education and hospitality settings, BMA Cymru Wales reaffirmed this by producing a poster in September 2021 for GP practices to display (PB/104 - INQ000118693) which emphasised that certain control measures including face coverings remained in place for those attending face to face appointments.

#### ***Dose interval of the Pfizer vaccination***

23. The initial rollout of the vaccination campaign in Wales began on 8 December 2020, with a phased approach as recommended by the JCVI, which would see the vaccine offered to care home residents, those aged over 80 years old, and health and social care workers in the first instance. This initial rollout involved the Pfizer vaccine which required two doses, with the second to be administered within 21 days of the first.
24. In a joint statement also authorising the deployment of the AstraZeneca/Oxford vaccine on 30 December 2020, all four Chief Medical Officers confirmed their agreement with the MHRA and JCVI advice that first doses of vaccines would be prioritised for as many people as possible (M2B/PB/006 - INQ000355911). Operationally this meant that second doses of both vaccines would be given within twelve weeks rather than within Pfizer's initially advised timescale of 21 days. At this point BMA Cymru Wales' members and many other frontline health and care staff had already received their first dose of the Pfizer vaccine.
25. While BMA Cymru Wales appreciated the broad aim to protect the largest number of individuals and reduce the pressures on the NHS, BMA Cymru Wales' considered

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<sup>5</sup> At alert level zero, all businesses were able to reopen and all restrictions on meeting with others were removed. Face coverings continued to be required in most indoor public places, except for hospitality settings that served food and drink. Self-isolation remained mandatory for ten days for those with Covid-19 symptoms or a positive test, but not for fully vaccinated adults identified as close contacts of someone with Covid-19.

stance was this should only be achieved within the licenses and usage specification of the vaccine as it stood at the time. The publicly available data from the Pfizer vaccine trial had covered second doses only up to six weeks; therefore, it was unknown at that time whether a longer interval would compromise immunity and it was against Pfizer's own recommendation. Crucially, BMA Cymru Wales' members (and other health and care workers) were far more likely to be exposed to and infected with the virus in the course of their daily duties compared to the general population. Member feedback received at the time indicated that the decision had been extremely damaging to morale and wellbeing, and staff confidence in the vaccination regime itself. This impact on morale occurred in the context of staff feeling unprotected and let down as a result of PPE shortages earlier in the pandemic.

26. BMA Cymru Wales' significant concerns were conveyed in communication with the Chief Medical Officer, the Minister for Health and Social Services and the Chief Executives of Health Boards during January 2021 (see paragraphs 67a, 68d and 85) and BMA Cymru Wales also commented on this decision via the media (e.g. M2B/PB/007 - INQ000355929). BMA Cymru Wales wrote to the Minister on 08 January 2021 (see paragraph 59c) putting forward proposals for a way forward within the licenses of the vaccines deployed. These proposals included accelerated access to the second Pfizer dose for healthcare professionals (particularly those at highest risk) in line with extant data and guidance, and inclusion of the recently approved AZ vaccination for those staff who were yet to receive their first dose. In this letter, BMA Cymru Wales also called for transparency of data around rollout and vaccine availability to provide greater assurance to members, and all healthcare professionals, about the expected availability of both vaccines and the anticipated timelines for staff to receive their first and second doses.

27. In response to the significant concerns of our members, the Minister and officials stated in meetings and publicly that they were not minded to change course and deliver second doses within the manufacturer's originally advised timeframe, reiterating their stance that the initial protections from the first dose had greater benefits in reducing deaths and easing pressure on the NHS.

### **Testing**

28. BMA Cymru Wales raised a number of concerns about testing during the course of the pandemic, which mostly related to testing requirements for health and care staff as



non-Covid services tentatively began to restart during late Spring-Summer 2020 (see paragraphs 30 and 31 below). Regular Welsh Government technical briefings were instituted to aid information sharing on a number of topics, including in relation to testing (see paragraph 55). These briefings offered the opportunity to raise questions of civil servants as testing regimes developed.

29. BMA Cymru Wales sought to raise awareness of issues related to testing primarily where it concerned NHS staff directly, or where deficiencies of the testing regime would have significant impact in the delivery of healthcare services. In a submission to the Health and Social Care Committee Inquiry in May 2020 BMA Cymru Wales also called for clearer messaging to the public around testing, and better alignment in testing regimes in the nations to minimise confusion (see paragraph 90a).
30. In relation to testing concerns directly affecting NHS staff and the delivery of health services, BMA Cymru Wales wrote to the Chief Scientific Adviser for Wales in April 2020 seeking clarification in relation to testing methods and calling for combined throat and nasal swabs to be repeated within a couple of days for extra specificity (see paragraph 78a). BMA Cymru Wales also wrote to the Minister for Health and Social Services in July 2020 to highlight the emerging evidence on asymptomatic spread, the likelihood of increased pressure on the health service and the need for regular staff testing (see paragraph 59a).
31. In August 2020, following up on member concerns, the Chair of General Practitioners Committee (GPC) Wales wrote to the NHS Wales Informatics Service (NWIS) to clarify BMA Cymru Wales' calls for patients' Covid-19 test results to feature on GP clinical systems in a timely and accessible manner, for information purposes with no further action required by the practice (M2B/PB/008 - INQ000355863). This change was subsequently made.
32. In September 2020, following the announcement of a local lockdown in Caerphilly County and in light of significant issues with test availability, BMA Cymru Wales raised a number of concerns, including in the press, about severe testing shortages being experienced by the public (M2B/PB/009 - INQ000355864, M2B/PB/010 - INQ000355865). At the Technical Briefings, there were reports of significant pressures upon both the UK Government 'Lighthouse' laboratories and the Public Health Wales laboratories, with the latter being prioritised for NHS Wales services and staff (see

paragraph 55c). BMA Cymru Wales continued to call for routine asymptomatic staff testing in November 2020 (see paragraphs 79c and 80).

33. In late 2020 and early 2021, the pace of the rollout of lateral flow testing devices across NHS Wales was uneven, with BMA Cymru Wales raising concerns regarding a lack of progress in rolling out lateral flow testing to GP practice staff (see M2B/PB/011 - INQ000355944 alongside paragraph 78c). The lack of availability of testing devices to GPs and their staff made it difficult for some GPs to maintain visits to the care homes in their area, given the policy requiring all health professionals visiting care homes to have a negative lateral flow test (M2B/PB/012 - INQ000355918). Further, changing guidelines around self-isolation in summer 2021 created some confusion for staff around the circumstances in which they should attend work following close contact with a Covid-positive case. This was raised with the DCMO by a WPF trade union representative in August 2021 (M2B/PB/013 - INQ000356009).

### ***Shielding letters***

34. As outlined at paragraph 226 of my earlier witness statement (INQ000228384), BMA Cymru Wales received reports from practices and members that they had been contacted by members of the public who believed they should have received shielding letters but had not (e.g., renal patients, transplant recipients). Many patients with conditions or vulnerabilities did not receive the initial letter from the Chief Medical Officer; this posed problems for patients from an immediate health perspective if vulnerable individuals were not aware that they needed to shield, alongside difficulties for them in accessing priority food delivery slots from supermarket providers who had reserved these for clinically extremely vulnerable patients.
35. Additionally, NHS Wales communications were directing patients with underlying conditions who had not received a shielding letter to contact their GP practice. However, these letters had been issued by Public Health Wales and GPs did not have sight of the patients at their practice who would be on the 'Shielded Patients List' (SPL). This increased demand on GP practices with patients in this situation contacting them for advice, which GPs could not initially provide. BMA Cymru Wales communicated to Welsh Government officials and wrote to Assembly Members to raise these concerns (see paragraph 87).
36. Members of GPC Wales engaged with Welsh Government senior medical officers to agree an improved process. A letter was issued on 3 April 2020 that clarified that GPs

could view the central shielding list on a secure portal, and if they determined that a patient, due to their particular vulnerability, should have received a shielding letter (but had not) then they could issue a letter directly from the practice, and a particular clinical code was added to the patient record so that the person would be added to the list of vulnerable individuals for any further central communications. Subsequent briefings were sent to Assembly Members to outline the developing situation (see paragraphs 88b and 88c). This amended process was an improvement although it generated an additional workload for an already-stretched general practice.

### ***Clarity of UK Government messaging***

37. The Inquiry has asked for details of BMA Cymru Wales highlighting issues around UK Government messaging. As outlined at paragraph 194 of my earlier witness statement (INQ000228384), BMA Cymru Wales called via the media for clearer public information and more visible messaging on rules and guidelines, including on mixing with people from outside your household, to offset a potential second wave in the winter of 2020.
38. In the main, this was because, as Non-Pharmaceutical Interventions (NPIs) began to diverge across UK nations, there was confusion as to which rules applied, and where. In this context, BMA Cymru Wales focussed attention on ensuring that the Welsh Government messaging was as clear as possible.
39. This included evidence submitted to the Senedd Health, Social Care and Sport Committee (22 May 2020) calling for efforts to clearly explain the testing regime to the general public, and noting confusion caused by media coverage of the differing rules in England and Wales.
40. Further, on 11 September 2020 and on 19 October 2020 (PB/051 - INQ000118611, M2B/PB/014 - INQ000118638), BMA Cymru Wales issued press releases referencing confusing messages on public health measures, and asking for clear and consistent communication with the public on what they needed to do to stop the spread.
41. As the focus moved on to easing Covid-19 restrictions in 2021, with the rollout of the vaccination campaign, the BMA issued a paper calling for Governments across the UK to take a cautious approach to easing restrictions (PB/006 - INQ000118297). BMA Cymru Wales welcomed the Welsh Government's relatively more cautious and phased approach to the easing of NPI measures (for example in a press release from 19 February 2021 at M2B/PB/015 - INQ000118511).

### ***Public health expertise during the Covid-19 response***

42. The Inquiry has asked about the level of public health expertise on the Technical Advisory Committee. BMA Cymru Wales did not take a particular position on the Technical Advisory Committee or other advisory groups informing Welsh Government's Covid-19 response and does not have enough information to offer any comment retrospectively.

### **C. BMA Cymru Wales' engagement with relevant ministers, Welsh Government officials and NHS organisations**

43. As outlined at paragraphs 72 - 75 of my earlier witness statement (INQ000228384), BMA Cymru Wales maintains ongoing, working relationships with relevant ministers, Welsh Government officials and NHS organisations across Wales, and this was also the case throughout the period 1 January 2020 to 30 May 2022.

44. BMA Cymru Wales participated in group meetings, individual meetings and other forums with the Welsh Government to set out the views of the medical profession. These meetings had a range of benefits, enabling fast paced information sharing, offering the opportunity to relay concerns of BMA Cymru Wales' membership, and to call for appropriate action to address the concerns raised. This partnership working was broadly welcome.

45. Social partnership is defined by Welsh Government as a concept that "brings together government, employers and trade unions in areas of mutual interest to design and implement better solutions" (M2B/PB/016 – INQ000373377). Partnership working according to this principle has been long-established in Wales, particularly within the health and care sector.

46. Further information on the specific nature of the social partnership arrangements adopted before and during the pandemic is detailed below. This is primarily in the form of the WPF (paragraph 53), the Covid-19 Workforce Planning and Modelling Subgroup (paragraph 54), technical briefings (paragraph 55) and Joint Oversight Meetings (paragraph 56).

47. Social partnership was built upon with direct engagement between BMA Cymru Wales and Government Ministers, officials and others with responsibility for the management of the NHS in Wales. For the most part, these arrangements proved successful in

ensuring that BMA Cymru Wales could voice its views and that these views could be taken into consideration as part of the social partnership approach.

48. Of course, the opportunity to hear the views of doctors and NHS workers in Wales is not the same as acting upon them, and there were instances where social partnership working became strained, or when there were clear disagreements between Trade Unions, including BMA Cymru Wales, and the Welsh Government. This was the case, in February 2021 when the WPF Business Committee raised concerns about implementation of national level agreements by Health Boards on a local/regional level, for example in relation to leave calculations and sick pay (M2B/PB/017 - INQ000355942).
49. The Welsh Government sought to address such concerns which did help to reaffirm the importance placed upon social partnership at this time (see for example M2B/PB/018 - INQ000355943).
50. The remainder of this section provides details of the meetings, letters and other communications exchanged between BMA Cymru Wales and:
  - a. Social partnership groups
  - b. The Minister for Health and Social Services
  - c. Other Welsh Government Ministers
  - d. The CMO and Deputy CMO for Wales
  - e. The CEO and Deputy CEO of NHS Wales
  - f. Senior officials in the Welsh Government
  - g. Public Health Wales
  - h. Local Health Board CEOs
  - i. Members of the Senedd
51. The Inquiry has asked BMA Cymru Wales to provide any responses received from communications with the above parties. Responses to formal correspondence or emails were not always received, but where BMA Cymru Wales holds a copy of a response this has been included.

### ***Social partnership groups***

52. As outlined at paragraph 74 of my earlier witness statement (INQ000228384), BMA Cymru Wales participated in a number of groups to express member views on the Welsh Government response to the pandemic.

53. Welsh Partnership Forum

- a. The WPF, which existed prior to the pandemic, is a tripartite group sponsored by the Welsh Government with representatives from the recognised healthcare trade unions for NHS Wales, NHS Wales Employers and the Welsh Government. The main purpose is the development, support and delivery of workforce policies at a national, regional and local level. BMA Cymru Wales rejoined the WPF in June 2018 having relinquished its seat in 2009.
- b. BMA Cymru Wales' membership of the WPF meant that BMA Cymru Wales was invited to several meetings, groups and discussions mentioned in this statement that involved WPF member unions or collectively nominated representatives (e.g., Technical Briefings, Covid-19 Workforce Planning and Modelling Subgroup).
- c. Meetings of the WPF took place on a regular basis during the pandemic. Where BMA Cymru Wales has an agenda or notes from these meetings these are disclosed (at M2B/PB/019 - INQ000355808, M2B/PB/020 - INQ000355819, M2B/PB/021 - INQ000355835, M2B/PB/022 - INQ000118568, M2B/PB/023 - INQ000355856, M2B/PB/024 - INQ000355843, M2B/PB/025 - INQ000355871, M2B/PB/026 - INQ000355889, M2B/PB/027 - INQ000355893, M2B/PB/028 - INQ000355896, M2B/PB/029 - INQ000355922, M2B/PB/030 - INQ000355926, M2B/PB/031 - INQ000355941, M2B/PB/032 - INQ000355945, M2B/PB/033 - INQ000355951, M2B/PB/034 - INQ000355983, M2B/PB/035 - INQ000118708, M2B/PB/036 - INQ000355993, M2B/PB/037 - INQ000355996, M2B/PB/038 - INQ000356007, M2B/PB/039 - INQ000356013, M2B/PB/040 - INQ000355995, M2B/PB/041 - INQ000356037).

54. Covid-19 Workforce Planning and Modelling Subgroup

- a. As outlined at paragraphs 75 and 89 of my earlier witness statement (INQ000228384), the National Director of BMA Cymru Wales attended weekly formal meetings of the Covid-19 Workforce Planning and Modelling Subgroup

(a sub-group of the Welsh Government Covid-19 Workforce Deployment and Wellbeing Planning Response Group (M2B/PB/042 - INQ000356054) referred to as the 'NHS workforce planning cell') where BMA Cymru Wales, NHS Employers Wales representatives and Welsh Government officials were present.

- b. The issues discussed mostly relate to the scope of Module 3 of the Inquiry, for example redeployment, workforce planning, sickness data modelling and impact on staff mental health and wellbeing. However, some issues, for example PPE, fall within the remit of Module 2. Where BMA Cymru Wales has any documentation from these meetings, this is exhibited (at M2B/PB/043 - INQ000355790, M2B/PB/044 - INQ000355792, M2B/PB/045 - INQ000355793, M2B/PB/046 - INQ000355795, M2B/PB/047 - INQ000355803, M2B/PB/048 - INQ000355804, M2B/PB/049 - INQ000355812, M2B/PB/050 - INQ000355815).

#### 55. Technical briefings

- a. As outlined at paragraphs 75 and 89 of my earlier witness statement (INQ000228384), BMA Cymru Wales staff attended ad-hoc technical briefings, often led by Welsh Government officials but on occasion featuring staff from the NHS Wales Shared Services Partnership or Public Health Wales. These briefings were held for trade union staff representatives, with BMA Cymru Wales invited as a member of the WPF.
- b. Technical briefings were mostly weekly or fortnightly and covered a range of Covid-19 related issues during the specified period including PPE, testing and risk assessments. The primary purpose was for the Welsh Government to share information with trade union staff representatives and for attendees to have an opportunity to ask questions; these briefings were not decision-making forums and had no agendas or papers.
- c. Where BMA Cymru Wales has documentation from these meetings these are disclosed (at M2B/PB/051 - INQ000118539, M2B/PB/052 - INQ000118542, M2B/PB/053 - INQ000118544, M2B/PB/054 - INQ000118545, M2B/PB/055 - INQ000118547, M2B/PB/056 - INQ000118553, M2B/PB/057 - INQ000118555, M2B/PB/058 - INQ000118559, M2B/PB/059 - INQ000118564, M2B/PB/060 - INQ000118599, M2B/PB/061 - INQ000118596, M2B/PB/062 - INQ000118604,

M2B/PB/063 - INQ000118608, M2B/PB/064 - INQ000118610, M2B/PB/065 - INQ000118620, M2B/PB/066 - INQ000118632, M2B/PB/067 - INQ000118639, M2B/PB/068 - INQ000118649, M2B/PB/069 - INQ000355910, M2B/PB/070 - INQ000118650, M2B/PB/071 - INQ000118663, M2B/PB/072 - INQ000118675, M2B/PB/073 - INQ000118681, M2B/PB/074 - INQ000118684, M2B/PB/075 - INQ000118687, M2B/PB/076 - INQ000118700, M2B/PB/077 - INQ000355976).

- d. From May 2021 these briefings stopped taking place on a regular basis.

#### 56. Joint Oversight Meetings

- a. Joint Oversight Meetings were regular (usually quarterly) meetings between the NHS Wales Director General/Chief Executive and the chairs of the BMA branch of practice committees.
- b. This series of meetings existed prior to the pandemic and provided an opportunity to share information, maintain relationships with NHS Wales leadership and raise concerns if matters were not progressing through other channels.
- c. Joint Oversight Meetings took place as follows:
- i. 2020: 14 July 2020 (M2B/PB/078 - INQ000118592, M2B/PB/079 - INQ000118594), 15 October 2020 (M2B/PB/080 - INQ000118636, M2B/PB/081 - INQ000118635)
  - ii. 2021: 25 March 2021 (M2B/PB/082 - INQ000118691, M2B/PB/083 - INQ000118692), 26 August 2021 (M2B/PB/084 - INQ000118717, M2B/PB/085 - INQ000118718), 21 October 2021 (M2B/PB/086 - INQ000118723, M2B/PB/087 - INQ000118724).
  - iii. 2022: 10 March 2022 (M2B/PB/088 - INQ000118735, M2B/PB/089 - INQ000118736).

#### ***Engagement with the Minister for Health and Social Services***

57. As outlined at paragraph 74 of my earlier witness statement (INQ000228384), BMA Cymru Wales held specific individual meetings with the Minister for Health and Social Services to express member views on the Welsh Government response to the pandemic. Where appropriate, BMA Cymru Wales council / committee chairs wrote to the Minister in relation to specific topics.



58. Engagement with the Minister included in relation to infection control, PPE, aerosol transmission, risk assessments, Covid-19 testing, dose spacing of the Pfizer vaccine, healthcare capacity and priorities for the health service.

59. BMA Cymru Wales sent letters to the Minister for Health and Social Services on:

- a. 08 July 2020 – Letter from the Chair of BMA Welsh Council raising concerns about the possibility of false negative Covid-19 antigen tests, and the consequences of this for staff potentially transmitting the virus to vulnerable patients. In this letter BMA Cymru Wales called for regular testing of frontline healthcare staff (PB/350 - INQ000118581).
- b. 23 September 2020 – Letter from the Chair of BMA Welsh Council thanking the Minister for a meeting on 17 September 2020 at which the information and guidance provided to schools was discussed to ensure as many pupils as possible could continue to attend school in a safe way (M2B/PB/090 - INQ000118621).
- c. 08 January 2021 – Letter from the Chair of BMA Welsh Council following up from a meeting earlier on the same day at which BMA Cymru Wales raised concerns about the Welsh Government's approach to the dose spacing of the Pfizer vaccine. BMA Cymru Wales noted member concerns at delays to the second dose and the departure from the dose spacing used in clinical trials (PB/351 - INQ000118674).
- d. 23 February 2021 – Letter from the Chair of BMA Welsh Council highlighting the evidence of Covid-19 aerosol transmission outside of aerosol generating procedures and calling for FFP2 and FFP3 respirators to be made available to frontline healthcare staff (PB/352 - INQ000118686). BMA Cymru Wales received a reply on 16 April 2021 which expressed the Minister's confidence in the current IPC guidance (M2B/PB/091 - INQ000118703).
- e. 19 March 2021 – Letter from the Chair of BMA Welsh Council sharing the BMA's report entitled '*Rest, recover and restore: Getting UK health services back on track*'. This report outlined the next steps the BMA believed needed to be taken to allow the NHS and its staff to recover and to continue to meet the needs of patients and communities (PB/353 - INQ000118690).

- f. 13 May 2021 – Letter from the Chair of BMA Welsh Council setting out key health and social service priorities for reducing the patient backlog, supporting staff and improving population health (PB/389 - INQ000118705).
- g. 26 May 2021 – Letter from the Chair of BMA Welsh Council following the Welsh Government Cabinet reshuffle to acknowledge the Minister's willingness to work collaboratively with BMA Cymru Wales (M2B/PB/092 - INQ000118706).
- h. 23 December 2021 – Letter from the Chair of BMA Welsh Council reiterating BMA Cymru Wales' calls to issue enhanced PPE guidance to Health Boards, including for FFP2 respirators to be available to all frontline healthcare staff, and FFP3 respirators for those working with known Covid patients (PB/053 - INQ000118727). BMA Cymru Wales received a reply on 25 January 2022, which stated that Wales was continuing to follow the UK IPC guidance and would therefore not be issuing any new PPE recommendations (PB/054 - INQ000118729). BMA Cymru Wales reiterated its calls in a press release on 31 January 2022, calling the Welsh Government's PPE position "untenable" (PB/460 - INQ000118732).
- i. 27 January 2022 – Joint letter from the Chair of BMA Welsh Council and Director of Royal College of Nursing (RCN) Wales reiterating calls for FFP2 and FFP3 respirators to be readily available to protect all healthcare workers from infection. This letter referred to a recent update of the UK IPC guidance which appeared to acknowledge the significance of aerosol transmission, and the consequences of this for staff access to Respiratory Protective Equipment (M2B/PB/093 - INQ000118731).
- j. 09 March 2022 – Letter from the Chair and Deputy Chair of the Welsh Local Medical Committees (LMC) conference thanking the Minister for participating in the conference on 05 March 2022 (M2B/PB/094 - INQ000356046).

60. Direct email communication with the Minister for Health and Social Services occurred on:

- a. 14 May 2020 – Email from the National Director of BMA Wales expressing concerns about the scoring levels within a draft risk assessment tool, highlighting that some groups remained under-protected particularly in the context of comorbidities and ethnicity (M2B/PB/095 - INQ000355810).

- b. 19 May 2022 – Email from BMA Cymru Wales public affairs staff sharing the first two reports of the BMA's COVID-19 Review, which focused on how well the medical profession was protected from Covid-19 and the impact of the pandemic on the profession (M2B/PB/096 - INQ000118748).

61. Individual meetings with the Minister for Health and Social Services took place on:

- a. 17 September 2020 – Meeting with the Chair of BMA Welsh Council and the National Director of BMA Wales to discuss a number of issues related to Covid-19 including what went well, pupil returns to school, mask policy, PPE supplies, flexibility of contract changes in the event of a second wave, the vaccination rollout, and plans to return to more usual levels of non-Covid care within the health service (M2B/PB/097 - INQ000118619). Although the Minister had attended wider meetings where BMA Cymru Wales was also in attendance, this was the first time BMA Cymru Wales had met with the Minister directly during the period covered by Module 2.
- b. 17 June 2021 – Meeting with the Chair of BMA Welsh Council and the National Director of BMA Wales to discuss a number of issues related to Covid-19 including the recovery plan, staff wellbeing and a reduction in population health inequalities that had been exacerbated by the pandemic (M2B/PB/098 - INQ000118715).
- c. 24 June 2021 – Introductory meeting with the National Director of BMA Wales following the Welsh Government Cabinet reshuffle, at which the newly appointed Minister noted that current Welsh Government priorities included Long Covid, staff wellbeing and mental health. BMA Cymru Wales does not hold substantive notes from this meeting.
- d. 09 December 2021 – Meeting with the Chair of BMA Welsh Council, myself as Chair of the BMA Wales Consultants Committee at the time and public affairs staff reiterating calls for enhanced PPE for healthcare workers, including FFP2 and FFP3 respirators. BMA Cymru Wales provided an internal briefing for the Chair of BMA Welsh Council ahead of the meeting (M2B/PB/099 - INQ000356032) and circulated internal notes afterwards (M2B/PB/100 - INQ000356031).

62. On an ad hoc basis the Health Trade Unions within the WPF (see more info at paragraph 53) would meet with the Minister for Health and Social Services in relation to specific issues or concerns. These meetings took place on:

- a. 10 December 2020 – To discuss an upcoming announcement of additional NPIs (the closure of some schools, followed by a national lockdown) and a framework for managing non-essential healthcare services. This meeting was attended by the National Director of BMA Wales and an internal note was prepared afterwards (M2B/PB/101 - INQ000355917).
- b. 22 January 2021 – To discuss members' concerns about changes to the Pfizer vaccination dose interval, the adequacy of the recommended PPE, and psychological support for staff. This meeting was attended by the National Director of BMA Wales and an internal note was prepared afterwards (M2B/PB/102 - INQ000118680).
- c. 08 December 2021 – Discussion about the logistics of delivering the Covid-19 vaccination rollout in light of the Omicron variant, staff wellbeing and exhaustion, system pressures and social care investment (M2B/PB/103 - INQ000356030).

### ***Engagement with other Welsh Government Ministers***

63. On occasion, BMA Cymru Wales had communication with other Welsh Government Ministers in relation to the pandemic response:

- a. 05 November 2020 – A letter from the Chair of BMA Welsh Council to the new Minister for Mental Health and Wellbeing, highlighting the impact of the pandemic on staff mental health and wellbeing (PB/361 - INQ000118647).
- b. 15 December 2020 – A briefing sent via email by public affairs staff to the Minister for Mental Health and Wellbeing outlining the key concerns of healthcare workers ahead of a media appearance by the Minister (M2B/PB/104 - INQ000355920). This briefing included members' concerns about pressures on the NHS, staff wellbeing and reports of Health Boards taking different approaches to staff vaccination, with BMA Cymru Wales calling for Health Boards' staff vaccination rollout to prioritise the most vulnerable frontline staff first.

- c. 19 November 2021 – A letter from the Chair of BMA Welsh Council to the new Deputy Minister for Mental Health and Wellbeing, highlighting the impact of the pandemic on the mental health of the population and the healthcare workforce and calling for the introduction of Freedom to Speak Up Guardians (M2B/PB/105 - INQ000356019).

### ***Engagement with the CMO and Deputy CMO for Wales***

64. As outlined at paragraph 73 of my earlier witness statement (INQ000228384), BMA Cymru Wales engaged with the CMO for Wales intermittently throughout the period and in a number of ways. Primarily, letters were exchanged outlining member views on responses to the pandemic. There were also occasional direct meetings, participation in wider meetings (e.g., alongside the Academy of Medical Royal Colleges in Wales), attendance at Welsh Government meetings (e.g. Joint Oversight Meetings), and invitations to the CMO to address BMA committees directly (e.g., in October 2021). Government officials established regular technical briefings for trade unions and other representative bodies on topics such as testing and PPE, and the Deputy CMO would on occasion address these briefings directly.
65. Engagement with the CMO and Deputy CMO included in relation to healthcare delivery, PPE, face coverings for the public, the vaccination rollout, dose spacing of the Pfizer vaccine, healthcare capacity and priorities for the health service.
66. BMA Cymru Wales sent letters to the CMO or Deputy CMO for Wales on:
  - a. 06 July 2020 – Letter from the Chair of BMA Wales General Practitioners Committee (GPC) to the CMO raising concerns about the practicalities of using pulse oximetry on a large scale to identify deteriorating Covid-19 patients, as such an approach could involve providing a large number of patients with oximetry devices followed by serial self-reading and reporting (PB/363 - INQ000118578). BMA Cymru Wales received a reply on 16 July 2020 which situated pulse oximetry as one part of the overall response to late presentation of Covid-19 (PB/364 - INQ000118597).
  - b. 10 August 2020 – Letter from the Chair of BMA Wales GPC to the CMO following a call earlier on the same day relating to the Welsh Health Circular (2020) 012 on clinical assessment of Covid-19 in the community, issued on 04

August 2020. The Welsh Health Circular noted concerns about an emphasis on remote consultations and asked GPs to place a greater emphasis on measuring pulse oximetry as part of their clinical assessment. In response, BMA Cymru Wales' letter clarified the existing widespread use of pulse oximeters in general practice and the continued provision of face-to-face consultations, noting that GP consultation rates were rapidly returning to pre-Covid levels despite the additional complexities and restrictions related to infection control. It also raised concern about the Welsh Government not mandating mask wearing in public (PB/365 - INQ000118600). BMA Cymru Wales received a reply on 20 August 2020 which stated that while the Welsh Government currently recommended the use of face coverings by the public, mandating such would be considered if there was a significant increase in community transmission (M2B/PB/106 - INQ000118606).

- c. 14 August 2020 – Letter from the Chair of BMA Wales GPC and the Chair of Welsh Council to the CMO which sought urgent clarification on the type of PPE required to safely deliver the flu vaccination programme in primary care, calling for four-country guidance agreed by all CMOs and GPCs (M2B/PB/107 - INQ000355862). BMA Cymru Wales received a reply on 25 September 2020 (M2B/PB/108 - INQ000118622) which outlined revised IPC guidance issued on 21 August 2020 and clarified that delivery of the flu vaccination programme should use the PPE recommended within the 'medium risk pathway'. This pathway included a FRSM rather than the greater protection provided by Respiratory Protective Equipment.
- d. 08 January 2021 – Letter from the Chair of BMA Wales GPC to the CMO raising concerns about delays to the rollout of Covid-19 vaccinations to clinically well residents and staff in care homes where there were residents who had tested positive for Covid-19 (M2B/PB/109 - INQ000118672). BMA Cymru Wales received a reply from the Welsh Government's Covid-19 Vaccination Programme Team on 14 April 2021 outlining the guidance that Health Boards had received for risk assessing situations where a care home has a Covid-positive resident or staff member (M2B/PB/110 - INQ000118701).
- e. 19 March 2021 – Letter from the Chair of BMA Wales GPC to the CMO sharing the BMA's report entitled '*Rest, recover and restore: Getting UK health services back on track*'. This report outlined the next steps the BMA believed needed to

be taken to allow the NHS and its staff to recover and to continue to meet the needs of patients and communities (PB/366 - INQ000118689).

67. Direct email communication with the CMO or Deputy CMO for Wales occurred on:

- a. 22 January 2021 – Email from the National Director of BMA Wales and the Chair of Welsh Council to the CMO raising concerns about changes to the Pfizer vaccination dosing interval and sharing a letter sent by the BMA Chair of Council to the CMO for England (M2B/PB/111 - INQ000118677, M2B/PB/112 - INQ000118678).
- b. 03 February 2022 – Email from the National Director of BMA Wales to the DCMO seeking clarification on the rules for testing patients on discharge to care homes (M2B/PB/113 - INQ000118733).
- c. 19 May 2022 – Email from public affairs staff to the CMO sharing the first two reports of the BMA's COVID-19 Review, which focused on how well the medical profession was protected from Covid-19 and the impact of the pandemic on the profession (M2B/PB/114 - INQ000118745, PB/013 - INQ000118474, PB/014 - INQ000118475).

68. Direct meetings with the CMO or Deputy CMO for Wales were held on:

- a. 25 March 2020 – The Chair of Welsh Council met with the DCMO to discuss concerns about PPE guidance, the adequacy of recommended PPE, and the particular impact of PPE supply for GPs having face-to-face appointments (when the arrangements for PPE provision to primary care from NHS stocks were unclear). An internal note was prepared after the discussion (M2B/PB/115 - INQ000355786).
- b. 06 May 2020 – As Chair of the BMA Welsh Consultants Committee, I met with the DCMO and CEO of NHS Wales to discuss PPE and staff safety in hospitals. BMA Cymru Wales does not have any notes from this meeting, but the topics of discussion can be found in email communication (M2B/PB/116 - INQ000355805).
- c. 10 August 2020 - The Chair of BMA Wales GPC had a skype call with the CMO to discuss Welsh Health Circular (2020) 012 issued on 04 August 2020 (see paragraph 66b). BMA Cymru Wales does not have any notes from this meeting,

but an outline of the discussion can be found in the letter sent to the CMO following the meeting (PB/365 - INQ000118600).

- d. 04 January 2021 – The Chair of Welsh Council and the National Director for Wales met with the CMO raising concerns about the delay in the Pfizer vaccination dosing interval, which meant that healthcare workers had to wait longer for their second dose of the vaccine. After the meeting the National Director for Wales circulated an internal note (M2B/PB/117 - INQ000355930).
- e. 14 December 2021 – The Chair of the BMA Welsh Council participated in a meeting organised by the DCMO in relation to the IPC guidance. After the meeting the Chair circulated an internal note (M2B/PB/118 - INQ000356033).

69. Wider meetings which involved engagement with the CMO or Deputy CMO for Wales included:

- a. Academy of Royal Medical Colleges meetings, with updates from the CMO. These took place on a regular basis between 04 March 2020 and 27 January 2022. Where BMA Cymru Wales has documentation of these meetings, these are disclosed (at M2B/PB/119 - INQ000355779, M2B/PB/120 - INQ000355787, M2B/PB/121 - INQ000355817, M2B/PB/122 - INQ000118630, M2B/PB/123 - INQ000118628, M2B/PB/124 - INQ000355913, M2B/PB/125 - INQ000355914, M2B/PB/126 - INQ000355947, M2B/PB/127 - INQ000355991, M2B/PB/128 - INQ000356010, M2B/PB/129 - INQ000356018).
- b. The CMO for Wales attended a meeting of the BMA Welsh Committee for Public Health Medicine (WCPHM) as a guest speaker on 12 October 2021 (M2B/PB/130 - INQ000118721).

### ***Engagement with the CEO and Deputy CEO of NHS Wales***

70. The Welsh Government's Director General of Health and Social Services also occupies the role of Chief Executive of NHS Wales, within the integrated structure of health and care services in Wales. This means that the national executive function of strategically directing the NHS in Wales is combined with a civil service function to support the delivery of Welsh Government policy. Therefore, at the highest level there is no distinction between meeting NHS Wales executive leadership and the most senior Welsh Government civil servants.



71. Engagement with the CEO and Deputy CEO of NHS Wales included in relation to Covid-19 testing, risk assessments, face coverings for the public, the vaccination rollout, healthcare capacity and priorities for the health service.

72. BMA Cymru Wales sent letters to the CEO or Deputy CEO of NHS Wales on:

- a. 02 July 2020 – Letter from the Chair of BMA Welsh Council to the CEO providing comments on the Q2 Operating Framework Guidance<sup>6</sup>. BMA Cymru Wales' comments included the importance of regular asymptomatic staff testing, the need for improved IT provision, and the importance of risk assessment tools being used consistently (PB/369 - INQ000118574).
- b. 19 March 2021 – Letter from the Chair of BMA Welsh Council to the CEO sharing the BMA's report entitled '*Rest, recover and restore: Getting UK health services back on track*'. This report outlined the next steps the BMA believed needed to be taken to allow the NHS and its staff to recover and to continue to meet the needs of patients and communities (PB/370 - INQ000118688).
- c. 15 December 2021 - Letter from the Chair of BMA Welsh Council to the Deputy CEO on his retirement thanking him for the work done during his time in the role (M2B/PB/131 - INQ000118726).

73. Direct email communication occurred on:

- a. 22 March 2020 – Email from the National Director of BMA Wales to the CEO providing comments on a draft letter to GPs in Wales in relation to patients categorised as vulnerable for the purposes of the shielding list. In the email, BMA Cymru Wales also raised concerns about PPE shortages and the adequacy of recommended PPE, insisting that PPE requirements were in line with the WHO guidance and latest research. This email also shared a letter sent from the BMA's UK Chair of Council to the Prime Minister on 21 March 2020 which raised the same concerns (PB/513 - INQ000118526, PB/064 - INQ000097910).

74. The Chair of Welsh Council and I, as Chair of the BMA Welsh Consultants Committee at the time, met with the Deputy CEO on a number of occasions including:

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<sup>6</sup> As part of the pandemic response, during the 2020/21 financial year NHS Wales published an Operating Framework each quarter which set out its priorities for the coming quarter.

- a. 30 September 2020 – To provide feedback on the Welsh Government’s Winter Protection Plan. Feedback from members collated ahead of the meeting included the need for improved communications to the public about testing, clarification about vaccination levels and distribution, the need for reassurance that adequate PPE would be available over winter and seeking a continued commitment to require the public to wear face coverings (M2B/PB/132 - INQ000355866, M2B/PB/133 - INQ000355867, M2B/PB/134 - INQ000355868).
- b. 23 December 2020 - To discuss the vaccination rollout, including clarification of vaccine efficacy in different age groups and the need for staff previously in the shielded group to be prioritised for vaccination. BMA Cymru Wales also discussed staff wellbeing and the categorisation of Covid-19 as an industrial disease, about which BMA Cymru Wales were assured that the relevant recording would take place (M2B/PB/135 - INQ000355927).
- c. 25 January 2021 – To discuss the vaccination rollout, including speed of vaccine delivery, duplication of demographic details and clarification about vaccine wastage (M2B/PB/136 - INQ000355940).
- d. 05 March 2021 – BMA Cymru Wales does not have any notes from this meeting, but an internal email exchange (M2B/PB/137 - INQ000355948, M2B/PB/138 - INQ000355949) indicates that discussion included results from the BMA’s latest Covid Tracker survey<sup>7</sup> about members intending to leave the medical profession in Wales.
- e. 20 July 2021 - BMA Cymru Wales does not have any notes from this meeting, but an internal briefing ahead of the meeting (M2B/PB/139 - INQ000356005) indicates that discussion likely included the safe easing of NPIs, the logistics of the vaccination rollout, the impact of self-isolation and Long Covid on staffing, and NHS recovery.

75. In addition, the Chair of Welsh Council and the National Director of BMA Wales had a meeting with the CEO on 07 December 2021. Discussion included the vaccination rollout, the need for staff to have access to FFP2 respirators, face coverings for the public, and system pressures in health and social care (M2B/PB/140 - INQ000356029).

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<sup>7</sup> BMA Covid Tracker survey (UK wide), 08 February 2021. 126 responses were from doctors in Wales.

### ***Engagement with senior officials in the Welsh Government***

76. BMA Cymru Wales were in contact with senior officials on a range of issues related to Covid-19, including operational issues which fall outside the scope of this module. The following information relates to engagement within the scope of Module 2.

77. Engagement with senior officials included in relation to Covid-19 testing, risk assessments, PPE, the vaccination rollout and community-based transmission of Covid-19.

78. BMA Cymru Wales sent letters to senior officials on:

- a. 16 April 2020 – Letter from the Chair of BMA Wales GPC to the Chief Scientific Adviser for Health seeking clarification in relation to testing methods and the reliability of test results (PB/356 - INQ000118538).
- b. 28 April 2020 – Letter from the Chair of Welsh Council to the Director of Workforce and Organisational Development calling for the introduction of a risk-profiling framework to assist employers in conducting risk assessments that take into account factors such as ethnicity, age, sex and comorbidities. The letter also shared findings from a recent BMA Covid Tracker survey<sup>8</sup> which found that over 45% of respondents felt pressured when working in an AGP area to see a patient without adequate protection, and that almost double the proportion of ethnic minority doctors felt pressured to work in AGP settings with inadequate PPE compared to their white colleagues (PB/360 - INQ000118541).
- c. 04 December 2020 - Letter from the Chair of BMA Wales GPC to the Deputy Director of Primary Care seeking clarification on the availability of lateral flow tests to general practice (PB/357 - INQ000118653).
- d. 22 January 2021 – A letter from the Chair of BMA Wales GPC to the Director of Primary Care calling for Respiratory Protective Equipment to be made available to general practice. This letter annexes a joint letter sent to all Health Board and Trust Chief Executives on 12 January 2021 from myself, as Chair of the Welsh Consultants Committee at the time, alongside the Welsh Chairs of the GPC, Public Health Medicine Committee, Staff, Associate Specialist and

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<sup>8</sup> BMA Covid Tracker survey (UK wide), 16 April 2020

Speciality Committee, and Junior Doctors Committee (PB/362 - INQ000118679).

- e. In addition, a series of letters between the Chair of BMA Wales GPC and the Deputy Director of Primary Care were exchanged between 27 November 2020 and 14 December 2020 in relation to the Welsh Government's proposed contract specification for the involvement of general practice in the vaccination rollout (which is outside the scope of Module 2).

79. Direct email communication with senior officials occurred on:

- a. 13 and 20 March 2020 – BMA Cymru Wales policy staff and the Chair of Welsh Council raised concerns with the Director of Primary Care and the Health Emergency Planning Adviser about the PPE being distributed to general practice. This communication sought reassurance that the PPE being distributed would provide adequate protection and that supply levels were sufficient (M2B/PB/141 - INQ000118520, M2B/PB/142 - INQ000118517, M2B/PB/143 - INQ000118518, M2B/PB/144 - INQ000118525).
- b. 21 May 2020 – 08 September 2020 – The National Director of BMA Wales and Chair of Welsh Council provided input into, and raised concerns about, the Welsh Government's proposed risk assessment tool and associated guidance. This communication was with the Director of Workforce and Organisational Development, the Senior Medical Officer, the Head of Sustainable Workforce, the Workforce Efficiency Policy Officer and other members of the Workforce and Organisational Development team. Concerns related to scoring and thresholds, including in relation to ethnicity (PB/471 - INQ000118548, M2B/PB/145 - INQ000118551, M2B/PB/146 - INQ000355841, PB/472 - INQ000118557, M2B/PB/147 - INQ000118560, M2B/PB/148 - INQ000118579, M2B/PB/149 - INQ000118603, M2B/PB/150 - INQ000118607, M2B/PB/151 - INQ000118609, M2B/PB/152 - INQ000118631).
- c. 04 November 2020 – Following a meeting with the Acting Deputy Director of Workforce and Organisational Development the previous day, the National Director of BMA Wales shared external research published in the BMJ about asymptomatic transmission and called for routine asymptomatic staff testing (M2B/PB/153 - INQ000118640, M2B/PB/154 - INQ000118641, M2B/PB/155 -

INQ000118642, M2B/PB/156 - INQ000118643, M2B/PB/157 - INQ000118644, M2B/PB/158 – INQ000118648).

- d. 10 December 2020 – BMA Cymru Wales public affairs staff shared a press release with the Special Adviser to the Minister for Health and Social Services in which nine health unions called for a reduction in community-based transmission of Covid-19, highlighting the impact of rising cases on the physical and mental health of healthcare staff (M2B/PB/159 - INQ000118654).
- e. 27 May 2021–10 June 2021 – The National Director of BMA Wales provided comments on an updated set of risk assessment FAQs in light of uncertainty about staff categorised as Clinically Extremely Vulnerable (CEV) returning to the workplace (M2B/PB/160 - INQ000118712, M2B/PB/161 - INQ000118713, M2B/PB/162 - INQ000118714).

80. As outlined in paragraph 79c above, the National Director of BMA Wales met with the Acting Deputy Director of Workforce and Organisational Development on 03 November 2020 to discuss asymptomatic staff testing.

#### ***Engagement with Public Health Wales***

81. There was little direct contact with Public Health Wales as most communications regarding issues of concern were relayed by BMA Cymru Wales to Welsh Government officials via the various routes and groups mentioned in this statement. This is in part due to the relatively integrated Covid-19 response in Wales set out in the Welsh Government's *Covid-19 preparedness and response: framework for the health and social care system* (M2B/PB/163 – INQ000373374).

82. The Chair of BMA Wales GPC sent a letter to the Consultant Microbiologist at Public Health Wales on 22 May 2020 (PB/368 - INQ000118550) raising concerns about the mechanisms for patients receiving their Covid-19 test results. The letter called for test results to appear on GP clinical systems in a timely manner in order for GPs to be able to respond to patients contacting primary care for this information.

#### ***Engagement with Local Health Board CEOs***

83. Each Health Board has a Local Negotiating Committee (LNC) that has the authority to make collective agreements with local management on behalf of medical and dental

staff of all grades. LNCs may have had contact with local Health Board CEOs as part of their regular day-to-day work on local workplace issues, however the letters below reflect contact coming from the central BMA Cymru Wales office.

84. The Chair of Welsh Council and the Chair of the Welsh LNC Forum sent a letter to the Chief Executives of all Health Boards on 07 April 2020 raising concerns about the availability of adequate PPE and the importance of staff risk assessments (PB/372 - INQ000118537). BMA Cymru Wales received a reply from Swansea Bay University Health Board on 13 April 2020 outlining the actions they were taking to ensure they were aware of the PPE supplies available (M2B/PB/164 - INQ000355788). To the best of my knowledge, written responses were not received from other Health Boards.
85. A joint letter to all Health Board Chief Executives was sent by the Chairs of all BMA Cymru Wales branch of practice committees on 12 January 2021 (see for example M2B/PB/165 - INQ000355938). This letter relayed member concerns about changes to the Pfizer vaccination dosing interval, in light of the UK Chief Medical Officers' decision to prioritise first doses for as many people as possible. The letter asked that, to ensure maximum protection, second doses of Pfizer be administered within 42 days (in line with the trial data) to healthcare workers who had already received their first dose, and that the AZ/Oxford vaccine be incorporated within the vaccination programme for staff. It also asked for a copy of the Health Board's vaccination schedule to increase transparency. BMA Cymru Wales received a reply from the Cardiff and Vale University Health Board on 18 January 2021 stating that they would administer the second Pfizer dose within 12 weeks (M2B/PB/166 - INQ000355939). To the best of my knowledge, written responses were not received from other Health Boards.

### ***Engagement with Members of the Senedd***

86. Engagement with Members of the Senedd included in relation to shielding patients, PPE, aerosol transmission, safe easing of NPIs, levels of Covid-19 infection, Covid-19 testing, healthcare capacity and priorities for the health service.
87. The Chair of BMA Wales GPC sent a letter to all Members of the Senedd on 31 March 2020 clarifying the process for patients receiving shielding letters, to assist them in their advice to constituents (M2B/PB/167 - INQ000118534).

88. In addition, policy and public affairs staff at BMA Cymru Wales were in contact with Members of the Senedd via email to share briefings, press releases and survey findings. This occurred on:

- a. 24 March 2020 – Briefing on the availability of appropriate PPE and concerns that not all healthcare workers providing a service during the pandemic would be suitably covered for ill health and death in service (including retired returners, locum workers, those who had left the pension scheme and medical students) (M2B/PB/168 - INQ000118530).
- b. April 2020 (undated) – Briefing on the shielding letters being sent out by Public Health Wales (M2B/PB/169 - INQ000118535).
- c. 24 April 2020 – Briefing providing further information on the shielding letters being sent out by Public Health Wales, including the process for people who were shielding to get priority for online supermarket delivery slots (M2B/PB/170 - INQ000118540).
- d. 27 May 2020 – Briefing on the Welsh Government's framework for the resumption of some NHS services. This briefing included recommendations of the steps the Welsh Government should put in place to gradually ease the lockdown and resume routine services, including recommendations related to PPE, staff physical and mental health, testing and contact tracing, working from home and face coverings for the public (M2B/PB/171 - INQ000118552).
- e. 07 July 2020 – Sharing a press release calling for the routine testing of all NHS frontline workers (M2B/PB/172 - INQ000118576, M2B/PB/173 - INQ000118575).
- f. 10 July 2020 – Sharing a set of infographics produced by the BMA providing advice to the public on safe tourism (M2B/PB/174 - INQ000118584, M2B/PB/175 - INQ000118585, M2B/PB/176 - INQ000118586, M2B/PB/177 - INQ000118587, M2B/PB/178 - INQ000118588, M2B/PB/179 - INQ000118589, M2B/PB/180 - INQ000118590).
- g. 14 September 2020 – Sharing key findings from BMA Cymru Wales' latest survey<sup>9</sup> of members indicating that a second peak of Covid-19 in Wales was

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<sup>9</sup> BMA Cymru Wales' ARM survey, 11 September 2020. 544 responses.

- the number one concern among the medical profession (M2B/PB/181 - INQ000118614).
- h. 06 October 2020 – Sharing information about concerns from BMA Cymru Wales members that more needed to be done to prevent hospital transmission of Covid-19 (M2B/PB/182 - INQ000355869).
  - i. 10 December 2020 – Sharing a joint statement in which nine health unions, including BMA Cymru Wales, called for a reduction in community transmission of Covid-19, highlighting the impact of rising cases on the physical and mental health of staff (M2B/PB/183 - INQ000118655, M2B/PB/184 – INQ000118656).
  - j. 15 December 2020 – Briefing outlining the key concerns of healthcare workers, including concerns about pressures on the NHS, staff wellbeing and local disparities in the vaccination rollout (M2B/PB/185 - INQ000118664, M2B/PB/186 – INQ000118662, M2B/PB/187 - INQ000118666).
  - k. 02 April 2021 – Sharing BMA Cymru Wales' 'Manifesto for Health', a manifesto for political parties ahead of the 2021 Senedd Election. This manifesto outlined key solutions for meeting challenges within the NHS, including the need to address staffing shortages, prioritise prevention and ensure adequate levels of funding and workforce planning (PB/155 - INQ000145857).
  - l. 12 May 2021 – Sharing BMA Cymru Wales' priorities for health and social care over the coming months and years with each Member of the Senedd. Priorities included reducing the waiting list backlogs, supporting staff and improving population health (M2B/PB/188 - INQ000355977, M2B/PB/189 - INQ000355978, M2B/PB/190 - INQ000355979).
  - m. 03 June 2021 – Briefing for Members of the Senedd on a blended model of face-to-face, video and telephone appointments for GP consultations and the need for new ways of working to be introduced in collaboration with frontline healthcare staff (M2B/PB/191 - INQ000355980).
  - n. 22 December 2021 – Raising concerns about the adequacy of the recommended PPE, calling for frontline staff to have access to FFP2 and FFP3 respirators (M2B/PB/192 - INQ000356034).
  - o. 19 May 2022 – Sharing the first two reports of the BMA's COVID-19 Review, which focused on how well the medical profession was protected from Covid-



19 and the impact of the pandemic on the profession (M2B/PB/193 - INQ000118738).

- p. 13 April 2022 – Sharing a press release expressing concern about the easing of face covering requirements for the public in health and social care settings, calling this move “reckless” (M2B/PB/194 - INQ000118739, PB/013 - INQ000118474, PB/014 - INQ000118475, M2B/PB/195 - INQ000118742).

### ***Consultation responses and submissions to Senedd Committee Inquiries***

89. BMA Cymru Wales submitted a number of consultation responses and submissions to Senedd Committee Inquiries. These submissions covered a variety of issues relevant to Module 2, including shortages of PPE, the adequacy of the recommended PPE, face coverings for the public, testing and contact tracing, risk assessments, the disproportionate impacts on some ethnic minority groups, shielding guidance and population health inequalities.

90. BMA Cymru Wales' submissions included:

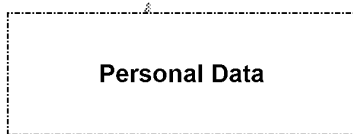
- a. 22 May 2020 - Written evidence to the Senedd Health & Social Care committee inquiry on Covid-19 (PB/181 - INQ000118549).
- b. 26 June 2020 – Written evidence to the Equality, Local Government and Communities Committee's inquiry into the Covid-19 pandemic (M2B/PB/196 - INQ000118562).
- c. 02 July 2020 - BMA Wales oral evidence session with the Senedd Health, Social Care and Sport Committee on Covid-19 (PB/182 - INQ000118573).
- d. 04 and 10 February 2021 – BMA Cymru Wales response to Audit Wales' study of PPE provision (M2B/PB/197 - INQ000118683, M2B/PB/198 – INQ000118685).
- e. 08 June 2021 – Submission to the Ministerial Taskforce: Ambulance Handovers (M2B/PB/199 - INQ000118707).
- f. 15 July 2021 - BMA Wales consultation response to the Welsh Government's Race Equality Action Plan (M2B/PB/200 - INQ000118716).
- g. 17 September 2021 – Consultation response to the Health and Social Care Committee Priorities for the Sixth Senedd (PB/432 - INQ000118719).

- h. 08 October 2021 – Consultation response to the Health and Social Care Committee inquiry into a workforce strategy (M2B/PB/201 - INQ000118720). BMA Cymru Wales also submitted answers to follow-up questions on 13 January 2022 (M2B/PB/202 - INQ000118728).

### **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.

Signature:

A rectangular box with a dashed border, containing the text "Personal Data" in the center.

**Personal Data**

Name: Philip Banfield

Date: 01.02.2024