

UK COVID-19 PUBLIC INQUIRY MODULE 2B

WITNESS STATEMENT OF GILL HARRIS- 2B

I, **Gill Harris**, will say as follows:

1. I have been asked to provide a statement in relation to Module 2B of the Inquiry, regarding the decision-making by the Welsh Government in relation to the Covid-19 pandemic between early January 2020 until Covid-19 restrictions were lifted in Wales in May 2022. I understand that the focus of Module 2B is on core government political and administrative decision-making within the Welsh Government and that 'core political and administrative decision-making' means those decisions that were taken by the Welsh Government, supported by senior officials and advisers, to manage the emergency response to Covid-19.

Background and qualifications

2. I was Interim Chief Executive of Betsi Cadwaladr University Health Board ("BCUHB") from September 2020 until January 2021. It will be seen that of the 27-month period under consideration by the Inquiry (i.e. January 2020 to May 2022), I was in post for approximately 4 months.
3. Prior to that, I had held the role of Executive Director of Nursing and Midwifery and Deputy CEO. Subsequent to being Interim CEO (i.e. January 2021 onwards), I returned to my substantive post. I retired from the NHS on 31 August 2023.
4. By training, I am a Registered Nurse (RGN, MA in Strategic Healthcare).

Overview of relationship with Welsh Government

5. My role and expected duties as Interim Chief Executive of BCUHB are set out in the Job description and Person Specification, exhibited here as [GH/1 – INQ000283300]. In the short period under consideration, my responsibilities remained the same, as described in that document, but the role changed to the extent that the proportion of my time spent in addressing specifically Covid-related issues would vary according to the prevalence of the disease i.e. during 'peaks' my attention would be focussed more exclusively on Covid-related tasks whereas during 'troughs' these tasks would be shared with my Deputy Chief Executive. Those systems had already been established and my main responsibility was to ensure stability and continuity until the new CEO could take over. By the time I became Interim CEO, many of the internal structures e.g. Gold Command etc had been established and implemented.
6. In accordance with the established approach of BCUHB, there were regular meetings held (remotely) between Welsh Government and BCUHB (and other Health Boards) at which I would be present. As I recall these were typically monthly, held on Tuesday afternoons, though the day would vary. I would often also attend meetings of the subset of the BCUHB Board ("Covid-19 Cabinet"). I refer to a copy of the Action Notes from the Cabinet meeting of 4 November 2020, by way of example exhibited as [GH/2 – INQ000283299].

Engagement with the Welsh Government

7. In my capacity as Interim Chief Executive of one of the Health Boards in Wales, I did not play any specific role in core decisions taken by the Welsh Government over the course of the pandemic. There were however occasions when the views of Chief Executives of all the Health Boards would be sought by Welsh Government on specific topics such as vaccinations and PPE updates. Such a request would generally lead to a discussion amongst the Chief Executives, at which a consensus would be reached. Whether or not I personally contributed to the discussion would vary according to the topic being considered. I cannot now recall any specific discussions during my period of office.
8. I would characterise these interactions with Welsh Government as consultations, rather than the seeking of formal advice. Certainly, I was never personally asked for, nor did I provide, formal advice in writing or otherwise to ministers. Nonetheless, I felt that the consultative and collaborative approach that was taken by Welsh Government in relation to the Health Boards was effective.
9. To put things in context, there were also regular meetings of a Resilience Forum (Strategic Coordination Group) at which I, or representatives of BCUHB, were often present between BCUHB, local authorities, and representatives of the North Wales Police, Fire and Ambulance service. A representative of Welsh Government would also be present. These meetings took place regularly, perhaps twice or three times a week on occasion. There were also subgroups in relation to, for example, nursing homes, where topics discussed would have included capacity, closures, infection rates, and appropriate discharges.
10. In relation to data collection and the provision of data by BCUHB to Welsh Government, the mechanics of how this was undertaken was not within my direct knowledge. Public Health Wales would provide assistance with our understanding and interpretation of the data.

Non-pharmaceutical interventions (“NPIs”)

11. In line with what I have set out above, I had a limited, if any, role in the provision of information, data, analysis or advice on decisions made by Welsh Government, including as to the imposition of, easing of, or exceptions to NPIs. I do however recall that certain NPIs, such as restrictions on mass gatherings, were discussed amongst the Chief Executives of the various Health Boards, in order to form a consensus view that might then be provided to Welsh Government to inform its decision-making.
12. Regarding the potential impact of NPIs on specific vulnerable groups, this was not something on which I or my colleagues at BCUHB were asked to give advice to the Welsh Government. I would however note that the impact of NPIs on more vulnerable groups was borne in mind within the Health Board. For example, a decision by the Health Board as to whether to postpone elective surgical procedures was known to have the potential to impact disproportionately on groups such as the vulnerable. This was not however a topic on which I or my colleagues at BCUHB were required to advise (in a formal sense) the Welsh Government.

Local lockdowns and restrictions

13. I do feel that BCUHB, amongst the other Health Boards, was sufficiently consulted regarding issues relating to local lockdowns and restrictions. This took the form of meetings/conversations with Health Board CEOs and SCG Chairs, and conversations in other meetings, for example with the local authorities. Insofar as there were issues caused by local lockdowns caused by differing restrictions applicable in England as compared with Wales, this was not solely a health issue.

Care homes

14. During the period that I was Interim CEO of BCUHB, I cannot recall any core decisions taken by Welsh Government in respect of care homes. There was however frequently updated guidance given by Welsh Government in respect of care homes which was implemented by the HB. I do not recall being consulted about any of that guidance.

Impact on hospitals

15. During the period I was Acting CEO there was ongoing communication with Welsh Government around decisions around patient discharge, use of DNACPR Orders, and management of hospital capacity. I refer by example to the Welsh Government Update of the DNACPR Policy which contains several updates and is exhibited at [GH/3 – INQ000283301]. As Acting CEO, I was not consulted about these changes but they would have been the subject of discussion in relevant committee groups.

Test, Trace and Protect

16. As indicated above, my role as Interim Chief Executive of BCUHB included oversight of the organisation as a whole. I do not claim expertise on the scientific basis for specific measures taken to combat the Covid-19 pandemic. As would be expected, I relied upon the advice of individuals within the organisation who were able to give such advice, in particular the directors of Public Health, Nursing and the Medical Director. It is my recollection that there were regular meetings between representatives of Welsh Government and the relevant individuals within my organisation. It is my understanding that the purpose of those meetings was for Welsh Government to seek the views of those individuals within my organisation in order to inform policy, rather than to seek formal advice.

Informal communications

17. I was not involved in any Whatsapp or other messaging groups with senior Civil servants or Welsh ministers.

Public health communications

18. In delivering its response to the pandemic, BCUHB made use of social media, press and TV interviews, radio, signage, information leaflets to inform the public about the pandemic, its impact and the measures that were in place to combat its spread.

Lessons learned

19. In terms of reflections from my perspective, I think the following are the key lessons learned:
 - North Wales has a high proportion of socially deprived and vulnerable communities, the consequence of which is that when lockdowns were imposed there was an unanticipated impact on the delivery of healthcare services to those communities. There is a lesson to learn from the experience of mixing elective and emergency services. Elective services were disproportionately affected and for the future there is an opportunity to handle these differently.
 - The lack of thorough pre-planning and modelling for a pandemic. With more comprehensive planning, some of these disproportionate impacts may have been avoided, particularly amongst those most vulnerable patients who were affected by the isolation and the deferment of treatment.
 - There seemed an apparent reluctance amongst the home nation governments to reach consensus decisions which led to confusion from inconsistent policies e.g. mask wearing, lockdowns/firebreaks. This had an impact upon agency/locum staff who were used to different policies and procedures existing, for example in England and English health Trusts and for patients receiving care in both countries.
 - There were major socio-economic impacts in the area which were not fully considered at the outset.
 - The collaboration between the Health Board and the armed forces was very effective.
 - The impact on mental health of staff, many of whom were, at least during the initial waves, living away from home, having to cope with low staffing levels, fear for themselves and their families and use/availability of PPE. There was an enormous pressure on staff because of this.

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 in its truth.

Signature

Personal Data

Gill Harris

Dated.. 9 October 2023

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