Initials & Surname of Witness:
S.Walker
Statement No: 1
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UK COVID-19 PUBLIC ENQUIRY MODULE 2B

WITNESS STATEMENT
OF PROFESSOR STUART WALKER

I provide this statement in response to a request under Rule 9 of the Enquiry Rules 2006 dated 18.05.2023

I, Professor Stuart Walker, MD FRCP, will say as follows:

1 I am currently the Chief Medical Officer and Deputy Chief Executive Officer at the University Hospitals Bristol and Weston NHS Foundation Trust, a position I have held since February 2022.

2 Prior to this, I was Executive Medical Director (July 2019-September 2021), Deputy Chief Executive Officer (March 2021-September 2021) and then Interim Chief Executive Officer (September 2021 to February 2022) of Cardiff and Vale University Health Board, Bwrdd Iechyd Prifysgol Caerdydd a'r Fro ("CVUHB").

3 In this statement I concentrate on my period of office as Interim Chief Executive Officer, but with some reference to the knowledge I had acquired in my two previous roles at CVUHB.

Background and qualifications

4 I exhibit my Curriculum Vitae at INQ000283946 which sets out my career history and professional expertise and lists the major publications for which I am the sole or a contributing author.

5 I qualified MB BCh from the University of Wales College of Medicine in 1990. I hold the following post-graduate qualifications: *Member of the Royal College of Physicians (MRCP) 1993; Certificate of Completion of Specialist Training (CCST) in Cardiology/General Medicine 2000; Doctor of Medicine (MD) 2001; Fellow of the Royal College of Physicians (FRCP) 2005; Honorary Professor of Innovation in Medicine, College of Medicine, Cardiff University 2021, Honorary Visiting Professor, University of West of England 2023.*

6 My medical background is in Cardiology. From July 2002 to July 2019 I was a Consultant Cardiologist with a sub-speciality interest in coronary intervention and device therapy at Musgrove Park Hospital in Taunton. During that period, I also undertook a number of leadership roles before becoming the Executive Medical Director at Taunton & Somerset NHS Foundation Trust in May 2016 and then Chief Medical Officer of an Alliance Executive Team covering the Trust and Somerset Partnership NHS Foundation Trust from November 2017 until I moved to CVUHB in 2019.

My Role as Interim Chief Executive Officer

7 As Interim Chief Executive at CVUHB my role was to lead the executive team in the day to day running of the Health Board's business, providing advice to Board Members, and seeking to ensure the effective implementation of the Board's decisions, policies and strategic aims. The appointment meant that I was also the Accountable Officer for the Health Board and I was therefore responsible and accountable for the proper stewardship of public funds and for ensuring compliance with all statutory requirements and the Welsh Government's policies and performance requirements.

8 I am aware that during the earlier stages of the pandemic, the focus of the Chief Executive, their team and the Health Board was very much on

managing the Covid-19 outbreak and mitigating its effects By the time I was appointed as Interim Chief Executive in September 2021, although managing and mitigating the effects of the outbreak were still important issues, there was also scope to develop projects in other areas.

Overview of interactions with the Welsh Government

9 My interactions with the Welsh Government ("WG") changed over the course of the pandemic according to the position I held within CVUHB and the course of the pandemic. During the earlier period of the pandemic I was Executive Medical Director for CVUHB. In that role I had a lot of contact with Sir Francis Atherton who was Chief Medical Officer for Wales (CMO). The CMO would meet all the Medical Directors (MDs) of the seven Health Boards and one Trust in Wales at least weekly and sometimes even more frequently. I found him very accessible and willing to listen to what I and other MDs had to say.

10 By March 2021, when I became Deputy Chief Executive (deputising for the Chief Executive in respect of the Health Board's Covid-19 response in addition to being the Executive MD) the focus on the pandemic had become less intense and I was having less interaction with WG about it in both roles.

11 By the time I became Interim Chief Executive (and ceased to be the Executive MD) in September 2021 that focus, and interaction, had reduced even further.

Engagement with the Welsh Government

12 I would say that, in the period September 2021 to February 2022 when I was Interim Chief Executive, I did not participate in making or advising WG on core decisions taken by it regarding the proposed, or actual, management of the pandemic. The role I played was to ensure that important information reached WG to inform their decision-making.

13 As Interim Chief Executive I would attend meetings on a two-weekly basis of all the Chief Executives of the Welsh Health Boards and the one Welsh Trust, also attended by Dr Andrew Goodall (the Director General for Health & Social Care and Chief Executive of NHS Wales) and representatives from WG. I shall refer to these meetings as the "Welsh CE meetings." In that

forum I met WG's Health Minister Eluned Morgan a couple of times (but never the First Minister).

14 We would still discuss the current the level of incidents of the disease and Covid-19 related deaths, issues relating to personal protective equipment, infection prevention and control, and also the vaccination programme. I do not recall much, if any, discussion about the Test, Trace and Protect initiative. However, by then, the main topics for discussion at these meetings related to issues which were not directly related to the pandemic, such as the work of the National Medical Workforce Group and the National Quality and Safety Group.

15 I consider that Dr Goodall and the representatives from WG whom I met in these forums were very reasonable and that there was a positive attitude towards working together.

16 I felt that I was able to ask questions of WG at all stages of the pandemic.

17 I am attaching a schedule at INQ000283947 which includes a list, provided to me by CVUHB, of the Welsh CE meetings, which took place during the period I was interim Chief Executive. I would have attended most of the Welsh CE meetings. The list also includes the MS & MP Briefing Sessions and the NHS Wales Leadership Board meetings which I do not recall attending.

18 I would also attend meetings of the Cardiff & Vale Regional Leadership Board which met after the regular meetings of Cardiff & Vale's Regional Incident Management Team ("IMT") meetings to consider its report on the latest epidemiology for Covid-19 in our area.

19 Regional IMTs were set up in each region of Wales in accordance with guidance in the Communicable Disease Outbreak Plan for Wales and the Coronavirus Control Plan. Cardiff &Vale's Regional IMT included members from CVUHB, the local Public Health team, Public Health Wales (including Microbiology and the Consultant in Communicable Disease Control) Local Councils, the Police and others. Their role was to collate and interpret the

latest epidemiology in our area looking at the level in the population as a whole and local clusters and incidents and to discuss how best to manage them.

20 The Leadership Board reflected the make-up of the Regional IMT and consisted of senior members of the constituent organisations including myself as Interim Chief Executive, as well as the Chair of the Health Board and Leaders of the two local authorities. Having considered the regional IMT's report, the Leadership Board would discuss and formally agree any recommendations which were to be put forward to WG. These recommendations would be included on a feedback form known as "SBAR" which also included a summary of the regional IMT's findings. The form could be used for raising questions with WG as well. .

21 In the period I was Interim Chief Executive, the meetings were taking place about fortnightly. At INQ000283948 I exhibit a chart showing the dates of the Cardiff & Vale Regional Leadership Board meetings and a summary of the communications to WG. I attended a few but not many of these meetings.

Collection of Data and Provision of Statistics

22 From March 2020 onwards, CVUHB and other Health Boards in Wales were collecting data and statistics locally and submitting them (in the form of situation reports ("sitreps") to NHS Wales Informatics Service (later known as Digital Health Care Wales) which then collated the information and reported on it to WG.

23 During the period I was in post at CVUHB (in all my roles) these sitreps were being submitted and reported on to WG on an almost daily basis. I saw CVUHB sitreps at least weekly and the collated information for the whole of Wales on a less frequent basis – roughly monthly on average.

24 At local level, I understand that much of the information was collected manually by key contacts from the various sites and departments within CVUHB who then uploaded the details on to CVUHB's IT system. I was aware of conversations around the heavy burden this placed on the sites/departments but it was an essential task. The Health Board's

informatics team then used this information to populate the standard excel sitrep for submission to NHS Wales Informatics Service.

25 I should add that at a very early stage of the pandemic, CVUHB implemented a digital 'Covid flag' for operational patient management so that Covid positive patients could be identified. This information was derived from electronic Covid test records and other sources. The Covid flag was also used to identify patients who were assessed as recovered and latterly those in active treatment . Not only was this useful in terms of infection control, it was also a useful source of information for our data and reports.

26 Throughout the pandemic assessments were made about what data was required. The data collected and submitted therefore changed throughout the pandemic as new measures were added and others stood down if they no longer had a purpose. The last significant new measure was added in January 2022 to identify Covid patients in active treatment, which brought Wales in line with English reporting.

27 I am aware that there were national weekly sitrep meetings attended by Executive and officer representatives of the Health Boards, NHS Wales Informatics Service and WG. The forum discussed issues, proposed changes, and agreed definitions to try to ensure all Health Boards were consistent in their approach to reporting the measures. Cardiff and Vale Health Board colleagues who attended fed back locally. I do not recall attending any of these meetings.

28 I think there was an inherent weakness in the system for reporting Covid related deaths all the way through the pandemic because of the constraints which apply when completing a death certificate. We had to wait until the UK-wide Office of National Statistics published statistics which showed the overall increase in deaths to get an idea of the true impact of the pandemic.

29 However, overall the provision of data worked very well. It provided information which was in real time and was an invaluable resource for decision making and planning.

30 It is inherently difficult to predict the course of a novel disease and so those predictions were not always right, but I would not be critical of this. I believe that WG was doing the best it could do at the time on the information available to provide timely advice.

Non-Pharmaceutical Interventions (NPI)

31 As MD for the CVUHB I had discussed some NPIs with other Welsh MDs and the CMO for Wales. I recall providing feedback to the CMO on the need to tighten up on PPE and to fit test the FFP3 masks (fit testing being a technique used to ensure that the PPE had the correct fit for the user and would therefore be protective and efficient for the user) and discussing restrictions on sporting events. I do not recall discussing lockdowns.

32 As Interim Chief Executive I did not play a direct role in WG's decision-making concerning NPIs. However, I would have contributed to the discussions about PPE and NP infection control measures such as with visitor restriction to hospitals at the two-weekly CE meetings. CHUVB also fed into WG decision-making through the sitrep and IMT feedback we submitted which sometimes included intelligence on impact of NPIs at regional level.

33 Overall I think that WG performed well in terms of NPIs. There are areas which, in retrospect, could have been handled better, but I felt that WG's decisions were driven by scientific advice, with a view to minimising risk.

34 Areas where I would say faster implementation was required were:

34.1 providing advice on PPE;

34.2 recognizing and providing guidance in relation to the higher risk suffered by black, Asian and minority ethnic (BAME) persons.

At CVUHB, we took early action to mitigate the risk to our black, Asian and minority ethnic members of staff of a worse outcome from Covid-19 infection, by devising a formal risk assessment process that could be utilised by local managers. This was in the period when I was MD. I think that we were ahead of WG in this respect; WG issued advice a number of weeks after the peak.

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Local lockdowns and restrictions

35 There were no lockdowns in the period when I was Interim Chief Executive..

Care homes

36 I do not recall any core decisions relating to care homes being taken in the period when I was Interim Chief Executive.

Impact on hospitals

37 I do not recall being consulted by WG about any core decisions relating to hospital capacity during the time I was Interim Chief Executive.

Test, Trace and Protect

38 A Regional COVID-19 Prevention and Response Plan was prepared in response to the joint letter sent by the Welsh Government Chief Medical Officer/Medical Director NHS Wales, Director General Health and Social Services/NHS Wales Chief Executive and Director, Local Government on the 27 July 2020. The plan covered the Cardiff & Vale University Health Board area and was prepared by CVUHB and both Cardiff and Vale of Glamorgan local authorities in collaboration, led by Public Health.

39 The first version, dated 21 August 2020, was an overview of the structures and processes in place in Cardiff and the Vale of Glamorgan to both prevent and respond to COVID-19 in the community, as well as an action plan of proposed developments to further enhance the regional response. Test, Trace and Protect (TTP) in Cardiff and the Vale of Glamorgan was led by a Senior Executive Board which included Chief Executive, Executive and Director level membership from CVUHB, Cardiff Council, Vale of Glamorgan Council, and Shared Regulatory Services. It was chaired by Len Richards (CEO of Cardiff and Vale UHB) and attended by Paul Orders (CEO Cardiff Council) and Rob Thomas (Managing Director, Vale of Glamorgan Council). There was national reporting of progress through the Welsh Government TTP partnership infrastructure.

40 The second version of the plan was dated 4 June 2021, and was then refreshed to take account of winter planning in January 2022 by which time I was the Interim Chief Executive and a member of the Leadership Board

(COVID19/Winter Pressures). By this point, the Regional Leadership Board (Covid19/Winter Pressures) had in one single group replaced the previous Senior Executive Board and Regional Leadership Group, to act both as a regional leadership mechanism and as a sub-regional mechanism for the South Wales Local Resilience Forum Recovery Group. The Regional Leadership Board met regularly and was chaired by the Chair of the Cardiff and Vale University Health Board. Membership included the Leaders of Cardiff Council and the Vale of Glamorgan Council, as well as senior executive leadership from CVUHB; Cardiff Council; Vale of Glamorgan Council; and South Wales Police. The Regional Prevention and Response Plan was characterised by an unprecedented level of partnership working, and the key achievements of the plan are set out in the second version.

41 As part of the Plan, targeted engagement work was undertaken to effectively engage with "seldom heard communities", that is those who may experience health inequalities, exclusion or vulnerability or who find it difficult to access services or whom the services find difficult to reach. An Ethnic Minority COVID-19 Operations Sub-group was established and a communications and engagement strategy drawn up. The sub-group investigated what ways and means were available (including the use of community assets) to provide public health advice and information, not just to ethnic minority communities in Cardiff and the Vale, but to other seldom heard groups such as travellers, those with a learning disability and those on low income. A strategy was developed to ensure these groups were effectively engaged, including sharing information on vaccination and offering vaccination in local venues, including Mosques.

Informal communication

42 I confirm that I have no WhatsApp or other messaging groups with WG.

Public Health Communications

43 CVUHB engaged in public health communications at a regional level, in line with the communications being issued by WG.

44 I think that WG's public health communications were sensible and based on best available scientific evidence.

45 My only observation is that it would have been good if WG could have got its communications to the Health Boards sooner for the Boards to reinforce the messages in their own regional publications.

Lessons learned

46 In my view WG definitely learned lessons from earlier decisions, for example in the increased complexity of the clinical modelling and in its decisions relating to PPE. The first round of decisions re. PPE use for example were potentially not robust enough, risking staff welfare. We (CVUHB) chose to be more robust with our PPE advice prior to the change at National level. We were initially concerned that we might be subject to criticism if we were using a greater share of the nationally available PPE. However, within in a few days, National advice followed, which was along the same lines as our own. Subsequent PPE decisions at National level were more timely and appropriate.

Transcripts of evidence

47 I have not given any evidence before the Senedd relating to WG's response to the pandemic.

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 11/10/23

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