

Witness Statement: Paul Mears, Chief Executive Officer, Cwm Taf Morgannwg University Health Board (CTMUHB)

Module: 2B of the UK Covid-19 Public Inquiry

Subject: Request for Evidence under Rule 9 of the Inquiry Rules 2006

Reference for Request: M2B/LHB/PM/01

Introduction

1. I am Paul Mears, Chief Executive Office of Cwm Taf Morgannwg University Health Board (CTMUHB), one of the seven Health Boards within the NHS in Wales. I took up my role as Chief Executive Officer on 14th September 2020.

Qualifications and Experience

2. I qualified in 1994 with a B.A (Hons) from Royal Holloway, University of London in French with Public Administration. I then spent the first nine years of my professional life working in the travel sector in commercial management roles with Eurostar, British Airways, and a US travel software solutions company.
3. I joined the NHS in 2003, having been selected for a leadership programme called 'Gateway to Leadership', which was designed to bring experienced managers from the private sector into the NHS. This programme involved significant leadership development from both within the NHS and outside, as well as experience of a first leadership role in an NHS organisation.
4. The first role I held in the NHS was as project manager for delivering intermediate care services in Torbay Primary Care Trust (PCT) based in Torquay, Devon. This role involved me supporting a number of projects across the NHS and local authority, designed to improve the provision of community based services for patients not requiring hospital care.
5. Shortly after joining the PCT I was promoted to be Head of Community Services with responsibility for the leadership of all the community services in Torbay, including two community hospitals, community nursing, health centres and

community therapy teams. I was also very involved in the development of work in Torbay to develop proposals to integrate community health and social care services working closely with the local authority, Torbay Council. The integration of these services was further developed when the PCT and Torbay Council agreed to fully integrate the services and form a new organisation – Torbay Care Trust.

6. In 2005 I was then appointed Director of Operations for the new organisation with responsibility for running all the community health services and adult social care services, including care management, residential home provision, in-house domiciliary care and social care commissioning. This role was responsible to the Chief Executive of Torbay Care Trust, Peter Colclough, and was also a board level executive role. Whilst in this role, I continued my professional development with the formal programme provided by the Gateway to Leadership programme, as well as development opportunities including a study visit to the United States to a large healthcare provider.

7. I worked as Director of Operations in Torbay Care Trust for four years and then in 2009 I applied for the role as Chief Operating Officer with South Devon Healthcare NHS Foundation Trust which was the NHS Trust that ran Torbay Hospital. The name of this Trust has since changed to Torbay and South Devon NHS Foundation Trust. I chose to apply for this role as I felt I needed to gain experience in acute hospital operations, having spent several years working in community services. As Chief Operating Officer I had responsibility for all of the operational and clinical services within Torbay Hospital and the responsibility for estates and facilities management. The role involved overseeing the Trust's performance in emergency care as well as delivering the national NHS targets for waiting times in elective care services. I had three Divisional General Managers reporting to me, and the Director of Estates and Facilities Management, and it was through this team that I ensured we delivered the operational expectations of the Trust board and the NHS regional team who oversaw performance of all NHS organisations in the South West region.

8. In 2012 I was appointed as Chief Executive of Yeovil District Hospital NHS Foundation Trust. This Trust was responsible for the running of Yeovil District Hospital and had a turnover of £120M and employed around 2,200 staff. The hospital is a small, rural district general hospital and provides acute hospital services to the population of South Somerset and North Dorset.

9. I left my role as Chief Executive of Yeovil in May 2018 having worked for the Trust as Chief Executive for over six years. I decided that I would take some time to work outside the NHS as an independent management consultant to broaden my experience of healthcare and gain experience of working with digital healthcare organisations. Whilst employed as an independent management consultant, I was engaged by McKinsey & Company as an expert advisor within their healthcare practice. I remained an independent consultant but was paid on a daily rate by McKinsey for any work I undertook for them. The work with McKinsey included providing advice on NHS contracts they were working on and insights into the NHS to support their business development. I led an engagement for McKinsey in Wiltshire working with Wiltshire Clinical Commissioning Group (CCG) on supporting the development of primary care networks across the county and I also supported work in Saudi Arabia on the development of healthcare services there.

10. As an Independent Consultant I also worked directly with NHS organisations who required support to develop approaches to integrated care between hospitals and GP services and also with a number of digital health companies who were looking to develop their services to the NHS.

11. In April 2020 I worked with the healthcare consultancy Carnall Farrar as an independent consultant, paid on a day rate basis. The work with Carnall Farrar involved working to support the North West London Clinical Commissioning Group (CCG) in their response to the Covid pandemic. In particular my role

involved supporting the CCG officers in how the community services needed to adapt to working in the pandemic and how they supported Care Homes in the initial phase of the pandemic.

12. In early 2020 I was approached by an Executive Search company about the Chief Executive role at Cwm Taf Morgannwg University Health Board. I applied for this role and was interviewed via MS Teams given the Covid restrictions in place at the time. I was appointed to this role with an agreed start date of 14th September 2020. As I was planning to return to a role in the NHS, I therefore began to wind down my independent consultancy business and ended my arrangements with consultancy clients.

My role as Chief Executive of Cwm Taf Morgannwg UHB

13. I took up my position as Chief Executive at CTMUHB on the 14th September 2020 following the departure of the previous interim Chief Executive Dr Sharon Hopkins.
14. CTMUHB is responsible for the provision and commissioning of healthcare services for the 450,000 people living in the three local authority areas of Merthyr Tydfil, Rhondda Cynon Taf and Bridgend.
15. CTMUHB directly provides acute hospital services at Prince Charles Hospital, Merthyr Tydfil, the Royal Glamorgan Hospital, Llantrisant and the Princess of Wales Hospital, Bridgend. The Health Board also provides in-patient community hospital services at Ysbyty Cwm Rhondda, Ysbyty Cwm Cynon and Maesteg Community Hospital. The Health Board provides all mental health services to the local population as well as community based care including district nursing, health visiting and school nursing.
16. From a commissioning perspective the Health Board commissions all independent primary care contractors including GPs, dentists, optometrists and

pharmacists as well as holding contracts with a number of voluntary sector organisations.

17. The Health Board has responsibility for Public Health, led by the Executive Director of Public Health who is a member of my Executive team and of the Board. The public health functions sitting within the Health Board include health promotion, health protection, population health, and local screening programmes, much of which work is undertaken jointly with the three local authorities in our region.

18. The Health Board has a budget of £1.3 billion and employs 13,000 staff. As such, we are a large employer within the local area and 85% of our staff live within the Cwm Taf Morgannwg Health Board area.

19. As Chief Executive of CTMUHB I have a statutory responsibility as the Accountable Officer for all financial and performance issues of the organisation. These responsibilities are set out in the Accountable Officer letter issued by the Chief Executive of NHS Wales and contained in Exhibit PM1/INQ000283949 of this statement. Consequently I am responsible for assuring the quality, safety and operational performance of all the services the Health Board provides as well as ensuring the organisation meets its financial obligations.

I discharge these responsibilities through my team of Executive Directors, who are

- Executive Director of Nursing, Midwifery and Patient Care – Greg Dix
- Executive Medical Director – Dr Dom Hurford (previously Dr Nick Lyons)
- Executive Director of Therapies and Health Sciences Lauren Edwards (previously Fiona Jenkins and Elizabeth Wilkinson)
- Executive Director of Finance – Sally May (previously Steve Webster)
- Chief Operating Officer – Gethin Hughes (previously Gareth Robinson and Alan Lawrie)

- Executive Director of Public Health – Philip Daniels (previously Dr Kelechi Nnoham)
- Executive Director of Strategy and Transformation Linda Prosser (previously Claire Williams)
- Executive Director of People – Hywel Daniel
- Director of Digital – Stuart Morris

The situation as at the date I took up post

20. When I took up post at CTMUHB on 14th September 2020, I inherited a team with a number of interim appointments and one of my first tasks as a new Chief Executive was to recruit a substantive team and to assess the skills and capabilities of the executive team to meet the challenges the organisation was facing at the time. Consequently there were a number of changes in the Executive team, either from retirements of existing directors or interim directors who were not successful in applying for a permanent role.

21. When I joined CTMUHB the organisation was in Special Measures with Welsh Government for maternity and neonatal services. Special Measures is the highest level of escalation with Welsh Government and this escalation was in response to an independent report into its maternity and neo-natal services in April 2019 undertaken by the Royal College of Obstetricians and Gynaecologists (RCOG). This escalation status had been in place since April 2019 and when I arrived as Chief Executive there had already been a considerable amount of work undertaken to improve services in maternity and neonatal care. The Health Board's response to the escalation was being overseen by the Independent Maternity Services Overview Panel (IMSOP) made up of clinical and managerial expertise from external organisations.

22. CTMHUB had also been placed in 'Targeted Intervention' escalation with Welsh Government in 2019 with regard to quality governance following the RCOG maternity report and a joint review by Audit Wales and Healthcare Inspectorate

Wales (HIW). This escalation status placed a range of expectations on the Health Board with regard to how it managed quality and assurance from the Board down into the clinical services. When I began in post there were a range of work programmes in place to improve and develop the systems and processes within CTMUHB with regard to the management and oversight of quality and improvement.

23. Given this already challenging backdrop with enhanced oversight and scrutiny from Welsh Government and regulators, and the understandable concerns regarding the maternity services in CTMUHB, I appreciated that there were a number of considerable issues to address when I arrived at the Health Board. The challenges facing CTMUHB were significantly compounded by the impact of the response to the Covid pandemic, both in terms of the management time and attention the pandemic response would require and the capacity of the organisation to deal with anything that was above and beyond the immediate Covid response.

24. Prior to taking up role in September 2020, I had received a handover from the interim Chief Executive, Dr Sharon Hopkins, and visited the Health Board offices to meet with her face to face. This provided an opportunity to discuss the challenges facing the organisation, the executive team and the recent history of CTMUHB which she thought I should be aware of.

25. When I formally started in my Chief Executive role in September 2020 in the middle of the Covid-19 pandemic, the pandemic was already having a significant impact on NHS services in the area with a rising transmission rate in our communities.

26. There was a particular challenge for me as a new Chief Executive taking up post in September 2020 in the middle of the Covid 19 pandemic, as the majority of my team and the corporate teams were working remotely due to the advice to work from home wherever possible. My induction meetings and interactions

with Welsh Government colleagues and other NHS Chief Executives in Wales were also all online and carried out on MS Teams due to the restrictions. This made establishing myself in my role more challenging and, whilst I was able to meet my team regularly (respecting the social distancing guidelines) and also visit our hospital sites, the level of contact and engagement with frontline staff was less than I would have normally wanted when arriving in a new organisation as Chief Executive.

Covid response structures

27. When I arrived in post, the Health Board had already established a command structure to manage the internal response to the pandemic. The response fell into 3 categories:

Firstly, the overall emergency response in line with the Civil Contingency arrangements for Wales, was coordinated locally by the South Wales Regional Resilience Forum and a Strategic Coordinating Committee had been set up to oversee the Covid response. The South East Wales Region included Swansea Bay UHB, Cardiff and the Vale UHB and Cwm Taf Morgannwg UHB.

Secondly, within the Cwm Taf Morgannwg region, the Test Trace Protect (TTP) Strategic Cell, known as the Regional Strategic Oversight Group (RSOG), was established to coordinate action, with multi agency partners including all three Local Authorities, CTMUHB, Public Health Wales and the Third Sector. The Chair of the RSOG was the Executive Director of Public Health for CTMUHB Dr Kelechi Nnoham.

Thirdly, a Cwm Taf Morgannwg Covid-19 TTP Tactical group was formed to action the decisions of the RSOG and to escalate and feedback into the RSOG. This was chaired by Angela Jones, Consultant in Public Health, who also chaired the Cwm Taf Morgannwg (Regional) Incident Management Team.

28. We had a Regional Incident Management Team which was a multi-agency team, tasked to assess the risks of Covid, manage and control these risks, and communicate as appropriate. This was chaired by the Consultant in Public Health, who also chaired the Tactical Group and attended RSOG for continuity.
29. The Chair of the Cwm Taf Morgannwg Regional Incident Management Team (IMT) attended the Welsh Government meeting which brought together Chairs of IMTs from across Wales. These meetings were established in December 2020 by Welsh Government and we were required to submit reports to Welsh Government following each IMT. These reports outlined the situation of Covid 19 within Cwm Taf Morgannwg, the actions being taken to mitigate risks and the further actions required by the local teams and any operational support required from Welsh Government.
30. During the period in question within the Cwm Taf Morgannwg region, there were additionally a number of further Incident Control Teams established to deal with specific outbreaks of Covid in specific settings such as hospitals, schools, care homes and Parc Prison.
31. In addition to the regional coordination of the pandemic response, internally within the Health Board there was a command structure put in place comprising of Gold, Silver and Bronze commands.
32. The Gold Command was the internal strategic decision-making body with executive leadership and was chaired by the Director of Planning (Claire Williams later Linda Prosser). In her absence the group would be chaired by either the Medical Director (Dr Nick Lyons) or Director of Nursing (Greg Dix). There was an invitation to these meetings for all three of the Directors of Social Services from the three local authorities to ensure that the impact of any response within the Health Board could be discussed with social care

colleagues and also to ensure we were alerted to any local issues with regard to the Covid impact in social care services.

33. The tactical response was led by the organisational-wide Silver command which was led by the Chief Operating Officer (Alan Lawrie, later Gareth Robinson) where day to day operational issues were discussed and immediate responses decided. Should decisions require escalation then these were brought to the Gold Command.

34. Below the Silver command, each of our three localities held Bronze command meetings where local operational issues were dealt with and, as necessary, escalated to Silver command. In this way there was a clear command structure for decision-making processes from the Executive level down. This structure also enabled decisions requiring executive decision to be escalated from Bronze through to Silver and then up to the regular Gold meetings.

35. These Gold Silver and Bronze meetings were internal meetings within the Health Board and, as such, had no direct line of communication back to Welsh Government. The Gold Command meeting provided the forum to discuss any changes to national guidance around Covid and to cascade down any updates that had been received either by me as Chief Executive through the Welsh Government briefing meetings or from any other executive director who may have received a specific briefing relating to their responsibilities.

Briefing and communications

36. As our Health Board serves communities with stark health inequalities and existing poor health outcomes, the transmission rate of Covid-19 was high and our area regularly saw rates of transmission that were amongst the highest in Wales and the United Kingdom. This posed significant challenges to us as a Health Board and to our colleagues in the three local authorities and

consequently much of my leadership time was spent with my Director of Public Health briefing our board of Independent Members, Local Authority Leaders and Councillors, Members of the Senedd (MSs) and Members of Parliament (MPs) on the impact of these rising rates of transmission and the impact on health services and the population. The briefing meetings for Members of the Senedd and MPs happened every two weeks and were led by myself, the then Director of Public Health Dr Kelechi Nnoham, and the Health Board Chairman, Marcus Longley. These briefing sessions were the opportunity for us to brief the elected representatives on the current Covid transmission rates, the operational response to the pandemic and actions we were taking as a Health Board with regard to testing and wider health protection. These were briefing sessions and not intended to provide advice to elected officials. They were purely information briefing sessions and were not formal minuted meetings.

37. The attendance at these meetings varied each time but the invitees to these meetings included:

Chris Bryant, MP for Rhondda
Gerald Jones, MP for Merthyr and Rhymney
Alex Davis-Jones, MP for Pontypridd
Chris Elmore, MP for Ogmore
Jamie Wallis, MP for Bridgend
Beth Winter, MP for Cynon Valley
Leanne Wood, MS for Rhondda (later Buffy Williams)
Dawn Bowden, MS for Merthyr and Rhymney
Vickki Howells, MS for Cynon Valley
Mick Antoniw, MS for Pontypridd
Huw Irranca-Davis, MS for Ogmore
Carwyn Jones MS for Bridgend (later Sarah Murphy)
Andrew RT Davis, MS for South Wales Central

Joel James, MS for South Wales Central

Helydd Fechan, MS for South Wales Central

David Melding, MS for South Wales Central (later Rhys ab Owen)

Delyth Jewell, MS for South Wales East

Communications and Engagement with Welsh Government Officials and Ministers

38. When I arrived in post in September 2020, there were already established regular meetings with the then Chief Executive of NHS Wales, Andrew Goodall and the Chief Executives of all the NHS organisations in Wales. These meetings took place weekly via MS Teams and included the Chief Executive of Public Health Wales, Dr Tracey Cooper, the Chief Medical Officer (CMO) in Welsh Government Dr Frank Atherton, and other Welsh Government officials including the Deputy Chief Medical Officer, Dr Chris Jones. These meetings were briefing sessions and included updates from the CMO and the Chief Executive of Public Health Wales on the transmission rates across Wales, updates on new variants, and updates on the wider government response to Covid-19 including restrictions on public movement, availability of PPE, closures of schools and other national discussions which would impact on the NHS response. These meetings were not formally minuted meetings but notes were taken by the representative from the Welsh NHS Confederation, NR NR and circulated to the Chief Executives following the meeting. An example of the notes from these meetings are attached in Exhibit PM2/INQ000283950 (the notes from the meeting on 4th January 2021).

39. These meetings provided the opportunity for myself and other Chief Executives to update on how national policy was impacting at a local level and also to highlight any local issues that needed guidance from the Welsh Government team and to inform their policy decision making processes. As the pandemic progressed during the period in question, these meetings developed in an agile

way to respond to the latest challenge or issue. As new variants became known, then further advice was given from Welsh Government and these meetings were useful forums to receive updates on the progress of the virus as well as the Government response. These meetings were also latterly the place where discussions were held on the establishment of the vaccination programme and the deployment of vaccines across the NHS in Wales.

40. The first of these meetings chaired by the then Chief Executive of NHS Wales Andrew Goodall that I attended was on 23rd September 2020. These meetings then occurred at least once a week, sometimes two or three times a week, depending on the acuity of the situation. This frequency was determined by officials in Welsh Government. If I was unable to attend these meetings, one of my Executive team would deputise for me. The dates I attended the regular update meetings with Welsh Government in the period were;

23/09/20, 07/10/20, 14/10/20, 19/10/20, 26/10/20, 30/10/20, 02/11/20,
06/11/20, 09/11/20, 13/11/20, 20/11/20, 23/11/20, 27/11/20, 30/11/20,
04/12/20, 11/12/20, 18/12/20, 21/12/20, 23/12/20, 04/01/21, 08/01/21,
11/01/21, 15/01/21, 18/01/21, 22/01/21, 25/01/21, 29/01/21, 01/02/21,
05/02/21, 08/02/21, 12/02/21, 01/03/21, 04/03/21, 08/03/21, 22/03/21,
26/03/21, 06/04/21, 11/04/21, 04/05/21, 24/05/21, 28/06/21, 12/07/21,
26/07/21, 23/08/21, 31/08/21, 13/09/21, 20/09/21, 27/09/21, 06/12/21,
08/12/21, 13/12/21, 15/12/21, 20/12/21, 04/01/22, 10/01/22, 17/01/22,
14/02/22, 28/02/22, 07/03/22, 14/03/22, 21/03/22, 04/04/22, 11/04/22,
19/04/22, 03/05/22, 09/05/22, 16/05/22, 30/05/22.

41. Attendees at these meetings would include as regular attendees:

Andrew Goodall, Chief Executive of NHS Wales

Frank Atherton, Chief Medical Officer

Chris Jones, Deputy Chief Medical Officer

Jean White, Chief Nursing Officer

Samia Edmonds, Director of Planning

Simon Dean, Deputy Chief Executive

Tracey Cooper, Chief Executive Public Health Wales

Judith Paget, Chief Executive, Aneurin Bevan UHB

Len Richards, Chief Executive, Cardiff and the Vale UHB

Tracy Myhill (then Mark Hackett), Chief Executive, Swansea Bay Health Board

Carol Shillabeer, Chief Executive, Powys Teaching Health Board

Steve Moore, Chief Executive, Hywel Dda UHB

Gill Harris, (then Jo Whitehead), Chief Executive, Betsi Cadwaladr UHB

Jason Killens, Chief Executive, Welsh Ambulance Services Trust

Steve Ham, Chief Executive, Velindre NHS Trust

Neil Frow, Managing Director, Shared Services Partnership

Alex Howells, Chief Executive Health Education and Improvement Wales

42. Other attendees from Welsh Government would be invited to attend these meetings when a particular topic was being discussed or there was a particular issue that required the Chief Executives to be briefed (e.g vaccination where the Welsh Government Chief Pharmaceutical Officer, Andrew Evans, would be invited to attend).

43. The regular and detailed briefing meetings provided a good opportunity to join up the national Welsh Government response with the reality of the NHS on the ground. The fact that the NHS in Wales is a relatively simple system with minimal management layers between Welsh Government Ministers and the Health Board Chief Executives meant that it was easy for me as Chief Executive to hear directly from officials on the decisions being made in Government and for me and other Chief Executives to provide operational context on what was happening on the ground. I was able to hear from the Chief Medical Officer

and Chief Executive of Public Health Wales about the progression of Covid, new variant information and how government was responding. We also received updates on the discussions with UK Government on national UK policy which would impact Wales. This collaborative approach between Government officials, Public Health Wales and the Welsh Health Boards ensured we were always up to date with the latest position on policy and were able to communicate this to our own teams and organisations. These meetings were frequent enough to ensure I was updated on national policy and any changes in approach being implemented by Welsh Government.

44. Following these meetings with Welsh Government I would brief my Executive team on any relevant information they needed to be aware of that had been discussed in the meetings. I met with my Executive team every Monday morning during the period in question and these regular Executive management teams were (and continue to be) the place where my team and I discuss the key operational and strategic issues facing CTMUHB. I was therefore able to provide direct feedback to my team on the briefing I had received in the Welsh Government meeting and ensure any necessary updates were actioned within my team. These Executive team meetings are not minuted so there is no written record of discussions at the meetings. Equally, where necessary, information would be cascaded using the Gold command structure detailed above.

45. On two occasions I was involved in meetings with the Health Minister in Welsh Government to discuss the situation with Covid cases in my Health Board area. The first meeting was on the 5th November 2020 where I updated the Minister on the transmission rates in my health board region and briefed him on the actions we were taking locally to support the national policies. This meeting included myself as Chief Executive, Marcus Longley, Chair of CTMUHB, Andrew Goodall, Chief Executive of NHS Wales and the Health Minister, Vaughan Gething. The purpose of this meeting was to brief the Health Minister about the situation in CTMUHB and was not a formal meeting with an agenda

or minutes. Rather it was an opportunity for me to brief the Minister on the situation in CTMUHB with regard to Covid and how we were responding. This meeting was a discussion with the Minister and provided the opportunity for him to hear directly from me about the challenges we were facing and how we were responding. There were no minutes from the meeting and I did not directly provide any advice to the Minister on this occasion.

46. There was a second meeting with the Health Minister Vaughan Gething on the 6th November which included Local Authority Leaders Cllr Andrew Morgan (Rhondda Cynon Taf Council), Cllr Huw David (Bridgend Council) and Cllr Kevin O'Neill (Merthyr Tydfil Council) as well as leaders from the five local authorities in the Aneurin Bevan Health Board region. This meeting was also attended by Members of the Senedd and the Chief Executive of NHS Wales, Andrew Goodall. This meeting included myself and the Chair of CTMUHB Marcus Longley and the Chief Executive of Aneurin Bevan Health Board, Judith Paget and her Chair, Anne Lloyd. The meeting was requested by the Health Minister to discuss the high rates of Covid transmission across our two Health Board areas and for us to feed back to the Minister the challenges this was presenting in the local NHS and how we were addressing these. It also provided the opportunity for us to give insights into any further national measures that could be useful in coordinating the national response. This briefing meeting was an informal meeting with the Health Minister and therefore there was no formal agenda or minutes following the meeting.

47. There were some specific issues that required me to have direct contact with the Chief Executive of NHS Wales Andrew Goodall and when necessary I would speak to him directly or communicate via text message. The most significant issue which required me to be in contact with Andrew Goodall occurred soon after me taking up post as Chief Executive when on the 29th September 2020 the Health Board took the decision to close the Royal Glamorgan Hospital to admissions. This decision was taken due to high rates

of transmission within the hospital and the high number of inpatients who were Covid positive. There was also regular contact between myself and Andrew Goodall regarding a number of operational issues relating to Covid-19 including the opening of the field hospital, queries from politicians regarding the approach to Covid-19 in CTMUHB and the deployment of the vaccination across the Health Board. The context for these discussions was for me to brief the Chief Executive on issues which I felt he needed to be aware of. These were operational discussions and did involve me providing advice to Welsh Government. Transcripts of these text messages are included in Exhibits PM3/a /INQ000283951 and PM3/b /INQ000283952.

48. There were also communications between Chief Executives using a dedicated WhatsApp group which covered general communications on operational issues, support and sharing of information on issues apart from Covid and some communications about Covid 19 changes in policy or guidance. This Whatsapp group did not have any formal status and was more a communication channel for Chief Executives to update each other on how their organisations were responding to particular issues and to share approaches between Health Boards. For example there were discussions on how vaccine deployment was being managed within particular staff groups, how vaccinations were being deployed within care homes, etc but these were internal communications between Chief Executives, not formal discussions and they did not include any colleagues from Welsh Government.

49. On 24th February 2021 I attended the Health, Social Care and Sport Committee of the Senedd along with my Director of Public Health Dr Kelechi Nnoham and colleagues from Hywel Dda University Health Board and Betsi Cadwaladr University Health Board to provide evidence on how the NHS in Wales was responding to the pandemic. The questions from the Committee concerned testing, vaccination, operational response to Covid and the challenges for the

NHS of catching up the backlog of elective surgery. I responded to a range of questions in this committee and the transcript of the committee is attached as Exhibit PM4/INQ000283953 and can be found at this link:

[Health, Social Care and Sport Committee - Fifth Senedd 24/02/2021 - Welsh Parliament \(assembly.wales\)](#)

Joint Working

50. With regard to meetings with Local Government, when I arrived in the Health Board as Chief Executive there was already a regular weekly meeting established with the Leaders and Chief Executives of the three local authorities within the Cwm Taf Morgannwg area i.e. Bridgend County Borough Council, Rhondda Cynon Taf County Borough Council and Merthyr Tydfil County Borough Council. From CTMUHB these meetings involved myself, the Chair of the Health Board Marcus Longley, then Emrys Elias (from April 2022), and the Director of Public Health Dr Kelechi Nnnoham. From the local authorities, the attendees were:

Rhondda Cynon Taf County Borough Council

Councillor Andrew Morgan – Leader

Chris Bradshaw – Chief Executive

Merthyr Tydfil County Borough Council

Councillor Kevin O'Neill, then Councillor Lisa Mytton – Leader

Ellis Cooper – Chief Executive

Bridgend County Borough Council

Councillor Huw David - Leader

Mark Shepherd – Chief Executive

51. The purpose of these meetings was to discuss the Covid situation within CTMUHB and to review and discuss implementation of any new national guidance on Covid. This would include discussing the implementation of national lockdowns including discussing ways in which we could encourage our communities to comply with the national guidance. These meetings were primarily an information sharing meeting where the Director of Public Health would share the national infection rates summary by council area and we would collectively discuss any further local actions that were required in addition to the national control measures and interventions. It also provided an opportunity to discuss any issues or concerns from the local authorities where they needed support or advice from the Director of Public Health.

52. The approach we took locally in CTMUHB was to work collaboratively in partnership with the three local authorities in our region. The relationships between the councils and the Health Board were mutually supportive and there was strong support from the local authorities to help the Health Board with our response. The positive joint working to address the pandemic in our region led to a joined-up approach to the challenge and there were a number of joint initiatives including the collaboration on contact tracing, joint communications to residents regarding the local challenges presented by Covid, collaborations in the running of the Field Hospital and other temporary step-down capacity to accommodate post-Covid patients.

Information and Data exchange with Welsh Government to Support Decision Making

53. Regular information on Covid rates within our hospitals, deaths from Covid, and other infection control information was collected on a daily basis with data being gathered for each hospital/site and being fed into the central infection control team for the Health Board. This local data was captured in a SITREP (Situation Report) report from each Locality in the Health Board (Merthyr & Cynon,

Rhondda Taf Ely and Bridgend) and a sample of the reporting template is attached as Exhibit PM5/INQ000283955. These locality SITREP reports were then collated by the Infection Control Team into a Health Board summary which was then shared with the Public Health Team, the Incident Management Team and members of the Executive team within CTMUHB to provide a daily update on the status of Covid across the organisation.

54. The Health Board provided regular updates to Welsh Government officials through our Public Health Team and our Infection Control Teams on particular hot spots of Covid infections and clusters of outbreaks in settings such as schools, workplaces etc. We were also regularly updating Welsh Government colleagues with data on the number of people in our hospitals who were Covid positive, the number of those coming in with Covid, and the number who acquired Covid whilst in hospital. A copy of this reporting template is attached as Exhibit PM6/INQ000283956. We were also regularly reporting the rates of staff absence and the number of staff who were not at work due to Covid infection. Deaths of inpatients in our hospitals due to Covid were also reported regularly to Welsh Government. The information requests were appropriate in my opinion to provide local data on the impact of Covid across our Health Board and it was also helpful to see this data being played back to us from Welsh Government for the whole NHS in Wales as it enabled us to compare how Covid was affecting the different Health Boards across Wales.

55. The data provided by Welsh Government and Public Health Wales on the rate of transmission, the forecast modelling of transmission rates and the impact on Intensive Care beds and General Adult beds was helpful in planning our operational response to the pandemic. The modelling of bed capacity was regularly updated and shared with Health Boards through the regular Welsh Government meetings detailed above and this provided opportunity to discuss the data, seek clarity on how it had been calculated, and discuss the operational implications for the NHS. The data was regularly updated as the pandemic

progressed and new variants affected transmissions and hospitalisations and this data was shared in my Health Board through our Gold Command structure ensuring that our operational teams could plan for additional bed capacity. We were able to question the Chief Medical Officer, the analytical team from Public Health Wales and Welsh Government officials about the assumptions being made nationally and both my Director of Public Health and Chief Information Officer were very engaged and involved in helping develop the forecasting models that were used by the central Welsh Government team so we had good local insights and assurance about the data models being used.

National Policies on Non-Pharmaceutical Interventions

56. The decisions taken by Welsh Government surrounding non-pharmaceutical interventions to manage the pandemic were often discussed with Chief Executives from the NHS. The Welsh Government and Public Health Wales used the regular meetings with NHS Chief Executives (dates provided above) to update and share the plans for any changes to NPIs that were being considered by Welsh Government. These discussions would involve a discussion on the proposed changes and an opportunity to give insights from the NHS on the potential impact of the changes or new interventions. As Chief Executive of CTMUHB I did not provide any advice, data or information in these meetings as these were discussions and not formal advisory meetings to Government. Welsh Government attendance at these meetings would usually include the Chief Executive of NHS Wales/Director General for Health and Social Care - Andrew Goodall, Chief Medical Officer – Frank Atherton, Deputy Chief Medical Officer – Chris Jones, Chief Nursing Officer for Wales – Jean White, Deputy Chief Executive of NHS Wales - Simon Dean and other officials leading the Covid response. Public Health Wales would usually be represented by the Chief Executive of Public Health Wales - Tracey Cooper - and members of her senior team who were involved in the response and also data analysis/forecasting.

57. The decisions on NPIs were discussed within our regular meetings with Local Authority leaders and Chief Executives in the Cwm Taf Morgannwg region and we were very aware that, given the significant health inequalities that existed in our region, our population would be very vulnerable and impacted by changes to NPIs from Welsh Government. Through the regular Welsh Government meetings we were able to raise these issues to highlight any potential risks. The coordination of the discussions on potential changes and impact of NPIs was, I believe, handled well between the local NHS/public health teams and the national team in Welsh Government and Public Health Wales. One of the strengths of the Welsh NHS is that there is a close link between Welsh Government officials and NHS Chief Executives given the simplicity of the governance structure between these organisations. This allows for regular contact with officials in Welsh Government and to feedback local and operational issues which can impact national policy. I feel that the balance was struck well between the necessary interventions to prevent and control the virus, with the need to enable citizens to carry on with their daily lives as much as possible. The Government understood the pressures on the NHS that increased community transmission rates presented and sought to protect NHS services as much as possible with their control measures. There was regular discussion in the NHS Wales/Welsh Government weekly meetings on the proposed control measures and these included potential impact on vulnerable groups (including those on the clinically vulnerable list) and those people living in some of the most deprived communities in Wales.

58. I believe that as a Health Board Chief Executive I was regularly informed regarding the introduction of lockdowns in Wales as well as the easing of restrictions. This included the meeting on the 5th November 2020 with the Health Minister referred to earlier in my statement. I did not have any direct input into these decisions which were taken by Welsh Government and my belief is that the decisions taken were appropriate given the balance needing

to be struck between protecting the public and the NHS, with enabling citizens to continue their daily lives as normal. There were differences between the approaches taken in England and Wales with regard to lockdowns but, in my Health Board, this did not cause any particular challenges apart from having to sometimes explain in our communications to the public why there were different policies in place for Wales which was often based on different levels of transmission at a particular point in time. In my Health Board area, the compliance with the control measures and lockdowns was sometimes challenging with some of our communities not prepared to adapt their lifestyles to respond to these measures. There were some particular areas of the community where we knew there was poor compliance and these were often in the most deprived areas. We worked closely with the Local Authorities where this was causing an issue and Local Authority officers would, where necessary, go door to door to remind people of the restrictions and the importance of compliance.

National Policies on Hospitals

59. The decisions taken by Welsh Government regarding hospitals were also regularly discussed in the regular Chief Executive meetings. Decisions around infection control measures, use of face masks across hospital sites and approaches to managing particular operational challenges were all discussed in these meetings. These meetings were virtual meetings on MS Teams and I have earlier in this statement listed the chronology of these meetings. There were no formal agendas for these meetings however issues that needed discussion would be raised as needed by Welsh Government colleagues. These meetings were the regular interface with Welsh Government to update on any national decisions surrounding hospital capacity and the impact of transmission rates on beds across the NHS in Wales. The actions agreed in these meetings were circulated to all those attending (referred to earlier within this statement as Exhibit PM2/INQ000283950) and any policy updates surrounding clinical pathway changes, clinical or infection control advice were

circulated from the Chief Medical Officer or Chief Medical Officer to myself and the relevant member of my Executive team (e.g. Medical Director, Director of Nursing).

60. I felt that the decisions regarding hospitals were taken with the full involvement of the NHS and myself as Chief Executive. The significant decisions taken on discharges, creating additional ITU capacity, and other nationally-directed policies on hospitals had been taken prior to my arrival as Chief Executive. The decisions that related to hospitals during my time as Chief Executive predominately involved the creation of the Field Hospital in my Health Board region which was open in the middle of October 2021. This facility was created to manage patients recovering from Covid who were discharged from our acute hospitals for a period of recovery. This was in line with the national policy on creation of additional bed capacity and funded from the Covid allocations from Welsh Government. The policy decision on this had been taken prior to my arrival as Chief Executive and I personally was not involved in this decision or advising on the decisions. However we received regular and helpful support from Welsh Government in setting up this additional capacity which proved invaluable in helping us manage the hospital bed requirements in the pandemic.

CTMUHB approach to Test Trace and Protect (TTP)

61. The Health Board worked very closely with our three local authorities during the period in question to implement and run the contact tracing to support testing locally. The process within the Health Board was overseen by the Director of Public Health who worked closely with colleagues in the local authority to establish the team of people to undertake contact tracing and this was run by Rhondda Cynon Taf County Borough Council on behalf of the three local authorities and the Health Board. The Director of Public Health was in regular contact with Public Health Wales and Welsh Government regarding the approach to TTP and both he and I were regularly updated on national policy

changes. My Director of Public Health was very involved in providing input to Welsh Government on this important area of policy and this was helpful to our Health Board and local authority partners in ensuring that we were updated on changes to policy nationally (e.g. isolation requirements) as well as feeding back experience of implementing TTP in our local area.

Communications with the population

62. We worked actively through this period to ensure our population was updated on the situation with regard to Covid, both ensuring they understood the impact on local health services and explaining any operational issues that this presented (e.g. visiting patients in hospital). Welsh Government communicated regularly via press conferences on the state of the pandemic in Wales and the impact this was having on the NHS and, through the regular CEO briefing meetings, the operational pressures we were experiencing were fed into these press conferences. This was a good way of ensuring that the national messages to the public not only highlighted the national policy changes or impact but also were able to highlight any particular areas of concern raised by Health Boards that could be communicated to the public by the Government spokesperson.

63. There was a particular challenge in our Health Board region in ensuring compliance with national restrictions and we often had cases of people not following guidelines and continuing to meet in public places or venues, contrary to advice. We worked closely with the Local Authorities to understand which communities or locations had particular issues in this regard and used targeted proactive interventions from Health Protection teams to communicate directly with residents to remind them of the need to comply with restrictions. In many of our most deprived communities, messaging regarding compliance was challenging due to high levels of scepticism surrounding the virus and the belief that the pandemic was not a significant risk to health. On reflection I believe that, whilst mass communication from Welsh Government to the public

regarding restrictions and the implications of the pandemic were necessary, there could have been a more targeted communications approach with particularly vulnerable communities working in partnership with Local Authorities to try and target areas where compliance with restrictions was low. Greater collaboration on this area could have helped our local efforts to encourage adherence to the national rules and restrictions.

Personal Reflections

64. Having joined CTMUHB as Chief Executive in September 2020, I was immediately immersed in the Health Board's response to Covid 19. As a Chief Executive who had not worked previously in the NHS in Wales, I was struck by the close levels of collaboration between Health Boards and particularly the collaborative approach taken between Welsh Government in its communication and engagement with Health Boards.

65. There were frequent opportunities for me as Chief Executive to engage with senior officials through the regular interface meetings. The advantage of the close relationship with Welsh Government meant the NHS was regularly updated on changes in policy and restrictions surrounding Covid and, as a Chief Executive, I was able to provide insights and feedback regularly on how these measures were impacting on the ground. This way of working was different to how I had been used to working in England and, whilst I appreciate the NHS in England is significantly larger in scale than the NHS in Wales, there is a benefit in times of a national emergency for the leaders of the local NHS being actively engaged with policy makers and feeding back operational reality into policy development.

66. Looking back to this period, it is easy to forget how much time and work was involved in my organisation's response to the pandemic and the efforts from all of my colleagues to respond to the pandemic. There were times when the

situation in my Health Board felt overwhelming and challenging because of the inexorable rise in transmission rates in our communities and the impact this had on our services. As we reflect on the pandemic period, it is clear that we could have predicted that the areas in our health board area would see high rates of transmission and, regrettably, high death rates from Covid. The long standing health inequalities in our region have been well recognised for many years and the high levels of disease and co-morbidity meant that many of our residents were at higher risk than those in more affluent areas where levels of health were better. There is learning for my organisation and the wider NHS in Wales when taking lessons from this pandemic. It has highlighted the need to make significant inroads into health inequalities, to renew the focus on improving the health of the population, and ensuring we are targeting resources to support these efforts in the most deprived communities.

Statement of Truth

The contents of this statement are true and accurate to the best of my knowledge and belief.

Signed

Name Redacted

Paul Mears

Chief Executive Officer

Cwm Tar Morgannwg University Health Board

Dated: 12 October 2023



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CYMRU
NHS
WALES

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Cwm Taf Morgannwg
University Health Board