

Witness Name: Jo Whitehead

Statement No: 1

Exhibits: JW/1- JW/6

26 September 2023

UK COVID-19 PUBLIC INQUIRY MODULE 2B

WITNESS STATEMENT OF JO WHITEHEAD

I, Jo Whitehead (married name Freudenstein), 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 Chief Executive of Betsi Cadwaladr University Health Board ("BCUHB") from January 2021 until my retirement on 15 November 2022. I took over from Gill Harris, who was Interim Chief Executive 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 15 months (January 2021 to May 2022), though I continued in post for some 7 months subsequently.

3. Prior to my role at BCUHB, I held a number of senior board level posts in health organisations both in the UK and abroad. A copy of my CV is exhibited at [JW/1 - INQ000255766].
4. Whilst the majority of my working life has been within healthcare organisations, I am not a clinician and I do not hold clinical qualifications.

Overview of relationship with Welsh Government

5. My role as Chief Executive of BCUHB and expected duties are set out in the Job description and Person Specification, exhibited at [JW/2 - INQ000255765]. In the period under consideration, my responsibilities remained the same 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, Gill Harris.
6. There were regular meetings held (remotely) between Welsh Government and BCUHB at which I would be present. As I recall, these were typically monthly (although the frequency could vary according to how active Covid was at the relevant time), held on Tuesdays (Chief Executive Management Group- CEMG), though the day and frequency could vary. There would often also be meetings of Chief Executives of the Health Boards (the Collaborative Executives meeting) that took place on the same day, to discuss the commissioning of services and other matters; these meetings would often involve discussion of issues that would then be raised at the meetings with Welsh Government, though were not specifically designed as preparation for those meetings. The Collaborative meeting would not usually discuss Covid-19 issues. There was also another meeting which took place on the same day- the NHS Wales Executive Board which later became the NHS Wales Leadership Board where further discussions took

place. Although Covid-19 issues were an agenda item, there were many other subjects under discussion.

Engagement with the Welsh Government

7. In my capacity as 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 during my period of office when the views of Chief Executives of all the Health Boards would be sought by Welsh Government on specific topics such as vaccine roll outs and firebreaks. Such requests could lead to a discussion amongst the Chief Executives. Whether or not I personally contributed to the discussion would vary according to the topic being considered. For example, the draft Minutes of the meeting from 19 October 2021 show that I raised the issue of the pressures on primary care due to face-to-face requirements and requested WG guidance. Minutes are exhibited at [JW/3 - INQ000255763].
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 would emphasise that I felt that the consultative and collaborative approach that was taken by Welsh Government in relation to the Health Boards was effective and worked well.
9. To put things in context, there were also regular meetings (Resilience Forum) held at which I was present between BCUHB and representatives of the North Wales Police, Fire and Ambulance service; these were twice or three times a week on occasion. This was part of the system of resilience and these meetings were chaired by North Wales Police. A representative of Welsh Government would usually attend. There were also subgroups in relation to nursing homes. The Chair of BCUHB and I would also meet on an ad hoc basis with local MPs and MSs to provide updates and share information on matters relating to Covid.

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. I would say however that I found the engagement with Public Health Wales to be very positive; they were very helpful in assisting 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, particularly noting I was not in post at the start of the pandemic. I do however recall that during later waves, 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 recall either myself or my colleagues at BCUHB being asked to give formal advice to the Welsh Government. I do recall occasions on which my clinical colleagues were asked to discuss (as opposed to provide formal advice on) the impact of NPIs with Welsh Government. I would however note that the impact of NPIs on more vulnerable groups was something that was borne in mind within the Health Board. I do recall there being a specific presentation given to the NHS Wales Executive Board on 18 May 2021, by Professor Mark Bellis, exhibited at [JW/4 - INQ000255767] from Public Health Wales/ WHO on public health and the implications of the Covid-19 pandemic on existing inequalities.

Local lockdowns and restrictions

13. I do feel that BCUHB, as one of the Health Boards in Wales, was sufficiently consulted regarding issues relating to local lockdowns and restrictions. This

consultation for the most part occurred as part of the regular engagement between Welsh Government and all the Health Boards described above.

14. As a non-clinician, it would be difficult for me to express a view on the public health efficacy of the timeliness of lockdowns, particularly noting the fact that I did not start my employment as Chief Executive until January 2021.
15. In so far as there were at times differing restrictions applicable in England as compared with Wales, the issues raised by this were relatively manageable for the organisation.

Care homes

16. My understanding is that a lot of work had been done by my predecessors, Welsh Government and directors of Adult Social Care in this regard; during the time frame within which I was in post, I personally did not have a significant involvement in Welsh government policy decision relating to care homes. There were however many discussions with the Policy Head for Adult and Social Care in Welsh Government, Local Authorities and Health Boards including regarding delayed transfers, staff shortages etc. during the time frame covered by the Inquiry and beyond.

Impact on hospitals

17. Decisions regarding increasing hospital capacity early in the period were taken prior to my period of office.
18. Notwithstanding the above comment, in my view communication around Welsh Government decisions regarding the discharging of patients, the use of DNAR orders and the management of hospital capacity was good. This included appropriate consultation with the Health Boards, BCUHB included.

Test, Trace and Protect

19. As indicated above, my role as Chief Executive of BCUHB included oversight of the organisation as a whole. I do not however hold clinical

qualifications, nor do I claim expertise in 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 of which I do not have direct knowledge. 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.

Public health communications

20. Whilst I personally did not 'front' any of the social media, press and TV interviews, BCUHB through its senior clinical staff made use of social media, press and TV interviews to inform the public about the pandemic, its impact and the measures that were in place to combat its spread. I have been provided with a list of press releases during my time as Chief Executive, which I exhibit to this statement [JW/5 - INQ000255775]

Lessons learned

21. From my perspective, the Welsh Government's response to the pandemic and in particular its policies around the provision of healthcare did develop over time. It seems to me that this was by reason of a shifting balance in healthcare and welfare terms between the continuation of NPIs such as lockdowns and the resumption of healthcare services (particular elective services). In essence, there was a growing dialogue between the Health Boards and Welsh Government around the need to resume such services in the interests of patient welfare. It seems to me that in responding to any future pandemic it will be necessary at an early stage to explicitly consider the balancing exercise between the protective policies necessary to combat the emergency and the potential for harm caused by delay in the resumption of healthcare services.

Informal communications

22. I was not involved in any WhatsApp or other messaging groups with Welsh Ministers, senior advisors and/or senior civil servants. I was in a Whatsapp group with other Chief Executives but this did not include Welsh Ministers, senior advisors and/or senior civil servants. For the sake of completeness however, I exhibit copies of those exchanges at [JW/6- INQ000255764].

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

PD

.....
Jo Whitehead

Dated... 26 September 2023