Witness Name: Tracy Myhill
Statement No.: 1
Exhibits: TM1-1-INQ000252726-TM1-30.2-INQ000252794
Dated: **27 September 2023**

**THE UK COVID-19 PUBLIC INQUIRY**
**MODULE 2B**

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**FIRST WITNESS STATEMENT OF TRACY MYHILL**

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I, **Tracy Myhill** will say as follows:-

1. I am the former Chief Executive and Accountable Officer for Swansea Bay University Health Board ("SBUHB"). I held this position from February 2018 to 31 December 2020. I make this statement to assist the Inquiry with Module 2B, concerning the Welsh Government's core decision-making in relation to the Covid-19 pandemic between early January 2020 and May 2022.

2. As I retired from my role at SBUHB on 31 December 2020, this statement will be concerned solely with the events and my experience between 21 January and December 2020. My successor as Chief Executive, Mark Hackett, has provided a statement concerning the period from January 2021 to May 2022.

3. I make this statement based partly on own recollection and partly on relevant documents. As I have retired from SBUHB, the majority of documents have been made available to me by the Health Board.

4. Unfortunately, since I left the Health Board, my email account has been deleted. Currently it has not been possible to retrieve emails sent by me or to me during my tenure as CEO, save where these were sent by another employee of the Health Board or where I had forwarded the email within the Health Board. The account was deleted after I left SBUHB and I am unable to give specific information as to why and how this occurred.

## Background and Qualifications

5. I spent 36 years working in the NHS in Wales. I began my career as a Clerical Officer/Receptionist in 1984 and progressed through numerous NHS Wales organisations. Prior to my first Chief Executive post, I held numerous roles including HR Director at Gwent Community Health NHS Trust, HR Director at Gwent Healthcare NHS Trust, and Deputy Chief Executive and Director of Workforce and Organisational Development at Cardiff and Vale University Health Board.

6. From October 2014 to February 2018, I was Chief Executive and Accountable Officer of the Welsh Ambulance Services NHS Trust. I was appointed Chief Executive of what was then Abertawe Bro Morgannwg Local Health Board in February 2018. Abertawe Bro Morgannwg LHB became SBUHB on the reorganisation of boundaries for the Health Boards on 1 April 2019, at which point I became Chief Executive of its successor. I exhibit the job description **[Exhibit TM1-1-INQ000252726]**.

7. As I have stated above, I held this position until 31 December 2020, when I retired from the role. I am now the Chair of the NHS Wales Shared Services Partnership Committee. NHS Wales Shared Services Partnership (NWSSP) provides professional, technical and administrative services to NHS Wales and its constituent Health Boards, Trusts and Special Health Authorities. The Committee meets on an approximately quarterly basis. My tenure on the Committee commenced on 1 December 2021.

## Overview of my role and relationship with Welsh Government

8. SBUHB was (and to my understanding remains) responsible for planning, securing and delivering all healthcare services, including primary, community, acute and mental health services, for the benefit of its resident population, which covered Neath Port Talbot and Swansea local authority areas.

9. As Chief Executive I was accountable for SBUHB with full responsibility for its development and management. I was accountable to the Board of Directors for the development and management of SBUHB, delivery of Welsh Government policy and performance requirements and implementation of board policies. I was responsible for the proper stewardship of public funds. I provided top level leadership, vision and strategic direction and management across all aspects of SBUHB's activities. I held

accountability for providing advice to the Board on all elements of SBUHB business and specifically on matters, relating to probity, regularity and administration.

10. My core responsibilities as Chief Executive did not change with the onset of the COVID-19 pandemic. The onset of the pandemic, however, required that SBUHB adapt its priorities and its focus, to ensure that its hospitals maintained best possible function during the anticipated 'peak' of cases in the first wave of the pandemic.

11. While I did have regular meetings with representatives of the Welsh Government before the pandemic, the frequency of the meetings and the discussions between Chief Executives and our colleagues certainly increased as the pandemic developed. The Welsh Government put in place a series of measures which facilitated discussion between the Government, the Health Boards, Trusts and Special Health Authorities. These included a new reporting regime for Health Boards, as well as regular meetings with Chief Executives and other key individuals within the Health Boards. In this statement I have set out the most pertinent aspects of the means of communication between SBUHB and the Welsh Government during the pandemic.

**Overview of communications channels between SBUHB and Welsh Government**

12. Prior to the pandemic, meetings held with the Welsh Government and SBUHB included Joint Executive Team ("JET") meetings. In JET meetings, SBUHB's Executive Team would meet with the Director General Health and Social Services/Chief Executive of NHS Wales and senior members of the Health and Social Services Group within Welsh Government. These meetings considered the progress in development and delivery of SBUHB's Integrated Medium Term and Annual Plans.

13. SBUHB had been in Targeted Intervention since July 2016. This was a level of escalation determined by the Welsh Government which resulted in enhanced monitoring, scrutiny, and support. I was not in post when Targeted Intervention commenced. Measures were discussed and discharged through Targeted Intervention ("TI") meetings. Participants included myself as Chief Executive and Dr Andrew Goodall, Director General for Health and Social Services and Chief Executive of NHS Wales, together with a sub-set of Directors from the Health Board and the Health and Social Services Department in Welsh Government. During the period leading towards the pandemic, the organisation was continuing on an improvement trajectory.

14. As the focus of attention on the pandemic increased the JET and TI meetings were temporarily paused. The last Targeted Intervention contact point was on 29 June 2020. A further meeting had been arranged for 9 October 2020, but this was cancelled in the face of COVID pressures. SBUHB had been making improvements leading up the pandemic as a result of the measures taken in TI.

15. As part of its measures to prepare for the pandemic, the Welsh Government established the Health & Social Services Group (H&SSG) Coronavirus Planning and Response Group. The focus of this group was to provide contingency planning and to ensure co-ordination and information sharing between NHS Wales bodies. The plans were announced in a letter from Dr Frank Atherton, the Chief Medical Officer, dated 10 February 2010 **[Exhibit TM1-2.1-INQ000252755].** Representatives from SBUHB were invited to join the H&SSG Planning and Response Group by letter from its Chair, Samia Saeed-Edmonds, on 17 February 2020 **[Exhibit TM1-2.2-INQ000252756 and Exhibit TM1-2.3-INQ000252760]**. The H&SSG Planning and Response Group was normally attended by Dr Keith Reid, Director of Public Health for SBUHB, or Karen Jones, Emergency Planning Lead. The Group met weekly. It provided advice and information from the Welsh Government to the Health Boards. It gave an opportunity to the Health Boards to detail the steps taken in response to the pandemic and any problems that had been encountered. I attach an example of the minutes of these meetings. **[Exhibit TM1-2.4-INQ000252763]**.

16. To assist with communications to NHS Wales and provide co-ordination, H&SSG provided regular SitReps to the health boards setting out current actions being taken, issues to highlight, and areas where further support or decisions were required. The first available report dated 13 April 2020 is attached **[Exhibit TM1-3-INQ000252789]**.

17. In March 2020, Dr Goodall established regular national conference calls / Microsoft Teams meetings with the Chief Executives of the health bodies in Wales. To the best of my recollection, the all-Wales Chief Executives' call took place twice weekly and at the height of the pandemic was raised to three times per week. The meetings provided an opportunity for sharing progress, discussing concerns and considering potential approaches and actions. I exhibit Dr Goodall's letter in which he advised the chief executives of the national CEO conference calls, as well as the other measures NHS Wales were taking at that time **[Exhibit TM1-4-INQ000252795]**. I understand that SBUHB has not located the minutes from these meetings from my time as CEO.

18. I recall that, in addition to the regular telephone conferences, Dr Goodall made himself available for 'ad-hoc' meetings with the chief executives as and when required. Dr Goodall would write to request updates concerning SBUHB's response to the pandemic, its provisions and planning, and plans for recovery of services.

19. Further meetings established by the Welsh Government included an Essential Services group, which was concerned with reaching a collective position on the maintenance and reinstatement of health services. This was attended by Hannah Evans, Director of Transformation, SBUHB. There was also a series of regular meetings associated with the implementation of a Test, Trace and Protect ("TTP") system across Wales, known as the Test Trace Protect Programme Oversight Group. My recollection is that Sian Harrop-Griffiths, Director of Strategy at SBUHB, represented the Health Board at most of the TTP meetings.

20. There were also regular meetings between the medical directors of the health boards and Dr Atherton, which SBUHB's medical director Dr Richard Evans will have attended.

21. SBUHB submitted data to the NHS Wales Informatics Service (NWIS). This was the national body which provided digital and data services for health and care organisations in Wales. NWIS was succeeded by Digital Health and Care Wales (DHCW) in December 2020. Each unit (i.e., Singleton Hospital, Morriston Hospital, Neath Port Talbot Hospital and, from July 2020, the Mental Health unit) would send reports to NWIS/DHCW who would then collate the information and pass it on to the Welsh Government. The reports to NWIS were known as SitRep reports. They covered topics such as capacity, staff absence levels, availability of medical supplies and PPE, transport, and communications.

22. SBUHB submitted further SitRep reports to the South Wales Local Resilience Forum (SWLRF). This is a multi-agency partnership which comprises representatives from local authorities, NHS health boards, and other responders, to assist with cooperation in the South Wales area. The SitRep reports for SWLRF concerned the entire health board. SWLRF would collate the SitRep reports and then provide a précis to the Welsh Government.

23. I have appended examples of "SitRep" reports **[Exhibits TM1-5.1-INQ000252796 to TM1-5.5-INQ000252800]**. I have attached the first report from each unit at SBUHB submitted to NWIS, and the first report submitted to SWLRF.

24. From September 2020 onwards, SBUHB sent Situation, Background, Assessment, Recommendation ("SBAR") Reports to the Welsh Government every two days to comment on case incidence and positivity rates across Swansea and Neath Port Talbot, and the demands on hospitals. These reports were usually compiled by Dr Reid in his role as Chair of the Regional Incident Management Team. The Incident Management Team membership included SBUHB, Neath Port Talbot and Swansea Councils, South Wales Police and Public Health Wales The reports were intended to ensure that any situation which approached the requirement for a regional lockdown was flagged to the Welsh Government for action. I attach an example report dated 9 October 2020 **[Exhibit TM1-6-INQ000252803]**.

25. Overall, I was confident that there were good lines of communication between the Health Boards and the Welsh Government. My impression as Chief Executive was that SBUHB was more than able to keep the Welsh Government informed of developments within our organisation and in the community that we served. We were kept appraised of developments in terms of the Welsh Government's response to the pandemic and the modelling undertaken.

**Initial Response of the Welsh Government to the Pandemic**

26. The World Health Organisation declared a global health emergency on 30 January 2020. On 31 January 2020, Dr Atherton (the Chief Medical Officer for Wales), raised the risk level for COVID-19 for Wales from low to moderate **[Exhibit TM1-7-INQ000252807]**. This prompted SBUHB to activate its Pandemic Framework, Tactical Plan & Overarching Major Incident Plan. A UK-wide public information campaign was launched on or about 7 February 2020. SBUHB had begun community testing by March 2020.

27. I am aware from correspondence that on 3 March 2020, Dr Goodall held a conference call with the Chief Executives of the Health Boards and the Welsh Ambulance Services NHS Trust, in which preparation for the anticipated scale and challenges of the pandemic was discussed. I was not available to attend the conference; my Deputy Chief Executive and Chief Operating Officer, Chris White, attended on behalf of SBUHB. Dr Goodall's follow-up letter from that conference is exhibited **[Exhibit TM1-4-INQ000252763]**. The letter supplied detailed guidance and instructions for the Health

Boards to ensure their preparedness in the event of a significant escalation in COVID-19 cases.

28. I understand from Ms Jones that at a meeting of the H&SSG Planning and Response Group on 28 February 2020 the Welsh Government requested that Health Boards provide revised template patient flows, or patient pathways. These pathways assisted clinicians by providing specific treatment routes for patients attending hospital during the pandemic. For example, guidance would be given as to where to direct a patient attending A&E with a possible case of COVID-19. SBUHB's site specific pathways were presented in the H&SSG Planning and Response Group meeting on 6 March 2020.

29. On 13 March 2020, the First Minister announced a number of key COVID-19 related actions NHS Wales should take **[Exhibit TM1-8-INQ0002808]**, which were described as a "framework of actions". The framework allowed the Health Boards to deprioritise certain services in preparation for the pandemic. This included suspending non-urgent appointments and operations, expediting discharge of vulnerable patients from acute hospitals, and relaxing targets and monitoring arrangements.

30. Following the Minister's announcement and the subsequent correspondence SBUHB suspended non-urgent outpatient appointments. There were a number of exceptions mainly in the areas of paediatrics, neonatology, ophthalmology, oncology and renal services. Non-urgent surgical admissions and procedures were suspended. For a 2-week period, some urgent procedures, such as cancer surgeries, were postponed to allow intensive upskilling of theatre staff in critical care. Emergency surgery continued to be prioritised daily.

31. Ms Saeed-Edmonds wrote to SBUHB on 14 March 2020 requesting details of how the Health Board was implementing or supporting the COVID-19 related actions the Minister had set out **[Exhibit TM1-9.1-INQ000252809]**. Dr Goodall supplied a series of contractual changes for primary care by letter dated 17 March 2020 **[Exhibit TM1-9.2-INQ000252810]**. The letters and my responses dated 18 and 25 March 2020 are attached **[Exhibit TM1-9.3-INQ000252811 and TM1-9.4-INQ000252812]**.

32. I believe the Welsh Government appreciated the seriousness of the threat and took adequate steps to respond to it, in as much as any organisation did, or could have, given the newness of the threat to all and the constantly changing situation at the time.

33. The initial lockdown was announced by the Prime Minister and First Minister on 23 March 2020. In my view, this was the most appropriate strategy given the situation the country was facing. I recall colleagues in the Health Board being concerned about the rising cases.

34. On 1 April 2020 the Welsh Government issued capacity requirements for the Health Boards to create the provision of additional acute and intensive care bed capacity in anticipation of a surge in admissions. I attach a letter from Dr Goodall dated 4 April 2020 in which the capacity assumptions for each Health Board were set out **[Exhibit TM1-10-INQ000252727]** Despite the challenging nature of the capacity we needed to build, I and my colleagues at SBUHB were very supportive of the assumptions and the clarity it provided. SBUHB needed to create an extra 1,242 beds, nearly doubling its bed base. We had to increase critical care capacity to 112 beds, which was three times the normal capacity.

35. I provided Dr Goodall with a detailed overview of SBUHB's overarching system response plan to COVID-19 by letter dated 1 April 2020 **[Exhibits TM1-11.1-INQ000272731, TM1-11.2-INQ000252736 and TM1-11.3-INQ000252738]**. Dr Goodall provided an update on the efforts to increase capacity on 16 April 2020 **[Exhibit TM1-12-INQ000252743]**.

36. SBUHB's COVID demand during the first wave peaked between 14 to 16 April 2020. I understand SBUHB had approximately 280 COVID patients in hospital and 30 in critical care. The number of COVID deaths in hospital had passed 100. The peak was managed within our surge capacity in our hospitals, and the containment measures began to take effect.

37. The easing of lockdown was announced by the First Minister on 29 May 2020. I do not have any criticisms of this decision.

38. I have been asked whether I have any comments on the decisions made by the Welsh Government in respect of international travel and border control during the initial stages of the pandemic. I have no specific observations other than that I welcomed those measures as a means to reduce the spread of COVID-19 infection and its impact on the health service.

39. I have been asked for my views on the core decisions made by the Welsh Government *viz-a-viz* the government of the United Kingdom. Given the devolved accountability for Health and my accountability to Welsh Government, the focus of my efforts at the time were to inform, understand and ensure implementation of the decisions of the Welsh Government as opposed to focusing on the alignment or otherwise with the UK Government and whether more or fewer decisions should have been taken independently of the UK Government.

40. I recall that most of the major decisions were aligned and I believed that we were stronger together. I considered that as much alignment as possible across the UK would be most helpful to the general public.

41. I do recall that the media were not always clear on whether rules and restrictions referred to in news broadcasts applied solely to Wales, England, Scotland or were UK-wide. This may have had the potential to generate confusion amongst the general public. This did not in my view, however, impair SBHUB's efforts to combat the pandemic.

**Engagement with the Welsh Government**

42. There was regular communication to me and other Chief Executives from Dr Goodall. There was also regular communication from Government officials and Public Health Wales directors and specialists to my Director of Public Health, Director of Strategy and Planning and other Health Board colleagues along with engagement. I recollect this being in a timely manner.

43. In addition to confirming the capacity requirements for SBUHB, the Welsh Government set out national planning assumptions, considered equipment requirements of Health Boards, and received and reviewed capacity plans of the organisation. By way of example, on 6 May 2020 Dr Goodall requested SBUHB's Draft Operational Plan for maintaining resilience and capacity in the COVID-19 pandemic **[Exhibit TM1-13.1-INQ000252741 and TM1-13.2-INQ000252742]**. I responded to this request on 18 May 2020 **[Exhibits TM1-14.1-INQ000252743 and TM1-14.2-INQ000252744]**. The Welsh Government also monitored provision of non-COVID-related essential services during the pandemic. Again, by way of example, Dr Goodall wrote to the Chief Executives on 5 May 2020 (letter incorrectly dated 5 April 2020) concerning provision of cancer care **[Exhibit TM1-15-INQ000252747]**. I replied on 12 May 2020 providing information as to

the number of Urgent Suspected Cancer referrals in Swansea Bay **[Exhibit TM1-16-INQ000252748]**.

44. The Health Board developed an integrated dashboard providing real-time information on a range of critical measures. The dashboard was used extensively across the Health Board, directed discussion at Gold Command and informed operational planning and action. This dashboard and intelligence system was also used to respond to Welsh Government requests for information. A local predictive demand model was also developed, providing short-term (up to 10 days) forecasts to enable rapid adjustment of plans. I believe we were able to respond to requests and that SBUHB was able to provide extensive data and statistics to the Welsh Government.

45. The Welsh Government provided national modelling which was of great assistance in resource allocation. At SBUHB we linked this modelling with the Health Board's own short-term modelling to guide our operational planning. I am aware that my colleagues in the Health Board were in regular contact with the Welsh Government throughout the pandemic concerning predicted capacity needs.

46. The main communication between myself and the Welsh Government was via the meetings and correspondence with Dr Goodall. I did not have a formal role in the preparation or provision of specific advice to the Welsh Government. I would have provided views as part of broader conversations with colleagues.

47. I believe there were sufficient meetings and interaction between the Health Board and Welsh Government, and I personally felt very supported by Dr Goodall and colleagues in the Health and Social Services Group. The fact that I knew I could contact Welsh Government at any time and be guaranteed a timely response provided me with a sense of 'comfort' that I was not alone as the Chief Executive overseeing SBUHB's response to the pandemic. Dr Goodall had an 'open-door policy' and I knew that I could contact him at any time.

**Non-Pharmaceutical Interventions**

48. I do not recall being asked for formal advice on the imposition of non-pharmaceutical interventions ("NPIs"). I recall that NPIs were raised in informal discussions with Dr Goodall and Chief Executives of health bodies in Wales. A meeting also took place

between the First Minister and Local Authority and Health leaders to discuss the situation and seek views on interventions.

49. To the best of my recollection, I was not asked to advise the Welsh Government on the impact of NPIs on clinically vulnerable groups, or groups with protected characteristics.

**Local Lockdowns and Restrictions**

50. The most significant means by which SBUHB communicated with the Welsh Government on the need for regional lockdowns was via the SBAR reports described in paragraph 24 above. The data in the SBAR reports would have helped inform the Welsh Government on the extent of community transmission and the demands on local services.

51. I do not recall being personally asked to advise on the need for a local lockdown. In December 2020, however, I and my colleagues in Neath Port Talbot and Swansea Councils provided specific advice to the Welsh Government on measures that could be taken prior to a local lockdown, by letter of 14 December 2020 **[Exhibit TM1-17-INQ000252749]**. The letter followed a meeting with the Ministers for Health & Social Services and Housing & Local Government on 9 December 2020. In the letter, we raised concerns that our region had at that stage the highest level of community transmission across Wales. This was causing strain on the demands across both community and acute services and there was a risk of acute capacity becoming overwhelmed. We set out the steps we had taken to mitigate the high levels of transmission, and we recommended further actions which could be taken prior to a further firebreak or lockdown, without the need for legislation.

**Care Homes**

52. I have been asked to describe my recollection of the Welsh Government's advice to Health Boards concerning the discharge of asymptomatic elderly patients from hospitals to care homes.

53. At the start of the pandemic, the initial priority for the Welsh Government and NHS Wales was to ensure that acute hospitals had sufficient capacity to manage a potentially large influx of COVID-19 patients. As part of this strategy, the framework of actions provided

to NHS Wales on 14 March 2020 included advice to expedite the discharge of vulnerable patients from acute and community hospitals **[Exhibit TM1-9.1-INQ000252809]**.

54. There was considerable pressure for Health Boards to create as much capacity as possible to meet the possible demand. Accordingly, SBUHB worked with the care sector to discharge elderly patients, who did not otherwise need to be in acute care, to care homes where this was possible. In my response to Ms Saeed-Edmonds on 18 March 2020, I pointed out that additional testing for relevant patients may help the discharge process **[Exhibit TM1-9.3-INQ000252811]**.

55. I would observe that having elderly and vulnerable patients staying within an acute or community hospital for longer than necessary itself creates significant risks, including risks of hospital-acquired infection.

56. I do not recall whether there was initially any firm practice as to when an elderly or vulnerable person would be tested for COVID-19 prior to discharge. There was, additionally, considerable variation within the care home sector as to whether they would accept discharged patients and in what circumstances. On 7 April 2020 I provided Dr Goodall with a list of care homes in the Swansea Bay region which were not accepting residents, and their reasons **[Exhibit TM1-18-INQ000252750]**.

57. On 22 April 2020, Dr Atherton, and the Deputy Director General of the Welsh NHS, Albert Heaney, issued guidance which was promulgated to the Chief Executives of all the Health Boards, Local Authorities, Social Services and Responsible Adults in care homes **[Exhibit TM1-19-INQ000252751]**. In the letter accompanying the guidance, Dr Atherton and Mr Heaney wrote that:

> "*Care homes may be at increased risk of COVID-19 infection from people returning from hospital and from new residents. We will therefore be testing all individuals being discharged from hospital to live in care homes regardless of whether or not they were admitted to hospital with COVID-19. We will extend that testing to people who are being transferred between care homes and for new admissions from the community. We also intend to increase testing within care homes as more testing capacity becomes available.*"

58. This was followed on 24 April 2020 by a further letter from Dr Atherton and Mr Heaney addressed to the Chief Executives and Medical Directors of the Health Boards, together

with the Directors of Public Health **[Exhibit TM1-20-INQ000252766]**. This letter again referred to the updated guidance. It stated:

> *"All individuals being discharged from hospital to live in care homes regardless of whether or not they were admitted to hospital with Covid-19 must be tested for the virus. People who are being transferred between care homes and any new admissions from the community must also be tested for Covid-19. Discharge, transfer or admission will not take place until the result of a Covid-19 test is available and has shown to be negative."*

59. My understanding is that SBUHB acted quickly to adopt the new guidance. Minutes of the West Glamorgan COVID-19 Health and Social Care Interface group dated 27 April 2020 show that SBUHB's policy was that patients would be tested 48 hours before discharge **[Exhibit TM1-21-INQ000252771]**.

**Impact on Hospitals – Discharge of Patients, DNAR and Hospital Capacity**

60. I have already mentioned above the guidance provided by the Welsh Government, together with Dr Goodall and Dr Atherton, concerning the discharge of patients and the management of hospital capacity. The framework for action and the guidelines for discharging patients enabled hospitals to work with partners to develop rapid discharge pathways to free up acute hospital beds. As I have stated above, during the first wave of the pandemic SBUHB was able to manage the surge within the increased capacity.

61. In line with the Welsh Government's requirements to build capacity, SBUHB developed two field hospitals capable of providing further additional capacity in the event that existing patients could not be managed within that created within the Health Board. Llandarcy Field Hospital (LFH), intended for step up and step down, and end-of-life care, and Bay Field Hospital (BFH) intended for step down care and patients awaiting discharge. In the event, neither site was used as a hospital to provide inpatient care. BFH was used for a variety of services, for example phlebotomy services, antibody testing, a mass vaccination facility, administrative teams and storage. LFH was closed without being used, and its beds and equipment transferred to BFH. Dr Goodall was kept informed of SBUHB's progress. I attach letters to this effect which I sent to Dr Goodall, listing the efforts made to create field hospitals as well as other measures to ready the Health Board to meet the anticipated surge [**Exhibits TM1-22.1-INQ000252773, TM1-22.2-INQ000252774 and TM1-22.3-INQ000252779 and TM1-11.1-INQ000252731, TM1-11.2-INQ000252736].**

62. I have been asked about the core decisions made by the Welsh Government on Do Not Attempt Cardio-Pulmonary Resuscitation (DNAR or DNACPR) orders. As far as I am aware, the core principles surrounding the use of such orders did not change. The use of DNACPR orders was mentioned in a letter to the Health Board Chief Executives and others dated 12 April 2020 from Dr Atherton and Professor Jean White, Chief Nursing Officer **[Exhibit TM1-23-INQ000252780]**. In this letter, Dr Atherton and Prof White promulgated a new framework of values and principles for healthcare delivery in Wales. This had been developed by the COVID-19 Moral and Ethical Advisory Group Wales. The purpose of the framework was to assist medical providers with a set of core ethical principles which should inform their planning and decision making during the pandemic.

63. The framework mentioned the use of DNACPR orders at paragraph 3.8, where it stated that decisionmakers should "*consult people as much as possible in the time available and provide adequate time for their decision making (with an advocate if wished), especially around end-of-life care and Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) decisions*". The guidance stated that, when taking any healthcare decision, different models (e.g., social, medical, biopsychosocial) may be appropriate in different circumstances, but any decisions taken and the model used should be clearly articulated.

64. On 17 April 2020, Dr Atherton and Prof White sent a further letter, on this occasion specifically concerning DNACPR orders **[Exhibit TM1-24-INQ000252781]**. They stated that groups advocating for disabled and learning disabled communities in Wales were concerned that the Clinical Frailty Scale could be used inappropriately when making decisions on DNACPR orders. The Older People's Commissioner had also expressed concern that some older and vulnerable people had felt pressurised into signing DNACPR forms. The letter attached relevant statements from the groups concerned. While Dr Atherton and Prof White stated that they were not aware that DNACPR decisions were being made purely on the basis of age or disability, the letter clarified that age, disability or long-term condition alone should never be a sole reason for issuing a DNACPR order against an individual's wishes. It was stressed that decisions should continue to be made on an individual basis according to need and individual wishes.

65. While I do not recall that my specific formal advice on these topics was sought, that is not to say that these subjects were not discussed in Dr Goodall's meetings with the Chief Executives. To the best of my recollection, we were kept fully informed by the Health

Minister and government officials about the issues and challenges that resulted in the Welsh Government decisions and directions. As I stated above, the Chief Executive of NHS Wales, Dr Goodall, maintained an open-door policy. If I had been concerned about any of the policies or guidance being promulgated by the Welsh Government, I would have been able to raise this with him. The Chair of SBUHB would also have been able to raise concerns with the Welsh Government. Avenues of communication were also maintained between different professional groups, for example Dr Reid, Director of Public Health, held weekly meetings with his colleagues in the Welsh Government and other Health Boards.

66. As a Health Board we welcomed the decisions made by the Welsh Government on capacity and freeing up beds. We had discussed the need for such guidance in meetings with Dr Goodall. We would not have wanted any longer notice period. The priority for SBUHB and other Health Boards was to begin the work to create the additional capacity to manage the expected demands of the pandemic.

**Test, Trace, Protect**

67. To the best of my recollection, the Welsh Government initiated discussions for a public health surveillance and contact tracing plan which culminated in a letter from Jo-Anne Daniels, Director of Mental Health, Vulnerable Groups and NHS Governance, dated 13 May 2020 **[Exhibit TM1-25.1-INQ000252782 and TM1-25.2-INQ000252783]**, in which instructions for Test, Trace and Protect were given.

68. Ms Daniels' letter established the roles and responsibilities that would be borne by the Welsh Government, Public Health Wales, Local Health Boards, and Local Authorities. The Health Boards and Local Authorities were tasked to deliver regionally coordinated local contact tracing teams. This would sit alongside their existing role to provide testing facilities and environmental and public health responses to local outbreaks.

69. The letter asked for all Health Boards to have contact tracing capability in place by 31st May 2020 at the latest. All contact tracing teams were to operate according to the standard operating procedure set out by PHW.

70. SBUHB, Neath Port Talbot Council, and Swansea Council, issued a joint reply to Ms Daniels' letter the next day, 14 May 2020 **[Exhibit TM1-26-INQ000252784]**. At that

stage we anticipated establishing Test, Trace and Protect on a phased basis from 1 June 2020.

71. We took the opportunity in the letter to Ms Daniels to highlight some key issues on which the plan depended. These included:
    a. We asked for a single set of guidance from the Welsh Government on the approach to be taken for Test, Trace and Protect. Different guidance had previously been received from Welsh Government and Public Health Wales.
    b. We sought consistency from Welsh Government over the relative priorities for our organisations. Every additional priority placed on the public authorities meant that the remaining pool of staff diminished and restricted our capacity to scale up operations.
    c. We asked for standard operating procedures, scripts and flowcharts from PHW to be ready by 18 May 2020 to give us time to train staff on these procedures.
    d. We asked for confirmation from the Welsh Government that our plan would be funded on a monthly actual-cost basis. Without such funding we would be unable to move to full implementation of the scheme.

72. I attach a letter dated 19 May 2020 from Ms Daniels responding to the above concerns **[Exhibit TM1-27-INQ000252785]**. I understand that Test, Trace and Protect 'went live' in our Region on 1 June 2020 as planned **[Exhibit TM1-28-INQ000252786]**. The Health Board was represented at the Test Trace Protect Programme Oversight Group by Ms Harrup-Griffiths as I have referred to above.

**Informal Communications**

73. The Chief Executives of the Health Boards in Wales had a WhatsApp group called "CEO Social". I do not recall any Government officials being in the group while I was Chief Executive. The group was occasionally used for informal discussion concerning COVID-19. I have appended the messages from the relevant time period **[Exhibit TM1-29-INQ000252788]**. On the last two pages it will be seen that there is discussion of updated PPE guidance, where clarification was sought about the precise date on which the guidance would be released. Occasionally there is mention that a document has been circulated by email. I have been informed by SBUHB that the messages were downloaded using forensic extraction software.

**Public health communications**

74. I recollect that the Welsh First Minister held regular press conference in which public health information was communicated to the public and the press. I thought they worked well to disseminate relevant information to the public. Public health communications were, in my view, made more difficult when different messages were relayed by the various national governments of the UK. I discuss this further below.

**Lessons Learned**

75. When considering lessons to be learned it is important to remember the prevailing circumstances at the time that decisions were made. Critical decisions had to be taken in the context of significant uncertainties.

76. Within that context, I would observe that, with hindsight, the initial guidance from the Welsh Government, concerning the need to discharge otherwise vulnerable patients to free up capacity, might be questionable, given that the guidance did not mandate testing in advance of discharge. The general presumption, shared by many across NHS Wales, was that measures put in place to protect residents in care homes, (e.g. PPE, full barrier care of all residents if either residents or staff presented as symptomatic or tested positive, early testing of symptomatic care staff, along with any new admission to a care home being isolated for 14 days), would control infection and enable it to be safely managed in a care home setting. With hindsight this is questionable. This has been and will remain an area for lessons learned, not only during the course of the pandemic with the issuing of revised guidance, but for future management of infectious outbreaks to find alternative means to free up acute hospital capacity whilst preventing the transfer of infection into care homes.

77. Given the rapidly evolving situation, guidance was being issued at a very fast pace and from multiple sources. Guidance was often directed to different individuals within SBUHB and the wider West Glamorgan Partnership. It was a challenge to collate and cascade the guidance so that arrangements to implement it could be properly made, and that nothing was missed. Communication was streamlined to an extent over time but a better system of coordination and communication from Welsh Government to the health bodies would have helped significantly and saved valuable time within the Health

Board trying to keep abreast of all the guidance, record it and ensure it was actioned appropriately.

**Transcripts of Evidence**

78. I attach transcripts of my evidence to the Senedd on 10 July 2020 **[Exhibits TM1-30.1-INQ000252793 and TM1-30.2-INQ000252794]**.

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 27 September 2023