Witness Name: Mr Steve Ham
Statement No: 1
Dated: 28th September 2023

UK COVID-19 INQUIRY

WITNESS STATEMENT OF MR STEVE HAM

I, Steve Ham, Chief Executive of Velindre University NHS Trust ('the Trust'), Unit 2 Charnwood Court Heol Billingsley, Parc, Nantgarw, Cardiff, CF15 7QZ, will say as follows:

1. I make this statement in response to a Rule 9 request for information by the Covid 19 Module 2B Inquiry Team dated 18 May 2023.

2. I make this statement based on my own knowledge and recollection. Where I have no direct knowledge, in order to assist the Inquiry, I have referred to accounts and documentation provided to me by my staff. Where responses are not from my direct knowledge, this has been made clear in my statement, where I have acknowledged the individual who has assisted.

A. Background and qualifications

3. I graduated from Bath University with a degree in Business Administration in 1982. I trained as an accountant with Grant Thornton before becoming a Senior Manager at Ernst and Young. I subsequently joined the NHS in 1993 with Gwent Health Authority and became the Interim Director of Finance in 2002 before becoming the Director of Finance at Newport Local Health Board. I have been with the Trust since 2009 initially as the interim Director of Finance, in time I became the substantive Director of Finance, and I am now the Chief Executive. I have held the role of Chief Executive since 2014.

B. Overview of relationship with Welsh Government

4. The Trust is a statutory body that came into existence on 1 December 1993 under the Velindre National Health Service Trust (Establishment) Order 1993/2838 (as amended) and was operational from 1 April 1994. The Establishment Order sets out the Trust's functions. At that time, it was a single specialty trust providing only cancer services. Over the years it has evolved and expanded.

5. NHS Wales delivers services through 7 local health boards, 3 NHS trusts, and at the commencement of the pandemic one Special Health Authority. Local health boards are responsible for planning and delivering NHS services in their areas and they are also responsible for:

   - improving physical and mental health outcomes
   - promoting wellbeing
   - reducing health inequalities across their population
   - commissioning services from other organisations to meet the needs of their residents

6. The Trust is commissioned by local health boards in South East Wales to provide Tertiary non-surgical oncology services for their residents. In addition, all seven Local Health Boards commission blood and transplantation services across the whole of Wales.

7. The Trust consists of two clinical divisions: Velindre Cancer Services ('VCS') and the Welsh Blood Service ('WBS'). The Trust hosts NHS Wales Shared Services Partnership ('NWSSP'), and, until 1 April 2021, the Trust hosted NHS Wales Informatic Services ('NWIS'). On 1 April 2021 NWIS' functions were transferred to Digital Health and Care Wales ('DHWC'), a new statutory organisation. The Trust also hosts Health Technology Wales ('HTW').

8. Hosting status is defined by the fact that the hosted organisations have their own Non-Executive Director Chair. Hosted organisations have their own management structures where review and approval of strategy and performance takes place.

The Trust is the statutory body, accountable for the legal and regulatory/compliance frameworks of the hosted organisations.

9. From 1 June 2012, the function of managing and providing Shared Services to the health service in Wales was established within the Trust as a hosted body. Pursuant to the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012, the Trust established the Shared Services Committee with responsibility for exercising the Trust's Shared Services function. NWSSP is the operational name for the Shared Services Committee. NWSSP is separately represented in respect of the Public Inquiry. It is a large organisation, with in excess of 4000 employees, and has its own Non-Executive Director Chair, who is directly accountable to the Welsh Government. NWSSP is accountable for strategy and performance. I would respectfully invite the inquiry to direct any requests for information regarding matters pertaining to NWSSP, to that organisation and its representatives directly. I understand that the Inquiry has been made aware of the identity of those representatives. As such, NWSSP is not covered in the scope of this response.

10. From October 2017 to 31 March 2021 the Trust also hosted the function of 'managing and providing to the health service in Wales, *a range of information technology systems and associated support and consultancy services, desktop services, web development, telecommunications services, healthcare information services* and services relating to prescribing and dispensing' (the Establishment Order, article 3). The Trust hosted NWIS, which had responsibility for providing the services in italics. DHCW succeeded NWIS on 1 April 2021 on its establishment as a legal entity in Wales in its own right. As a result, all functions undertaken and staff employed by NWIS were transferred to DHCW from that date. DHCW is separately represented in respect of the Inquiry, and DHCW will be responsible for dealing with requests for information regarding matters pertaining to itself and to its predecessor, NWIS. As such, NWIS is not covered in the scope of this response.

11. HTW was established by Ministerial recommendation and is a national health technology assessment body that focuses on non-medicine technologies. Its remit

is to provide a strategic and nationally coordinated approach for the identification, appraisal, and adoption of non-medical technologies into the health and care setting across Wales. Its remit excludes medicines which are reviewed by the All Wales Medicines Strategy Group. HTW is sponsored by the Welsh Government and hosted by the Trust but is independent of both in respect of Assessment Group and Appraisal Panel processes, evidence appraisal reports and Guidance.

12. The VCS division of the Trust delivers specialist non-surgical tertiary cancer services for Southeast Wales using a hub and spoke model. The hub of our specialist cancer services is VCS. This is a specialist treatment, teaching, research, and development service for non-surgical oncology. The Trust treats patients with chemotherapy, Systemic Anti-Cancer Treatments (SACTs), radiotherapy and related treatments, together with caring for patients with specialist palliative care needs.

13. WBS plays a fundamental role in the delivery of healthcare in Wales. Its role is to collect blood donations across Wales and ensure that each donation is transformed into safe and effective blood components, which are then processed and tested before distribution to hospitals within Wales to support patient care. WBS also operates the Welsh Transplantation and Immunogenetics service which includes the Welsh Bone Marrow Donor Registry which supports local and international transplant programs.

14. Save for the change referred to above regarding the transfer of the function of NWIS to DHCW, the overall role of the Trust did not change during the course of the pandemic.

15. The Trust's membership and procedures are regulated by the NHS Trusts (Membership and Procedures) Regulations 1990.

16. The Trust Board ("the Board") functions as a corporate decision-making body, with Executive Directors and Independent Members being full and equal members and sharing corporate responsibility for all the decisions of the Board.

17. As Chief Executive Officer, I am one of the Executive Directors on the Board. I am responsible for the overall performance of the executive functions of the Trust and I am the Accountable Officer to the Director General ("the Director General") of Health and Social Services Group in Welsh Government/the Chief Executive Officer of NHS Wales ("Chief Executive NHS Wales").

18. My responsibilities include:

    a. Leading the development of the Trust's strategies and ensuring their alignment with short-term and long-term objectives. Then collectively sharing responsibility with the Trust Board for the overall leadership of strategy for the organisation.
    b. Leading on the development of the Trust's culture. Then collectively sharing responsibility with the Trust Board for the overall leadership of culture for the organisation.
    c. Leading on the performance of the Trust in line with its stated strategies, with the quality and safety of donors and patients at the core of performance and onwards assurance provided to the Trust Board.
    d. Leading on the overall operation of the Trust within budgeted resources.

19. There are many ways in which the Trust interacts with Welsh Government and did so before the pandemic. From an individual's perspective, I am accountable to the Director General/ Chief Executive NHS Wales. The Chair is accountable to the Minister for Health and Social Services. The Independent Members of the Trust Board are Ministerial appointments. As an executive team ("the Trust Executive team"), there are professional links into the NHS Wales executive team. For instance the Medical Director of the Trust to the Chief Medical Officer.

20. The Trust Executive team is made up of:

    - Chief Executive
    - Executive Director of Finance

- Executive Director of Nursing, Allied Health Professionals & Health Scientists
- Executive Director of Organisational Development & Workforce
- Executive Medical Director
- Chief Operating Officer
- Director of Strategic Transformation, Planning, and Digital
- Director of Corporate Governance and Chief of Staff

21. Each of the Trust Executive team are also members of All-Wales peer groups who would usually meet monthly, including nursing, medical, finance, workforce, planning and governance. Welsh Government officer representatives from those departments are there for all or part of the meetings, as the model varies by Group. There is a CEO peer group of which I am a member, but Welsh Government do not attend our meetings. These peer groups are not formally part of governance arrangements and do not have a delegated decision-making framework. They are to facilitate collaboration and cross-organisational working.

22. In addition, the NHS Wales Executive Board meets monthly and is made up of the CEOs for NHS Wales organisations, Welsh Government officials and is chaired by the Director General/ NHS Wales Chief Executive Officer.

23. As an organisation, there are regular performance meetings between the NHS Wales executive team and the Trust Executive team. Every six months there is a Jet Executive Team meeting (JET) in which performance, plans and strategic direction are discussed. On an annual basis, the Trust is provided with a formal "intervention status" assessment from Welsh Government. This is a tripartite process involving Welsh Government along with Audit Wales and Health Inspectorate Wales. The Trust has been in "routine arrangements", the lowest level of intervention status assessment, for many years, including the entire scope of the Inquiry's Term of Reference.

24. In response to the pandemic and as is common within the public sector, a command structure was set up within the Trust from 4 March 2020. Once the command structure was in place, I took on the role of Gold Commander. Gold

(Strategic) command is responsible for determining the overall management, policy and strategy for the 'incident' whilst maintaining the organisation or group of organisation's normal services at an appropriate level. The role of Gold Command was to consider the 'incident' in its wider context to determine longer term and wider impacts / risks with strategic implications. The purpose of Gold Command is to provide strategic leadership to support Silver (Tactical) command and Bronze (Operational) Command. In addition, the Gold Command established a number of specific cells and a clinical advisory structure. Alongside the command structure, the Trust Board made changes to the Committee structure, with more regular Quality & Safety Committees, for instance **[Exhibit INQ000226140].**

C. Initial Response to the pandemic January – March 2020

25. In early February 2020, the Director of the WBS, Mr Alan Prosser, informed me that he had established an internal meeting to discuss the implications of the outbreak to our organisation.

26. Around the same time, he informed me that that the Health Emergency Planning Unit within Welsh Government had established a Health & Social Services Coronavirus Planning and Response Group ("the Response Group") to co-ordinate activities supported by the Civil Contingency Team and provided contact details should the Trust be required to escalate any potential issues. This group continued to operate throughout the period.

27. On the 13 February 2020, the Trust was contacted in writing by the Welsh Government, who provided guidance for healthcare providers who may travel to China and other specified areas/countries. This guidance was cascaded through all appropriate channels within the Trust to assist with the support and management of staff.

28. I am reminded that members of staff from each division, namely VCS and WBS, with a role in Business Continuity were involved with key Welsh Government meetings in relation to Covid-19 in this period. As can be seen from the documents, this included the first meeting of the Response Group, which the Trust was

involved in, which took place on 20 February 2020 at the Emergency Coordination Centre Wales ("ECCW") **[Exhibit INQ000226141]**. Members of the Welsh Government attended along with representatives from NHS and Social Services/Care organisations, including a business continuity lead representative from the Trust.

29. On 28 February 2020 another meeting of the Response Group took place at which membership and terms of reference as presented by Welsh Government were confirmed, and reasonable worst case planning was discussed **[Exhibit INQ000226142]**. At a further Response Group meeting on 6 March 2020 information on the Reasonable Worst Case Modelling for Wales was shared by Welsh Government **[Exhibit INQ000226144].**

30. I was on annual leave from 2 March 2020 to 14 March 2020. In this period, on 3 March 2020, I am reminded that the WBS Head of Validation & Risk Management Quality Assurance and the WBS Head of Clinical Services Nursing attended a stand-alone Covid-19 Pan Wales Strategic Coordinating Group Exercise hosted by Public Health Wales **[Exhibit INQ000226146]**. Reasonable worst-case scenarios were presented to attendees for consideration of the impact on the continuation of core service provision within each of their own organisations. This exercise, together with information provided during the Response Group meetings helped to inform the Trust's initial response to the pandemic.

31. By email dated 6 March 2020 on behalf of Dr Andrew Goodall (Director General of HSSG/Chief Executive of NHS Wales) to the Chief Executives of Trusts/Health Boards/Health Authorities and other bodies, a list of national Chief Executive conference calls over March/April was provided with the stated purpose being "*to share with you information and take on any strategic issues on your behalf. These calls will also help demonstrate visible leadership of our co-ordinated response and a facility to support each other working as one NHS Wales*" **[Exhibit INQ000226147]**. From 14 March 2020, on return from annual leave, I attended these conference calls. These calls were held on a frequent basis, often three times a week during the period.

32. As well as the Response Group meetings, and the programme of Chief Executive conference calls in March/April 2020 there were numerous communications from Welsh Government (i.e. from the Director General of HSSG) in this period by way of emails sharing information and/or providing advice and direction, for instance, Ministerial Statements, letters, protocols, briefing papers, modelling assumptions, advice on testing criteria, NHS demand projections, etc. **[Exhibit INQ000226149 / Exhibit INQ000226150 / Exhibit INQ000267872]**

33. This was often following collaborative discussions at peer groups. For instance, on the 13 March 2020, Vaughan Gething, Welsh Minister for Health and Social Services wrote to organisations to request adaptions to the health and social care system in Wales as we moved from the 'contain' phase to the 'delay' phase of the Covid-19 pandemic response (these phases were set out in the UK's Coronavirus action plan and the terminology was widely used) **[Exhibit INQ000226152]**. A framework of actions was laid out in the Ministerial Statement from Mr Gething, which the Trust (along with other healthcare bodies) were requested to follow. The Trust implemented the actions requested. By email dated 16 March 2020 the Director General sent to Chief Executives the briefing paper on system risks caused by the pandemic which had informed the Ministerial Statement **[Exhibit INQ000226153]**, and in response and as requested, on 18 March 2020 I provided on behalf of the Trust the first or our planning and performance updates **[Exhibit INQ000226156]**.

34. During the period January – March 2020, the Trust was not approached by the Welsh Government for formal advice in respect of its understanding and proposed management of Covid-19. Nor was I personally approached for formal advice. Any information provided in the interactions described above was by way of an informal collaborative approach. I understand, from the Director of HTW, that HTW provided some assistance to Welsh Government in terms of analysis for rapid evidence review/synthesis and this is detailed further below in paragraphs 40-49.

35. I believe that Welsh Government did appreciate the seriousness of the threat during this period and established response structures including engagement with NHS organisations, as demonstrated in the explanation of meetings above.

36. I have been asked what my views are on the initial lockdown in March 2020 and whether I agree that this was the most appropriate strategy to respond to the initial stages of the pandemic. I consider this to be outside of my areas of knowledge in my official capacity. I do not consider I am adequately qualified or informed to formulate a view in respect of the strategic planning around the pandemic by Welsh Government.

37. I am also not adequately qualified to be able to make a judgement or present an opinion in respect of decisions made by the Welsh Government regarding international travel and border control. I have no specific qualifications in this area on which to base any views. I did not provide any advice to the Welsh Government, on this matter at any stage and would not have expected to have been asked for such advice as it would fall outside my role and expertise.

38. Similarly, I am unable to provide any meaningful comment as to whether or not the core decisions taken by Welsh Government in this period aligned with those of the UK Government, or whether the Welsh Government should have made more or fewer decisions independently of the UK Government at this stage.

D. Shared Services Partnership ("SSP")

39. NWSSP delivers a range of professional, technical and administrative services to NHS Wales. As referred to in paragraph 7 above, I respectfully invite the Inquiry to direct any matters pertaining to NWSSP specifically to that organisation and its legal representatives directly.

E. Health Technology Wales ("HTW")

40. HTW is a national health technology assessment body that focuses on non-medicine technologies. I attach for the Inquiry's information, the HTW Operating Arrangements and Terms of Reference dated 1 March 2019 **[Exhibit INQ000226158]**. The remit of HTW is to support a strategic, national approach to the identification, appraisal and adoption (including disinvestment) of non-

medicine health technologies into NHS Wales. Operating via its Assessment Group, and Appraisal Panel, HTW researches and produces/publishes evidence reviews, along with national Guidance in order to support care sector decision making. HTW is hosted by the Trust but the Assessment Group, Appraisal Panel activity, evidence reviews/reports and HTW Guidance is independent of the Trust. HTW has its own NED Chair. The HTW Director, Dr Susan Myles, is accountable to the Trust's CEO. As the Trust's CEO I am accountable for HTW to Welsh Government. I am also a member of HTW's Executive Group. HTW does not have any statutory functions. Much of the detail about HTW below has been provided to me by Dr Myles.

41. The current purposes for which HTW is funded are:

a. To provide a strategic, streamlined and nationally coordinated approach to the identification, appraisal and adoption of non-medicine technologies into practice across NHS Wales.
b. To provide rapid evidence reviews to support the work of the Health and Care Research Wales (HCRW) Evidence Centre.
c. To actively support the new Health and Care Innovation Programme.

42. During the pandemic key individuals with responsibilities within HTW were:

a. Professor Peter Groves;
Role: Chair, HTW;
Responsibilities:
- Strategic oversight and advice on the HTW pandemic response.
- Oversight and quality assurance of HTW's COVID-19 evidence syntheses.

b. Dr Susan Myles;
Role: Director
Responsibilities:
- Strategic oversight and directing the HTW pandemic response.

- Oversight and quality assurance of HTW's COVID-19 evidence syntheses.
- Membership of the Welsh Government COVID-19 Research Cell.

c. Principal Researcher, Health Services research;
Responsibilities:

- Methodological and technical oversight and quality assurance of HTW's COVID-19 evidence syntheses.
- Engagement with pandemic evidence review topic groups.
- Liaising with and directing HTW rapid reviews conducted on behalf of the Welsh COVID-19 Evidence Centre.

d. Principal Researcher, Health Economics;
Responsibilities:

- Methodological and technical oversight and quality assurance of HTW's COVID-19 evidence syntheses.
- Engagement with pandemic evidence review topic groups.

43. Prior to the pandemic, interactions and regular meetings between HTW and Welsh Government were as follows:

a. **Quarterly reporting** to Welsh Government against strategic objectives and key performance indicators.

b. The HTW **Executive Group** meeting (quarterly).
The Executive Group sets the strategic direction for HTW and ensures that it is 'fit for purpose'. The membership of this group comprises; the HTW Chair, the HTW Director, myself as Grant holder, and the Deputy Director of Life Sciences & Innovation, Welsh Government, Mr Dafydd Evans. During the pandemic period, the Welsh Government member was Mr Ifan Evans, Director Technology, Digital & Transformation, Health & Social Services Group, Welsh Government.

44. In addition, although not personally involved, I am aware through the Executive Group that other meetings involving Welsh Government were:

    a. HTW **Assessment Group** (monthly)
    Welsh Government are voting members of the HTW Assessment Group

    b. HTW **Appraisal Panel** (bi-monthly)
    Welsh Government are non-voting members of the HTW Appraisal Panel

    c. HTW **Stakeholder Forum** (bi-annual)

    d. **Ad hoc meetings** between HTW & Welsh Government on specific topics or requests, as required.

45. The roles and responsibilities of HTW did not change officially prior to 1 April 2021. However, at the start of the pandemic HTW made the decision to pause the majority of its business-as-usual (BAU) health technology assessments and Appraisal Panel meetings and production of national Guidance so that it could release frontline NHS staff, and also use its analytical resource capabilities to enable rapid Covid-19 evidence synthesis/reviews/appraisals in order to support time-critical pandemic decision making as and when requested by the Welsh Government and other care system partners. Thereafter, HTW restarted its BAU work in July 2020 whilst continuing to undertake evidence reviews related to the pandemic, but again had to pause its BAU work in January 2021 for a period. HTW's evidence synthesis/reviews/appraisals and work related to the pandemic response included Topic Exploration Reports (TERs), Rapid Summaries (RSs), a regularly updated Covid-19 evidence digest, pan-European collaborative reviews, and an Impact and Economic report. During the pandemic, the established regular meeting calendar between HTW and Welsh Government was maintained.

46. At the start of 2021 the Welsh Government established the Welsh COVID-19 Evidence Centre ('WCEC') which was tasked with reviewing the Covid-19 research evidence so that decision makers had the most up-to-date evidence to help inform

health and social care policy. HTW submitted an expression of interest and was successful in becoming one of the Collaborating Partners in this initiative. HTW received additional Welsh Government funding for two additional WTE fixed-term researchers to support production of rapid evidence reviews requested by the WCEC. At this point (1st April 2021), delivery of support to the WCEC was added to HTW's grant letter as a specific new role and responsibility. HTW collaborated with WCEC in the production of Rapid Evidences Summaries, and Rapid Reviews.

47. As regards any new interactions/meetings involving HTW and the Welsh Government in response to the pandemic I have been provided with the following summary by the HTW Director:

a. **Welsh Government COVID-19 Research Cell** (TAG sub-group). HTW was invited to be a member of this group and attended approximately fortnightly meetings (first meeting 1st April 2020). The purpose of this group was:
    i. To provide co-ordination across the Welsh Government and NHS Wales around COVID-19 research efforts, and effective connections into UK level strategy and process
    ii. To share intelligence on emerging developments across Welsh organisations and awareness of UK/international developments
    iii. To provide information sharing/join-up on work underway for evidence synthesis around COVID-19.

b. **Welsh COVID-19 Evidence Centre**.
    i. HTW participated in regular meetings among the Welsh COVID-19 Evidence Centre Collaborating Partners (from March/April 2021). Welsh Government representatives were often present at these meetings.
    ii. HTW participated in multiple project specific Covid-19 evidence review topic meetings. Welsh Government officials were present when they specifically requested an evidence review that HTW was producing.

c. **Welsh Government Technical Advisory Group (TAG sub-group) Research and Development subgroup**. This group evolved from the Welsh Government COVID-19 Research Cell in response to the establishment of the Welsh COVID-19 Evidence Centre ('WCEC'). Its purpose was to:

- To offer advice and oversight for the evidence synthesis and evaluation work of the WCEC
- To ensure work is relevant and actionable for policy and practice in Wales, and adds value to planned and ongoing work by other groups.

d. **Ad hoc meetings** between HTW and the Welsh Government on specific topics or requests, as required.

48. I am told that the only TAG sub-group which HTW regularly attended was the research cell/research and development subgroup, and the HTW representative on this group was mainly Dr Susan Myles with senior colleagues deputising if required. To my knowledge, HTW did not provide advice per se to TAG. Rather, as described in paragraphs 40 and 41 above HTW provided rapid evidence syntheses on a range of COVID-19 topics as requested to facilitate evidence-informed decision making. Such requests came from a number of stakeholders. Rapid evidence syntheses specifically requested by TAG included:

- Face coverings to reduce COVID-19 transmissions **[Exhibit INQ000226159 / INQ000267873]**

- Oximetry to guide COVID-19 management **[Exhibit INQ000226160 / INQ000267874]**

49. A full list of the evidence reviews and papers either co-authored or supported by HTW in response to the pandemic has been provided by HTW's director and are shown in an addendum to this statement **[Exhibits INQ000226161,**

INQ000226162, INQ000226163, INQ000226164, INQ000226165, INQ000226166, INQ000226167, INQ000226168, INQ000226169, INQ000226170, INQ000226171, INQ000226172, INQ000226173, INQ000226174, INQ000226175, INQ000226176, INQ000226177, INQ000280047, INQ000226178, INQ000280048, INQ000280049, INQ000226179, INQ000226180, INQ000226181, INQ000280050, INQ000226182].

F. Engagement with the Welsh Government

Meetings

50. I continued to attend the monthly NHS Wales Executive Board, which is made up of the CEOs for NHS Wales organisations, Welsh Government officials and is chaired by the Director General/ NHS Wales Chief Executive Officer. In addition, as described in paragraph 31, I attended regular and frequent meetings over this period with the Executive Board members, which were put in place in direct response to the pandemic, and were also chaired by the Director General/ NHS Wales Chief Executive Officer. During these meetings, various matters were discussed including NPIs, TTP, workforce well-being, clinical pathway changes, Covid-19 specific funding arrangements etc. Formal advice was not provided through these meetings. It was discussion as a group which may have influenced Welsh Government decision making. If there were matters that impacted the Trust, I would feed this back to the Gold command. There was a standing section on these agendas where Gold command members updated on national meetings they had been part of.

51. In addition, the professional peer group structure as referred to in paragraph 21 above continued through the period, in the same nature as described in paragraph 21. This structure continued to be a good example of collaborative working.

Advice

52. I am not aware of any occasion when formal advice was provided either by myself of my colleagues at the Trust, to the First Minister or other Welsh Ministers.

Data

53. Daily situation reports were sent to the Welsh Government. The information provided included matters such as:

- Designated Covid-19 hospital Beds
- Admissions
- Discharges (alive)
- Deaths
- Mortuary capacity
- Mortuary spaces
- Bed capacity

54. The information provided in these changed a number of times over the reporting period and also the frequency of reporting, depending on the stage of the pandemic.

55. The modelling work undertaken across the UK and within Wales during the pandemic was important in supporting the effective planning, adaptation and delivery of the response. The Trust received TAG modelling data made available by the UK Government, as well as similar modelling that was undertaken by the Welsh Government, the Welsh Government's modelling was specific to Wales. The Trust had access to the modelling work routinely via TAC and this was used to support planning (immediate/medium and long-term).

56. At the start, one of the challenges for the Trust was related to the specific services it provides and how the modelling and various scenarios impacted upon the services it was required to provide i.e., blood and transplant, tertiary cancer services. In this respect, the modelling data was of less assistance given its macro nature which then had to be applied to specific patient groups, i.e., cancer patients. The Welsh Government responded to this by establishing a Major Conditions Group which focused on specific conditions. This allowed further areas to be

identified to inform further modelling requirements i.e., cancer patients presentation etc and was helpful in better understanding the likely scenarios.

57. Given the context, the Trust had sufficient access to the modelling available to support information it was providing to the Welsh Government.

G. NPIs

58. Despite the provision of information, data, and analysis (as described elsewhere in this statement), I am not aware of what role, if any, this will have played in relation to the NPIs set out in question 24.a. to i.

59. Some elements of the NPI scope set out in question 24 would have been subject to discussions in both the professional peer groups and the national cell meetings. There was no formal advice provided however by myself or the Trust to Welsh Government on these matters. HTW work in relation to face-coverings is set out in paragraph 48.

60. In relation to the decisions made about NPIs, neither myself, nor any representatives of the Trust, advised the Welsh Government on, or provided advice/data/statistics with specific regard to, different groups of people including the vulnerable and those at risk and those with protected characteristics under the Equality Act 2010.

61. I do not feel it is within my knowledge to comment upon the adequacy of the information and advice sought by the Welsh Government.

62. Good communication channels and structured conversations existed between the Health and Care Research Wales and the Trust's Research and Development teams allowing the Trust to run successful vaccine studies in Wales over the course of the pandemic.

63. I am not sufficiently qualified to comment on whether the Welsh Government gave sufficient consideration in its decision making to the impact of NPIs on at risk and other vulnerable groups considering existing inequalities.

H. Care homes and hospitals

64. During the specified period, and at all other times, the Trust has had no responsibility for care homes as it is a commissioned provider for blood, blood services and non-surgical cancer treatments.

65. The Trust played no role in the Welsh Government's decision to discharge asymptomatic hospital patients to care homes without a Covid-19 test in March and April 2020. Given the meetings I attended, there would have been some discussion regarding the issues relating to this matter before the decision was taken and I would have been aware that this was being considered; however, I did not provide advice. I would not have expected to have been formally consulted as I was not sufficiently informed or qualified to assist. As such, I hold no key documentation relating to this decision.

66. Similarly, the Trust played no role in the Welsh Government's decision, in late April 2020, to test all patients in hospital before discharging to care homes. Given the meetings I attended, there would have been some discussion regarding the issues relating to this matter before the decision was taken and I would have been aware that this was being considered; however, I did not provide advice. I would not have expected to have been formally consulted as I was not sufficiently informed or qualified to assist. As such, I hold no key documentation relating to this decision.

67. I note the Trust was informed of the following significant decisions:

- Initial guidance was issued in April 2020 **[Exhibit INQ000237817]**
- An addendum to this guidance was issued 30 April 2020 **[Exhibit INQ000237818]**
- A webinar explaining the discharge guidance first aired 24 April 2020 (FAQs)
- COVID-19: update to step-up and step-down care arrangements guidance was published 28 January 2022 **[Exhibit INQ000237813]**.

68. In relation to the above key decisions, I can confirm that I was not consulted. There were no instances where I considered that I ought to have been consulted.

69. Given the meetings I attended, there would have been some discussion regarding discharge of patients, the use of DNAR orders, and the management of hospital capacity, before decisions were taken and I would have been aware that these matters were being considered. I did not attend meetings nor provide advice where decisions were made. The Trust was not consulted in relation to core decisions made by the Welsh Government as regarding these matters. Given my role, I would not have expected to have been directly consulted.

I. Test, Trace, Protect

70. As far as I am aware, the Trust was not asked to provide advice to the Welsh Government in relation to the Welsh Government's core decisions regarding Test, Trace and Protect.

71. The Trust was informed of guidance from the national Test Trace Protect (TTP) groups established by Welsh Government. This included regarding testing policy, criteria and procedures for the testing of staff and patients, as well as contact tracing, testing capacity and the use of novel (rapid) testing technologies.

72. In my view there was a consistent prioritisation of health workers for testing, firstly through an internal NHS process and then built into the testing booking NHS app.

73. To note question 35 refers to healthcare workers. I am not aware of the situation with respect to the care sector.

J. Shielding

74. The Trust did not provide, nor was it asked to provide, any advice in relation to shielding to the Welsh Government. In our opinion there was no reason for the Trust to be asked for such advice. However, the Trust participated in discussions on shielding guidance with the professional peer groups, national cells meeting,

with the other cancer centres in Wales together and with the Wales Cancer Network. These discussions were focused on the operational implementation of the guidance.

K. Engagement with UK Government and UK Counterparts

75. During the pandemic, there was no direct communication or engagement between the Trust and the UK Government.

76. Given the nature of the services provided by the Trust, there has been engagement with UK counterparts which existed prior to the pandemic and continued throughout, for instance with WBS and the other national blood services in the UK.

77. I note the following as example of engagement between the Trust and UK counterparts during the pandemic:

    a. WBS engaged with Public Health England directly and in conjunction with NHS Blood and Transplant (NHSBT), with the agreement of the Welsh Minister to relocate a Roche nucleic acid amplification test platform to Public Health England at Porton Down to support the Covid-19 testing capacity in June 2020. In return, NHSBT undertook the testing requirements for Welsh Blood Service. The Trust found that this arrangement did not adversely affect capability, as demonstrated by performance of blood supply over the period **[Exhibit INQ000226183]**.

    b. The Trust established close working relationships with colleagues from the Department of Health to ensure appropriate continuity of medical devices supply chains remained in place across the UK.

L. Divergence

78. The Trust did not identify any divergent approaches taken by the Welsh Government that impacted on the provision of blood and cancer services or the work of the Trust.

M. Informal communications

79. I was not part of any non-corporate communication channels ("NCCCs") (including WhatsApp or other messaging groups) with Welsh Ministers, senior advisors, and senior civil servants.

N. Public health communications

80. I did not play any specific role in the use of public communications and behavioural management in the Welsh Government response to the pandemic. The Assistant Director of Communications & Engagement acted as the Trust's communications and engagement lead liaison with the Welsh Government. Agreement on communications was part of the Gold Command regular agenda.

81. I have been asked to consider what worked well in relation to the Welsh Government public health communications during Covid-19. My Assistant Director of Communications and Engagement was involved personally in this area, However, from my perspective I am not aware of any issues, obstacles or missed opportunities.

O. Lessons Learned

82. As referenced in various places in this statement, in general I think the collaborative approach led by Welsh Government in NHS Wales was productive and provided a positive and responsive environment within which the pandemic response was managed. The professional peer group structure and involvement in national cells was a good example of this.

83. Specific examples of Welsh Government decisions that were beneficial to the Trust were:

a. Welsh Government's early recognition of the need to establish the essential nature of blood donation and that the definition of essential travel was met ensured there was no detrimental impact on cancer and other patients who required blood in relation to the provision of blood and its components.

b. The Welsh Government decision to ensure access to school support for essential workers, which helped enable the healthcare workforce to continue to provide essential services.

c. After the request made by the Welsh Government to the UK MOD in early April 2020, the military engagement and the skill set that the military provided to the Trust in managing a pandemic was helpful, particularly in the coordination of stock management, especially PPE.

P. Transcripts of evidence

84. I have not provided any evidence to the Senedd in relation to the Welsh Government's response to the pandemic.

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 of its truth.

Signed: PD

Dated: 28/9/23