Initials & Surname of Witness:
L. Richards
Statement No: 1
Number of Exhibits: 2
Date Statement Made:
10 October 2023

UK COVID-19 PUBLIC INQUIRY MODULE 2B

WITNESS STATEMENT
of
LEONARD (LEN) RICHARDS

I, LEONARD (LEN) RICHARDS of the Mid-Yorkshire Teaching NHS Trust, Aberford Road, Wakefield, provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 18 May 2023:-

1 I was Chief Executive for Cardiff and Vale University Health Board - Bwrdd Iechyd Prifysgol Caerdydd a'r Fro (CVUHB) from June 2017 until September 2021. I exhibit a copy of my CV (as at March 2021) as **INQ000281111**. I am now Chief Executive of the Mid-Yorkshire Teaching NHS Trust.

2 My role as Chief Executive was to have overall responsibility for the delivery of NHS services in the Cardiff and Vale area. I had an Executive Team responsible to me. Our role was to deliver services in line with Welsh Government ["WG"] expectations, meeting the standards and obligations that they placed on us. I exhibit a job description as **INQ000281113**.

3 Cardiff and Vale University Health Board is the most complex regional health system in Wales. It is made up of nine hospitals including the University Hospital of Wales and the Children's Hospital of Wales. The Health Board provides primary care through 73 GP practices, community

services through District Teams and secondary care through the hospitals as well as tertiary level services for South Wales and in some instances for the whole of the Wales population.

4 The organisation had a well-defined strategic direction, titled "Shaping our future wellbeing", which had been in place since 2015. This talked about keeping people healthier for longer, equity of access, improved life chances for those in deprived areas, a strong approach to preventive medicine and providing services closer to home.

5 Whilst the role of Chief Executive did not change specifically during the pandemic, there was more guidance and there were more directives from Welsh Government, and more work implementing that guidance and those directives. Whilst the responsibilities of the post did not change during the pandemic, the way in which we implemented care did change. Frontline clinicians were put at the centre of our leadership and as executives we took up the role of facilitators, enabling the solutions which our clinical staff came up with to be implemented. There was an increased feeling of teamwork, and we were focused on one issue – the pandemic – rather than the many issues we normally had to deal with. We worked in a much more collegiate way between the Health Boards, and shared ideas about our approaches. We had to take on new roles such as the vaccination programme and test, trace, protect, and work closely with the local authorities.

6 Another role I held in parallel to my role as Chief Executive of the Health Board, was as Strategic Advisor to the Life Science Hub Wales. In that role I represented both CVUHB and the Chief Executives of the other Health Boards and Trust in Wales. I advised the Hub on issues such as how to commission from the private sector, and during the pandemic that was relevant to the procurement of personal protective equipment and ventilators.

7 I first became aware of Covid-19 in my official capacity via briefings from WG. We were all aware that something was going on in China and then in Europe. The WG's Department of Health became concerned and started

to mobilise, producing modelling and working out how to respond to it. In January there were four cases in England. In February it became very real because we could see what was happening in Italy and the rest of Europe. Our clinicians are very well connected internationally, and the information was spreading throughout professional organisations that this was going to be difficult. We started to pull together groups of clinicians and asking them what they were hearing, and it became clear that this was going to be a huge issue, with implications for all the care we provided, not just communicable diseases.

Engagement with Welsh Government

8 There were regular weekly meetings with WG to discuss the potential demand on services. Most meetings would start with what new variants had been found and what we thought infection rates were going to do and what safeguards needed to be put in place for infection control. I was not involved as an active participant but attended so that I knew what it meant for my Health Board and how we were going to respond. For example we would get an indication of hospitalisation rates, and therefore bed occupancy, so that we could see whether we had enough beds, and what to do if we did not.

9 We had daily meetings across the organisation between 9 and 10am that any member of CVUHB staff could attend, for people to talk about what they had heard about what was happening, for example in other parts of Europe, and to discuss capacity and to feed back. I then fed back to WG about what our plans were and what we thought we needed to do.

10 The Chair of CVUHB and myself used to meet with the local MPs and MSs (Members of Senedd, the Welsh Parliament) for Cardiff & Vale regularly (weekly then monthly) for them to ask questions of us on behalf of their constituents, and for us to give them an update on how we were coping, what we were seeing, if there was anything they could do to help. I would pass on the sort of messages I would like them to put out via social media.

11 The Welsh Government issued the Local Choices Framework which was a policy framework to help us make local choices, balancing plans/elective care and emergency care in Covid scenarios.

Specific meetings with Welsh Government

12 The following meetings have been identified from a review of my diary:

Date	**Meeting**
11 March 2020	National CEO COVID-19 Teleconference call with Andrew Goodall
13 March 2020	National CEO COVID-19 Teleconference call with Andrew Goodall
16 March 2020	National CEO COVID-19 Teleconference call with Andrew Goodall
18 March 2020	CE Teleconference Call - Covid-19 - Skype Meeting
20 March 2020	CE Teleconference Call - Covid-19 - Skype Meeting x 2
23 March 2020	CE Teleconference Call - Covid-19 - Skype Meeting
24 March 2020	NHS Wales Chair and CE Conference Call - Covid-19 - Skype Meeting
25 March 2020	CE Teleconference Call - Covid-19 - Skype Meeting
27 March 2020	CE Teleconference Call - Covid-19 - Skype Meeting
30 March 2020	CE Teleconference Call - Covid-19 - Skype Meeting
1 April 2020	CE Teleconference Call - Covid-19 - Skype Meeting
3 April 2020	CE Teleconference Call - Covid-19 - Skype Meeting
6 April 2020	CE Teleconference Call - Covid-19 - Skype Meeting
8 April 2020	CE Teleconference Call - Covid-19 - Skype Meeting
10 April 2020	CE Teleconference Call - Covid-19 - Skype Meeting
13 April 2020	CE Teleconference Call - Covid-19 - Skype Meeting
15 April 2020	CE Teleconference Call - Covid-19 - Skype Meeting
17 April 2020	CE Teleconference Call - Covid-19 - Skype Meeting
20 April 2020	CE Teleconference Call - Covid-19 - Skype Meeting
22 April 2020	CE Teleconference Call - Covid-19 - Skype Meeting
24 April 2020	CE Teleconference Call - Covid-19 - Skype Meeting
29 April 2020	CE Teleconference Call - Covid-19 - Skype Meeting
30 April 2020	Testing, track and trace - Programme Board
1 May 2020	CE Teleconference Call - Covid-19 - Skype Meeting

1 May 2020	COVID-19 Briefing Session for C&V MS/MPs
4 May 2020	CE Teleconference Call - Covid-19 - Skype Meeting
6 May 2020	CE Teleconference Call - Covid-19 - Skype Meeting
11 May 2020	Test, Track and Trace discussion
11 May 2020	CE Teleconference Call - Covid-19 - Skype Meeting
13 May 2020	CE Teleconference Call - Covid-19 - Skype Meeting
14 May 2020	Public Protection - Strategic Oversight Group
15 May 2020	CE Teleconference Call - Covid-19 - Skype Meeting
15 May 2020	COVID-19 Briefing Session for C&V MS/MPs
22 May 2020	CE Teleconference Call - Covid-19 - Skype Meeting
22 May 2020	Meeting to discuss Antibody testing
27 May 2020	CE Teleconference Call - Covid-19 - Skype Meeting
29 May 2020	CE Teleconference Call - Covid-19 - Skype Meeting
29 May 2020	COVID-19 Briefing Session for C&V MS/MPs
1 June 2020	CE Teleconference Call - Covid-19
5 June 2020	CE Teleconference Call - Covid-19
8 June 2020	CE Teleconference Call - Covid-19
10 June 2020	CE Teleconference Call - Covid-19
12 June 2020	CE Teleconference Call - Covid-19
12 June 2020	COVID-19 Briefing Session for C&V MS/MPs
15 June 2020	CE Teleconference Call - Covid-19
26 June 2020	COVID-19 Briefing Session for C&V MS/MPs
29 June 2020	CE Teleconference Call - Covid-19
1 July 2020	CE Teleconference Call - Covid-19
10 July 2020	Provide oral evidence to Health, Social Care and Sport Committee
10 July 2020	COVID-19 Briefing Session for C&V MS/MPs
13 July 2020	CE Teleconference Call - Covid-19
17 July 2020	CE/Chairs Conference Call – Covid-19
5 August 2020	CE Covid-19 Catch Up Meeting
7 August 2020	COVID-19 Briefing Session for C&V MS/MPs
28 August 2020	CE Conference Call – Covid-19
15 September 2020	CE Conference Call – Covid-19

22 September 2020	First Minister meeting with Chief Executives re Covid-19
23 September 2020	CE Conference Call – Covid-19
2 October 2020	COVID-19 Briefing Session for C&V MS/MPs
7 October 2020	CE Conference Call – Covid-19
12 October 2020	Meeting to Discuss Options for Creating Covid-free Environments for Surgery
14 October 2020	CE Conference Call – Covid-19
16 October 2020	COVID-19 Briefing Session for C&V MS/MPs
19 October 2020	CE Covid-19 Catch Up Meeting
26 October 2020	CE Covid-19 Catch Up Meeting
30 October 2020	CE Covid-19 Catch Up Meeting
2 November 2020	CE Covid-19 Catch Up Meeting
6 November 2020	COVID-19 Briefing Session for C&V MS/MPs
20 November 2020	CE Covid-19 Catch Up Meeting
23 November 2020	CE Covid-19 Catch Up Meeting
27 November 2020	CE Covid-19 Catch Up Meeting
4 December 2020	CE Covid-19 Catch Up Meeting
7 December 2020	CE Covid-19 Catch Up Meeting
10 December 2020	CE Covid-19 Catch Up Meeting
11 December 2020	CE Covid-19 Catch Up Meeting
16 December 2020	First Minister meeting with South Wales Health Boards and Local Authorities re: Covid-19 Escalation
18 December 2020	CE Covid-19 Catch Up Meeting
18 December 2020	COVID-19 Briefing Session for C&V MS/MPs
21 December 2020	CE Covid-19 Catch Up Meeting
23 December 2020	CE Covid-19 Catch Up Meeting
4 January 2021	CE Covid-19 Catch Up Meeting
5 January 2021	NHS Chief Exec call on Vaccinations with Minister for Health and Social Services
8 January 2021	CE Covid-19 Catch Up Meeting
11 January 2021	CE Covid-19 Catch Up Meeting
15 January 2021	CE Covid-19 Catch Up Meeting
15 January 2021	COVID-19 Briefing Session for C&V MS/MPs

18 January 2021	CE Covid-19 Catch Up Meeting
22 January 2021	CE Covid-19 Catch Up Meeting
29 January 2021	CE Covid-19 Catch Up Meeting
1 February 2021	CE Covid-19 Catch Up Meeting
5 February 2021	CE Covid-19 Catch Up Meeting
5 February 2021	COVID-19 Briefing Session for C&V MS/MPs
8 February 2021	CE Covid-19 Catch Up Meeting
11 February 2021	Mass Vaccination Programme
12 February 2021	CE Covid-19 Catch Up Meeting
19 February 2021	COVID-19 Briefing Session for C&V MS/MPs
1 March 2021	CE Covid-19 Catch Up Meeting
4 March 2021	CE Covid-19 Catch Up Meeting
11 March 2021	CE Covid-19 Catch Up Meeting
19 March 2021	COVID-19 Briefing Session for C&V MS/MPs
22 March 2021	CE Covid-19 Catch Up Meeting
26 March 2021	CE Covid-19 Catch Up Meeting
6 April 2021	CE Covid-19 Catch Up Meeting
9 April 2021	CE Covid-19 Catch Up Meeting
19 April 2021	CE Covid-19 Catch Up Meeting
23 April 2021	COVID-19 Briefing Session for C&V MS/MPs
4 May 2021	CE Covid-19 Catch Up Meeting
10 May 2021	CE Covid-19 Catch Up Meeting
14 May 2021	COVID-19 Briefing Session for C&V MS/MPs
24 May 2021	CE Covid-19 Catch Up Meeting
7 June 2021	CE Covid-19 Catch Up Meeting
11 June 2021	Joint Executive Team Meeting with WG
14 June 2021	CE Covid-19 Catch Up Meeting
17 June 2021	Ministerial Meeting with Chairs AND Chief Executives
26 July 2021	CE Covid-19 Catch Up Meeting
23 August 2021	CE Covid-19 Catch Up Meeting
31 August 2021	CE Covid-19 Catch Up Meeting
6 September 2021	CE Covid-19 Catch Up Meeting
13 September 2021	CE Covid-19 Catch Up Meeting

20 September 2021	CE Covid-19 Catch Up Meeting

IMT meetings and SBAR reports

13 From September 2020 there were regular regional Incident Management Team (IMT) meetings, following which feedback was sent to the Welsh Government after sign-off by the Cardiff & Vale Regional Leadership (Recovery) Group (described below).

14 Regional IMT meetings were set up following the guidance for membership, governance and decision-making in the Communicable Disease Outbreak Plan for Wales and the Coronavirus Control Plan. The group included members from Cardiff Council, Vale of Glamorgan Council, CVUHB, the Cardiff and Vale local Public Health team (including the Surveillance Lead for C&V), Public Health Wales (including our local Consultant in Communicable Disease Control and Microbiology), Shared Regulatory Services (including the Director of Public Protection), the Police and a representative from the Higher and Further Education sectors in our area. CVUHB attendees included our Executive Director of Public Health (Fiona Kinghorn), who usually chaired the meetings, our Head of Emergency Preparedness Resilience and Response, our Operational lead for Covid-19 Community Testing Units and a representative from the UHB Testing Service. The group's purpose was to collate and interpret the latest epidemiology for Covid-19 in our area, at a population level as well as local clusters and outbreaks, and discuss and agree how best to manage and prevent harm from Covid-19 in our area.

15 Regional IMTs across Wales were asked to feedback intelligence on the situation in their areas to WG after each meeting using a standardised template, the situation, background, assessment, recommendation ["SBAR"] template which included a space for making recommendations to WG or asking questions of WG. The format was dictated by WG and evolved during the pandemic as WG sought new types of information or data, and other types became less relevant over time.

16 The Cardiff & Vale Regional Leadership Group met after the IMT itself, usually the following day, to receive an overview of the information

discussed at the IMT meeting and discuss and formally agree any recommendations before they were sent to WG. The Leadership Group consisted of senior members of the partnership, including the Chief Executives and Leaders of the two Councils, the Chief Executive and a number of Executive Directors from CVUHB (including the Executive Director of Public Health); Shared Regulatory Services (including the Director of Public Protection); the Surveillance Lead (Consultant in Public Health Medicine) for Cardiff and Vale; and the Police. I therefore generally attended these meetings until I left in September 2021. As a Leadership Group, we signed off the SBAR report, usually the next day after the IMT meeting, and this was emailed to the Welsh Government health protection email inbox.

17 IMT meetings took place from September 2020 – initially three times per week, then weekly, then fortnightly. I left at the end of September 2021 but I am told that the last meeting was in April 2022. In total there were 70 meetings from September 2020 to April 2022 (83 weeks). Specific recommendations or requests to WG were made at 48 of these, although I have no direct knowledge of events after I left at the end of September 2021.

18 Whilst I have not reproduced all of these, I set out some examples from my time at the Health Board below:

Examples of recommendations made by C&V IMT (selected IMTs only)

IMT date	Summary of recommendation (more detail for some is given in IMT SBAR paper)	Theme
24/09/2020	Introduce lockdown measures for Cardiff and Vale. Specifically: extended households suspended (subject to exemptions issued in other health protection areas, including caring or welfare reasons). People must not enter or leave the City and county of Cardiff without a reasonable excuse (which include travelling to work if not able to work from home, to go to school, to give care). People must not enter or leave the county of the Vale of Glamorgan without a reasonable excuse (which include travelling to work if not able to work from home, to go to school, to give care) • *To note following this recommendation: Cardiff local lockdown announced 25 September midday*	Lockdown
27/09/2020	Local lockdown should be extended to Vale of Glamorgan from 28 September 18.00 • *To note following this recommendation: VoG local lockdown announced from 28 September 18.00*	Lockdown
08/10/2020	Change in care home testing protocol - local interim care home protocol approved by IMT and adopted, subject to review when WG next updates its guidance	Care homes
13/10/2020	Recommend household mixing and travel restrictions extended for a further 2 weeks. Request further information on any proposed 'firebreak'	Lockdown

IMT date	Summary of recommendation (more detail for some is given in IMT SBAR paper)	Theme
15/10/2020	A series of outstanding questions and additional considerations in relation to implementing any national 'firebreak' are set out in the SBAR	Lockdown
22/10/2020	The IMT agrees that during the firebreak, no visits should be allowed to care homes other than in exceptional circumstances. However, the IMT recommends that a consistent national position should be agreed and adopted	Lockdown/care homes
27/10/2020	C&V IMT position on post-firebreak options submitted - detailed feedback following request from WG to regional IMTs in separate document. • *To note this document included the need to focus cluster management on high risk settings e.g. hospitals, care homes, supported living, older age people in the community - protecting these settings and controlling virus entry into them*	Care homes, hospitals
03/11/2020	Background and rationale for proposed post-firebreak rules on household mixing requested	Lockdown
10/11/2020	Recommend guidance for hospitality needs to be reviewed to clarify 2m social distancing. We also recommend the need for clarity of messaging about the rules for mixing of households, specifically the apparent discrepancy between the numbers able to meet in private homes as opposed to hospitality venues.	Other NPI
17/11/2020	Consideration given for frontline Police Officers to receive prioritised vaccination, given high risk exposures	Vaccination
24/11/2020	Request WG consider and clarify whether regular staff testing in special schools should be undertaken in Wales. We request regular aggregate figures from WG on the number of students testing positive in the lateral flow test pilots in our area, to enable us to anticipate the likely impact on demand for TTP contact tracing, following confirmatory PCR tests	TTP
26/11/2020	In Cardiff and Vale a risk based approach is already in place in relation to care home visiting, and risk assessments are routinely made for both whole homes and individual cases. The IMT are aware there are discussions at national level about introducing lateral flow testing for Care Home visitors as a more general managed process, which would be a welcome development in trying to help mitigate the risks of visiting in care homes as part of a managed visiting process. (more detail in original SBAR)	Care homes
03/12/2020	We seek urgent advice from WG on whether the use of lateral flow testing in care homes could enable visiting of homes with an outbreak, and if so, how they should be used in that situation	Care homes
08/12/2020	The IMT requests to see any modelling which has been undertaken on the impact of hospitality restrictions over the Christmas period, including any displacement of activity to unregulated environments	Lockdown
15/12/2020	The IMT recommends an immediate move to WG alert level 4 restrictions for Cardiff and Vale (and/or Wales) as defined in the WG Coronavirus Control Plan, including closure of hospitality and non-essential retail, in order to reduce transmission rates and prevent avoidable morbidity and mortality • *To note following this recommendation: Alert Level 4 introduced across Wales from midnight on 19 Dec*	Lockdown/other NPI
22/12/2020	Recommendations made on care home resilience and sustainability (separate paper); and: o Consider using positive (asymptomatic) staff to care for positive residents if fit and well, in extremis, in the event that care homes and statutory partners are unable to source workforce - agree on a case-by-case basis with regional PHW advice o Live-in arrangements and associated costs need to be agreed to enable staff cohorting over the lockdown period at care establishments o Staffing ratios at the homes are reduced in partnership with CIW to operate safe minimums o Costs of using agencies/additional costs to providers - message needs to be clear that this will be re-imbursed	Care homes
30/12/2020	WG to clarify and reinforce public communications on travel restrictions under Alert Level 4	Other NPI
12/01/2021	WG to review and reissue guidance on PPE and social distancing in light of new Covid variants; clarify whether any changes need to be made to educational guidance; and national comms to be reinforced	Other NPI
19/01/2021	Highlighted risk of variant of concern being seeded into local community from returning travellers. WG asked to consider alternative mechanisms of control e.g. quarantining at ports of entry	Arriving travellers

IMT date	Summary of recommendation (more detail for some is given in IMT SBAR paper)	Theme
26/01/2021	Recommended schools supported to reopen for face to face teaching; recommend alert levels reviewed in light of variants of concern	Other NPI
16/02/2021	Recommend widening eligibility for Covid testing to a wider set of symptoms	TTP
02/03/2021	Recommend renewed focus on minimising the 'four harms' from Covid-19 including the harms from prolonged lockdown; including introducing regulatory and guidance frameworks to enable people to mix safely and legally outdoors; step down from current Alert Level 4 to a revised Level 3, taking into account knowledge of variants of concern, and progress in the mass vaccination programme	Lockdown, other NPI, vaccination
09/03/2021	Recommendations made on the practicalities of introducing a 5 mile travel limit	Other NPI
23/03/2021	Recommendations made to consider strengthening controls on travellers returning from amber countries, to reduce risk of re-seeding	Arriving travellers
30/03/2021	Recommend controlled operation of outdoor hospitality to reduce the risk from large gatherings in public spaces	Other NPI
13/04/2021	Recommend for households of arriving travellers from amber countries, contacts should be instructed to self-isolate and undergo testing on days 2 and 8, to help control the risk of domestic transmission following imported infection, including the risk of variants of concern/variants under investigation. However, this would have a significant impact on resources and we would require additional support to ensure a sustainable system could be implemented	Arriving travellers
20/04/2021	WG is asked to increase resourcing for JET (joint enforcement) teams to allow the risk of arriving travellers to be managed; and to note that if international travel volumes increase further then additional resourcing would also be required to control the risk, unless hotel quarantine at the port of arrival is adopted for all amber and red countries	Arriving travellers
18/05/2021	Recommendations made to raise with UK Government the potential for travel out of areas of England with high prevalence of variants of concern to be restricted, to slow seeding of cases across the UK and give further time for vaccines to be administered and take effect.	Other NPI
01/06/2021	Recommendation made to extend the legal self-isolation period from 10 days to 14 days to maintain additional control measure due to variants of concern. Request clarity on the WG position on introducing compulsory Covid-19 vaccination for health and social care workers, particularly care home staff	Other NPI, Care homes
15/06/2021	Recommend HE/FE institutions should be subject to no restrictions over and above the wider population; recommend cease routine use of LFD testing for asymptomatic screening in community settings and in special groups e.g. carers, healthcare workers	TTP, other NPI
07/09/2021	Recommendations made to review and increase messaging to pregnant women on the importance of vaccination, challenging prevalent misinformation aimed at this group	Vaccination
21/09/2021	WG is requested to break down data on LFD testing for care homes by staff and visitors,	Care homes

Sitreps

19 Although I was not directly involved, I am aware that statistics were formally reported to the Welsh Government during the Covid pandemic in reports known as "situation reports" – sitreps. Covid sitreps were first introduced in March 2020. The National Welsh Informatics Service (later Digital Health Care Wales (DHCW)) received sitrep submissions from all Health Boards (HB) and collated the statistics for reporting to WG.

20 Sitreps were usually submitted every weekday but this increased to seven days a week during peak times of the pandemic, which occurred a couple of times through the whole pandemic.

21 The data collected and submitted changed throughout the pandemic as new measures were added and others stood down based on assessments with key stakeholders (such as WG and other Welsh national forums such as the national critical care group) to identify those that still had a purpose.

22 The HB collated all the measures locally and populated a standard Excel template and submitted these to DHCW who collated the submissions to report to WG.

23 Many of the measures were collated manually and systems had to be put in place to capture this information daily, creating a significant burden on a lot of departments. This included the time spent on a daily basis by teams making daily submissions, and the information team collating all the submissions to populate the template and submit this to DHCW. For a considerable period of time the submissions were made seven days a week, so staff were on a rota to cover the weekend, which was overtime and therefore involved a financial cost.

24 The Health Board implemented a digital 'Covid flag' very early on in the pandemic for operational patient management so that Covid positive patients could be identified. The algorithm was driven both digitally and by users. The key digital driver was the electronic Covid test record which allowed us to identify any patient (either current or presenting) who had had a Covid test performed and results once available. The Covid flag was used to identify patients who were assessed as recovered and in later stage also used to identify those in active treatment.

25 During the pandemic there were national weekly sitrep meetings attended by executive and officer representatives of the Health Boards, DHCW and WG. The forum discussed issues, proposed changes, and agreed definitions to ensure all Health Boards were consistent in their approach to reporting the measures.

26 The reporting mechanism remained a manual process throughout, which placed a heavy burden on numerous departments and, although this was acknowledged and conversations started on how to improve this reporting process, this did not change.

27 The submission process was managed by three different teams within CVUHB over the course of the pandemic, the last team being the informatics team in Digital & Health Intelligence. Contacts were identified within CVUHB who either already had the data required to support a Sitrep measure or who were requested to implement a process to collect the data as required by the Sitrep.

28 The contacts (within CVUHB) made their submissions daily and submitted to an inbox within the Health Board set up specifically for this task. All submissions were then collated and transcribed into the national reporting template by the informatics team. The completed national template would be submitted via email to DHCW.

29 The provision of data worked well, as it was accurate and almost real-time. However the process of gathering the data was onerous as it was manual. It would have been better for this to be automated but the challenge was that we had to use multiple systems which did not talk to each other, so this could not be achieved quickly.

Other meetings with Welsh Government

30 Before the pandemic we would meet with the Government monthly. These meetings would be attended by Andrew Goodall, the Director General of Health and Social Services for Wales, and his senior team in government, together with representatives of all the Health Boards including ourselves. We would discuss performance, strategy and the Welsh Health Minister's priorities would emerge from that. When the pandemic hit we moved to virtual meetings and they became more frequent, usually weekly, sometimes two or three times in a week depending on what was happening. For example, when new strains were recognised there was a flurry of activity to understand the modelling and the various options.

31 The meetings would be attended by representatives of the Welsh Government including Andrew Goodall and his team and the Chief Scientific Officer. The Minister for Health would also attend the regular weekly meetings. The meetings were as regular as we wanted them, and

the WG representatives were very available for meetings whenever we wanted one. It was a very collaborative approach.

32 The meetings were general updates with the Government updating us, talking about the most up to date information on Covid-19 such as variants, modelling, and infection levels and floating ideas on restrictions, talking about what they had decided and the progress of the vaccination programme and whether this was fast enough. The modelling was a key feature of every meeting that we had with them. We had access to a great deal of Wales-specific modelling over the course of the pandemic. We would introduce the need for private sector use, separation of Covid-19 and emergency work, and how we were making judgments about what we could and could not do. There would be 25-30 people on the call – all the Chief Executives of the Welsh Health Boards and Trust, the Director General Andrew Goodall and his team, Environmental Control people from the Council, Public Health doctors from Welsh Public Health and the person on-call for Covid-19 for the week.

33 The Chief Scientific Officer for the Welsh Government was a member of the UK Government's Technical Advisory Group (TAG), and he fed back to us in our weekly meetings so we understood what was going on in the rest of the UK and he was able to feedback from Wales on a UK wide basis.

34 I did not have any meeting with the First Minister but met with the Minister for Health around the Dragon's Heart Hospital (the large hospital set up in Cardiff's Principality Stadium – equivalent of the English Nightingale hospitals – discussed below) and funding for that.

35 In my opinion the Welsh Government did properly appreciate the seriousness of the threat of COVID-19 and in reaction they freed us up from routine board structures and reduced the amount of bureaucracy required. They involved us in what was going on and asked our opinions about where priorities should lie. They acted on events and responded well. This was a time for real collaboration throughout the whole system and it felt like a team effort.

36 I cannot comment on the appropriateness or the timeliness of the initial lockdown, or the restrictions on travel or border controls, as this is not within my sphere of expertise, but it felt appropriate at the time.

37 During this time period, I believe that the core decisions taken by the Welsh Government aligned with those take by UK Government. As the pandemic went on, the Welsh Government became more cautious than the UK Government and was more aligned with what the Scottish Government was doing.

38 The Health Board had no specific role in relation to the Welsh Government's decisions considering non-pharmaceutical interventions (NPI's), but the Director General would float ideas in our regular meetings to establish the views of the Chief Executives, which fed into the advice that he would give to ministers. This was particularly in relation to lockdowns and I also remember a discussion about school closures. We did not really provide advice, but they were informing us about what was coming.

39 The communication with Welsh Government was good. They kept us informed and were always very clear about what the Government had decided. Information was clear, with the ability to clarify further if we were not sure. We had more exposure to Andrew Goodall that we would normally have had. His team's single focus was Covid and they were very active in supporting us.

40 Welsh Government took other action, such as relaxing the financial constraints, reducing bureaucracy, reducing the number of non-Covid meetings, to give us more time and resource to deal with the pandemic and respond more quickly. The financial constraints tightened up again as time went on.

Other communications

41 I did not have any informal communications (WhatsApp or other) with Welsh Ministers, senior advisors, or other civil servants about the Welsh Government's response to the pandemic.

Our approach to the pandemic

42 We felt that we were not planning sufficiently for additional beds, and therefore argued for additional capacity locally for Cardiff and Vale. We developed a 2,000 bed hospital within 5 weeks, situated in the Principality Stadium, the Dragon's Heart Hospital - Ysbyty Calon y Ddraig. We developed the scheme and got Welsh Government's approval.

43 We also trebled the size of our critical care facility and changed shift patterns to deliver clinical teams, led by Consultant staff on site, night and day and over weekends.

44 We developed a national facility for infection control for the first patients that would contract Covid-19, a 15-bed, highly infectious diseases unit, where patients could be ventilated and kept separate from everyone else. This was developed very quickly but was in fact never used for Covid patients because it quickly became apparent that 15 beds would not be enough and therefore general wards became infectious diseases facility.

45 Modelling was the focus of our attention, trying to predict what was going to happen with infection rates and what it meant for hospital services. The mantra was to protect hospital services. We started to make plans for additional beds and facilities and to reduce elective work. A number of documents were produced by the Welsh Government – guidance documents on the sort of thing that we needed to think about, such as what to do about the elective work, cohorting of infectious patients (that is, keeping patients with Covid-19 together and separate from other patients), PPE requirements, etc. We started to define who in the Executive Team was going to take a lead on what.

46 We drove the discussion around collaboration with the independent sector, commissioning them to run elective services out of their premises as we made the point that we could not just cancel elective work as patients needed to be seen. The Welsh Government put in place concordats with the independent sector so that our clinicians could commandeer their hospitals and work with their nurses to maintain elective work throughout.

47 We also worked on segregating our hospitals so that we did not have to cancel all our elective work. Because we ran tertiary services, we had work which was deemed elective because it was not emergency work and patients were on a waiting list, but it included work such as heart surgery and neurosurgery, where the patient was critical and required timely surgery. It was therefore very important to us to find ways to preserve elective work as much as possible as we did not want to exacerbate the health needs within the population. I would talk to Andrew Goodall about that as much as I could and encouraged him to push the other Health Boards to do what we were doing.

48 We took the initiative to segregate hospitals so that there were separate routes for Covid-19 patients and elective patients. We had green wards for non-Covid patients so that we could continue to provide surgery, and red wards for Covid patients with separate entrances. University Hospital Wales was the centre for Covid and we moved the fracture clinic and other semi emergency non-Covid services to the University Hospital of Llandough. As a result of these efforts, we managed to preserve more elective work than most, and as I recall we had only three Covid-19 cross infections in patients attending for elective procedures.

49 We influenced core decisions taken by the Welsh Government, in relation to collaboration with the public sector and cohorting of patients in our hospital, and this became a model that other hospitals in Wales used.

50 We promoted and encouraged contributions to clinical trials and put in place mechanisms whereby nearly every Covid-19 patient was recruited into a trial of some sort. We did not have a treatment for this disease at the beginning and our position was that we needed to learn more about it so recruitment into clinical trials was important and we promoted that throughout Wales. We were very proud that we were the highest recruiting organisation in the UK to the "RECOVERY" trial out of which the first treatment emerged.

51 Throughout the vaccination programme we took a number of proposals to the Welsh Government around improving vaccination rates and speed of

vaccination. Some ideas were followed and other were not, due to vaccine availability.

52 There were regular meetings with the Cardiff and the Vale Local Authorities around test, trace and protect and vaccinations, when I would brief them on what I had been told by the Welsh Department of Health. We talked about the need to tailor our approach to vaccinations to various sections of the population, e.g. with people from minority backgrounds, and we monitored the uptake of vaccinations among people from those backgrounds so that we could report on that. For example, we worked with Mosques and other community settings, asking religious leaders to talk to their congregations about the importance of vaccinations.

53 I believe that the Welsh Government gave sufficient consideration to the impact of NPI's on at risk and other vulnerable groups. There was a list of people considered at risk and they were given specific advice. The list was generated by primary care providers and at-risk groups were given different advice, for example they were told to stay away from work longer than other groups. The Welsh Government went out of their way to identify at risk groups and ensure vaccination was given to at risk people more quickly.

Care homes

54 We became aware of the Welsh Government's decision to discharge asymptomatic patients from hospital to care homes without a Covid-19 test in March 2020 but from memory I cannot say when exactly. I was not consulted on this decision. I cannot comment on whether this was a reasonable decision as it is outside of my sphere of expertise, but we could see that hospitals in Europe were being overwhelmed and we were trying to prepare as best we could. The decision therefore made sense at the time and that is why I did not challenge it.

55 We were not consulted when the policy changed, we were told that the policy had changed and my issue was to ensure that we had enough testing facilities.

56 There was a strong emphasis put on vaccinations in care homes when vaccinations became available. We had mobile teams that went into care homes to provide vaccinations and when vaccinations were rolled out to those aged 80 and over, this included anyone in care homes, irrespective of age, as they were recognised as a priority.

PPE

57 The Welsh Government dealt with procurement of equipment such as PPE at a national level. They created a store for Wales and purchased as much as possible, which was made available to Health Boards as we needed it. We never ran out of PPE which was to the credit of the Welsh Government and the Shared Service Procurement Teams.

58 The guidance on PPE was very fast moving and could change from day to day or week to week, both in relation to the guidance and supply. This built mistrust with the staff as they would be concerned if in one week they had to wear a big visor and the following week just a mask. Because of the impact of that sort of thing, there were times when we did not follow the guidance and we continue to recommend FFP3 masks when the advice had been downgraded. We were criticised for that but explained we were doing it to try and maintain the confidence of our staff in the guidance.

DNAR orders

59 I do not think that there was a government-imposed policy about DNAR orders. Internally there were lots of clinically-led discussion around triage, ceilings of care, what we would do if we were overwhelmed. Policies were developed which did not get put in place as we did not get overwhelmed in the end.

Test, Trace, Protect

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

61 The first version, dated 21 August 2020, was an overview of the structures and processes in place in Cardiff and the Vale of Glamorgan to both prevent and respond to COVID-19 in the community, as well as an action plan of proposed developments to further enhance the regional response. Test, Trace and Protect (TTP) in Cardiff and the Vale of Glamorgan was led by a Senior Executive Board which included Executive and Director level membership from CVUHB, Cardiff Council, Vale of Glamorgan Council, and Shared Regulatory Services. It was chaired by the Chair of CVUHB and attended by the CEO of Cardiff Council and the Managing Director of the Vale of Glamorgan Council. There was national reporting of progress through the Welsh Government TTP partnership infrastructure. Health Boards developed their models of mass testing delivery early in spring 2020. CVUHB's community testing provision was led within our Primary, Community and Intermediate Care Clinical Board, and became part of the TTP infrastructure when this was set up.

62 The second version of the plan was dated 4 June 2021. By this point, the Regional Leadership Recovery Group had replaced the previous Senior Executive Board and the Regional Leadership Group, to act both as a

regional leadership mechanism and as a sub-regional mechanism for the South Wales Local Resilience Forum Recovery Group. The Regional Leadership Recovery Group met regularly and was chaired by the Chair of CVUHB. Membership included the Leaders of Cardiff Council and the Vale of Glamorgan Council, as well as senior executive leadership from CVUHB; Cardiff Council; Vale of Glamorgan Council; and South Wales Police.

63 The Regional Prevention and Response Plan was characterised by an unprecedented level of partnership working, and the key achievements of the plan are set out in the second version.

64 As part of the Plan, targeted engagement work was undertaken to effectively engage with seldom heard communities [that is, communities which may experience health inequalities, or exclusion, or vulnerability, whose members may find it difficult to access services or may be difficult for health services to reach – such as ethnic minorities, travellers, people with learning disabilities, or those from low income households]. An Ethnic Minority COVID-19 Operations Sub-group was established, as well as a communications and engagement strategy. The sub-group investigated the mechanisms and community assets available to deliver public health advice and information to, as well as develop engagement mechanisms with, ethnic minority communities in Cardiff and the Vale, as well as other seldom heard groups. A strategy was developed to ensure these groups were effectively engaged, including sharing information on vaccination and offering vaccination in local venues, including Mosques.

65 Regional implementation of Test Trace and Protect was led by the Executive Director of Public Health and the Director of Public Protection (Shared Regulatory Services), working in close partnership with both local authorities. Cardiff local authority hosted the Cardiff and Vale Contact Tracing Service, which employed the newly recruited contact tracer workforce. We worked with them to share staff so that there were staff available to support contact tracing. CVUHB led the development of a regional testing infrastructure, which was supported in time by nationally commissioned mass testing facilities. Both testing and tracing operated to nationally (Wales) developed protocols. Cardiff Council additionally

developed detailed business information systems to monitor contact tracer service delivery; the Cardiff process was seen as comprehensive and well-manged and was rolled out to the rest of Wales.

66 Test capacity was challenging. This was provided both by Health Board community testing facilities, and mass testing facilities initially provided by Public Health Wales. Welsh Government operational teams gave us feedback on test capacity and demand, as the scale of testing capacity varied over time.

Public health communications

67 We put out messages to the public via social media (Twitter, Facebook etc) about what was expected of them from the Government (such as getting vaccinated).

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.

Personal Data

Signed .....

Dated 10 October 2023

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Initials & Surname of Witness:
L. Richards
Statement No: 1
Number of Exhibits: 2
Date Statement Made:
10 October 2023

UK COVID-19 PUBLIC INQUIRY
MODULE 2B

WITNESS STATEMENT
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