IN THE UK COVID-19 PUBLIC INQUIRY

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IN THE MATTER OF: THE PUBLIC INQUIRY TO EXAMINE THE COVID-19 PANDEMIC IN THE UK

OPENING SUBMISSIONS ON BEHALF OF THE

GROUP OF WELSH NHS BODIES (GWHB)

COVID-19 INQUIRY: MODULE 3

Introduction

1. These submissions are made on behalf of the Group of Welsh Health Bodies (GWHB).[1] The GWHB comprises the majority of Welsh Local Health Boards and a Welsh NHS Trust in Wales and collectively, the Boards/Trust were responsible for primary and hospital care for the majority of the population in Wales. University Health Boards are given the acronym "UHB" below.

2. The GWHB reconfirms its commitment to assisting the Inquiry with its task and as the Inquiry knows a number of statements in response to R9 requests have been provided to the Inquiry in respect of[2]:-

   - Aneurin Bevan UHB

[1] On 18th January 2023 the Group of Welsh Health Bodies (GWHB) was granted Core Participant (CP) Status for Module 3 of the Covid-19 Public Inquiry: Aneurin Bevan University Health Board (ABUHB); Betsi Cadwaladr University Health Board (BCUHB); Cwm Taf Morgannwg University Health Board (CTMUHB); Hywel Dda University Local Health Board HDULHB) ; Swansea Bay University Health Board (SBUHB); and Velindre University NHS Trust (excluding NHS Wales Shared Services Partnership) VUNHST.

[2] The asterisked bodies are not formally members of the GWHB CP Group but have provided R9 responses as noted above.

- Betsi Cadwaladr UHB
- Cardiff and Vale UHB*
- Cwm Taf Morgannwg UHB
- Hywel Dda UHB
- Powys Teaching Board*
- Swansea Bay UHB
- Velindre University NHS Trust

Structure of Healthcare System in Wales

3. In order to understand the impact of the Covid-19 on the healthcare systems in Wales and any lessons to be learned for the future it is necessary to start with an understanding of how that system operates. Helpfully the Inquiry has been given a detailed background to those matters by witnesses from Welsh Government. In particular, Dr Andrew Goodall **[INQ000485721]** at §34. Substantial detail as to the functioning of the Health Boards is also given in the statement provided by Welsh Government on behalf of Ms Judith Paget, in her first and very detailed statement: **INQ000486014**. Ms Paget has particular knowledge of the day to day operations of the UHBs having been formerly Chief Executive at Aneurin Bevan UHB (until October 2021) and then appointed to the dual role of Interim Chief Executive NHS in Wales and Director General of the Health and Social Services Group in November 2021. She was made permanent in this role in June 2023.

Scope of issues

4. The Inquiry's list of issues for Module 3 is wide in scope. The purpose of that wide scope is to capture not just the impact of Covid-19 on people's experience of healthcare, but also to seek to address a number of crucial questions: how core decisions were made; the extent to which hospitals and primary care were able to cope in terms of capacity (in particular critical care); the extent to which resources and staffing were adequate to respond to the pressures of a pandemic such as Covid-19;

the extent to which access to 999 services was adversely affected, the treatment of Covid-19 patients, and the extent to which such treatment was prioritised at the expense of other urgent conditions such as cancer and cardiac conditions, how the visiting guidelines were created and updated, the effectiveness of communication and messaging by central government and the extent to which that guidance was able to be implemented locally and a number of other subsidiary issues.

5. The GWHB has, through the various statements its constituent bodies have made, responded to all the Inquiry's requests for information in a timely and detailed manner and has provided the Inquiry with a substantial amount of information in a form which we hope has been focussed, digestible and useful to Inquiry's purpose.

Evidence generally in relation to the impact of Covid-19 from the GWHB

6. This opening is not intended to be an overall survey of the substantial body of evidence produced by the GWHB in response to the Inquiry Team's request, but rather to point to certain valuable insights into the issues with which the Inquiry is concerned which the GWHB consider have been provided in its evidence. Those insights are contained both in the initial statements which were provided to the Inquiry pursuant to Rule 9 requests in 2023 and in the subsequently filed statements in response to the further detailed Rule 9 requests for specific data from each of the members of the group.

General Themes

7. The general themes which emerged from the first tranche of responses by the GWHB included the clarification that the main source of the Guidance and Advice given the Local Health Boards in Wales emanated from Welsh Government with whom there was and continues to be a good and close working relationship. The view of, for example, Joanne Whitehead at Betsi Cadwaladr UHB was that the consultative and collaborative approach that was taken by the Welsh Government towards the Health Boards *"was effective and worked well"* – **INQ000292766**. This sentiment is echoed in

other statements to the Inquiry such Tracey Myhill, who was CEO at Swansea Bay at the outset of the pandemic **INQ000300701**:

> *"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."*

To similar effect but also underlining that the UHBs retained a degree of freedom to manage their issues locally, see also Mark Hackett, former CEO also of Swansea Bay UHB: **INQ000355777**

> *"I would say that during the period when I was CEO the Welsh Government gave the Health Board a reasonable level of freedom to shape its own responses to the challenges that we were facing as regards these issues. I did not feel that we were being micro-managed."*

Command structures

8. As to command structures, each of the Health Boards adopted a Gold, Silver and Bronze command structure. The Gold Command was the internal strategic decision-making body with executive leadership. Silver Command was usually an organisation wide operational structure led by a Chief Operating Officer or equivalent. Silver Command would deal with tactical and day to day operational issues and would make immediate responses to particular issues. Should decisions require escalation then these were brought to the Gold Command. Below Silver Command was the Bronze Command which was usually a more locally based decision making body which where necessary could escalate to Silver. An example of that operational structure is summarised in the evidence of Paul Mears (CEO of Cwm Taf Morgannwg UHB): **INQ000308947.**

Preparedness, resilience and staffing

9. The initial statements from the Health Boards and from Velindre University NHS Trust specifically deal with issues relating to preparedness, promulgation of guidance, staffing, capacity and resource issues, IPC, the impact on patients (including those

who lost their lives as a result of the pandemic, as well as the tragic loss of members of staff). Those statements also identified lessons learned from the perspectives of each of the Health Boards and the Velindre University NHS Trust.

Detailed data responses

10. Following those initial responses, the Inquiry sought by Rule 9 request a large amount of granular detail in respect of specific matters relating to for example, bed capacity, staffing issues, hospital closures, cancelled appointments, healthcare worker sickness absence, use of private hospital capacity, use of field hospitals, use of CAMHS, reliance on paediatric wards, and adult psychiatric services. In response to these requests each constituent member of the GWHB carried out extensive research and provided the specific data as requested in order that the Inquiry should have as full a picture as possible of the detail *'on the ground'* in Wales of the operational impacts of Covid on the operation of the healthcare systems in their respective areas.

11. As a result of this extensive work, the GWHB now feel that the Inquiry has before it a wealth of evidence from the UHBs and from Velindre NHS Trust, in Wales which gives a substantial amount of data as to the specific impacts of the pandemic as well as insights into lessons which might be learned for the future. That evidence can be found the statements of:

(i) Glyn Jones (former interim CEO Aneurin Bevan) **INQ000303293**

(ii) Nicola Prygodzicz (Aneurin Bevan) **INQ000421871**

(iii) Joanne Whitehead (former CEO Betsi Cadwaladr) **INQ000292766**

(iv) Gill Harris (former Interim CEO Betsi Cadwaladr) **INQ000309004**

(v) Pamela Wenger (Director of Corporate Governance, Betsi Cadwaladr) **INQ000421872**

(vi) Professor Meriel Jenney (Executive Medical Director) and Professor Stuart Walker (Chief Medical Officer) (Cardiff and Vale) **INQ000480136**[3]

(vii) Paul Mears (CEO Cwm Taf Morgannwg) **INQ000474238**

(viii) Steve Moore (CEO Hywel Dda) **INQ0003087889**

(ix) John Huw Thomas (Director of Finance, Hywel Dda) **INQ000492257**

(x) Professor Philip John Kloer (Interim CEO Hywel Dda) **INQ000475209**

(xi) Hayley Thomas (CEO Powys Teaching Board) **INQ000421870**

(xii) Tracy Myhill (CEO Swansea Bay) **INQ000300701**

(xiii) Mark Hackett (CEO Swansea Bay) **INQ000355777**

(xiv) Dr Keith Reid (Executive Director of Public Health, Swansea Bay) **INQ000492251**

(xv) Steve Ham (CEO, Velindre University NHS Trust) **INQ000283961** and **INQ000421761**

(xvi) Professor Richard Adams (Consultant in Clinical Oncology Velindre) **INQ000412897**

Spotlight hospital in Wales

12. The Inquiry has also identified a spotlight hospital in Wales: **Glangwili General Hospital.**

13. Professor Philip Kloer, Interim Chief Executive of the Hywel Dda UHB has provided a detailed statement **INQ000475209** giving a full account of how Glangwili General Hospital ("GGH") responded to the pandemic.

14. He highlights how staffing capacity, already a problem before the pandemic, was compounded by Covid-related sickness but with a recruitment drive commenced in March 2020, resulted in the creation of around 1,100 new staff. He explains how bed

[3] his statement contains a very helpful distillation of particular difficulties which were confronted at the largest hospital in Wales, one of the largest in the UK, for example, difficulties in dissemination and implementation of guidance §144-145; difficulties due to physical condition and layout of hospital §149; implementation of the NHS Wales Visiting Guidance §197-198 etc.

capacity was increased, and in fact GGH never reached the position where an ICU bed, if required, could not be found for a patient. How, as in other places across the UK, it was quickly realised ventilating patients, particularly older patients with co-morbidity, was not the best treatment when respiratory support was required, and less invasive modes such as CPAP were more efficacious.

15. He highlights an issue (echoed in other statements from the GWHBs) that the frequent changing of guidance, particularly during the pandemic onset, caused obvious practical problems but also staff confusion and anxiety. In similar vein to concerns identified by Velindre NHS Trust, he points to the fact that Public Health England guidance was usually announced on a Thursday but Public Health Wales on the following afternoon (Friday). This led to initial difficulties in implementation.

16. As to the hospital infrastructure he identifies what is a fairly common theme in the evidence from Wales, that the buildings infrastructure gave rise to practical problems implementing IPC Guidance, in particular poor ventilation.

17. In similar vein to the reports of other UHBs, he reports that sourcing of PPE was not the problem that might have been anticipated. The Health Board procurement teams were able to procure equipment appropriately and although there was considerable anxiety in relation to PPE stock and supplies of face masks at one point reached critical levels at GGH, supply was not an issue and neither were there significant delays in obtaining equipment once ordered.

18. That is not to say there were not some practical difficulties (see in particular his evidence **INQ000475209** at §124 etc.) but overall, although there was considerable anxiety at the start of the pandemic, the hospital was able to work around any issues over PPE supply. There were problems with some of the products delivered but these were more logistical issues than ones of safety and in the circumstances the staff worked reasonably well with the equipment supplied.

19. The GWHB would note that this evidence is broadly reflective of the expert evidence commissioned by the Inquiry in relation to PPE/IPC across the nations (see the expert reports of Dr Gee Yen Shin, Professor Dinah Gould, and Dr Ben Warne and that of Professor Beggs).

Visiting restrictions

20. As to visiting restrictions and the difficult balance that had to be struck, the overall view was that the hospital did its best and probably struck the right balance through specific arrangements supported with all necessary PPE. He goes on to give detailed account of other matters of specific interest to the Inquiry including the impact on patient care, the impact on hospital staff, use of DNACPR forms and Equalities Impact Assessments.

Recommendations

21. The GWHB note that many of the recommendations he identifies chime with matters that other Health Boards have also identified, and while still very much provisional submissions the GWHB would endorse the following suggestions:

    (i) Any future recommendations would need to look at the existing infrastructure of hospitals in parallel with future pandemic planning.

    (ii) All modern hospitals should be designed with pandemics and/or serious infection outbreaks in mind with existing buildings being upgraded.

    (iii) Pandemic planning needs to develop resilience in staffing, medical equipment and supplies.

    (iv) There should be sufficient PPE stock, or local capacity to respond and supply such stock, built into the system. The development of 'reusable' PPE would change the landscape.

(v) Investment in accurate/up to date statistical modelling taking into account the Covid experience would be beneficial.

(vi) The creation of a reserve workforce - both skilled and volunteer - would assist with staffing resilience.

(vii) The importance of national coordination of the senior clinical voice across Wales, to ensure rapid sharing of experience and learning.

(viii) Drawing on the experience of Covid, have pre-prepared Guidance developed from learned experience of Covid, that could be rapidly adapted, disseminated and implemented.

(ix) Harness the learning from the rapid development of vaccines to be applied to future pandemics.

(x) Share the learning internationally on the best ways of maintaining the well-being of clinical professionals in a high risk pandemic situation.

(xi) The development of surge capacity, whether through field hospitals or otherwise, should be decided nationally and funded centrally.

Some key insights

22. Further, and in what is not supposed to be an exhaustive survey of the Group's responses, GWHB draw the Inquiry's attention in addition to a number of similar insights from its bodies and those of Cardiff and Vale.

Communication and messaging

23. Paul Mears (Cwm Taf Morgannwg UHB) : **INQ000308947** explains:

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

24. A similar concern was identified by Mr Steve Ham CEO of Velindre University NHS Trust who noted at §125 **INQ000283961** that *"the consistency and speed of national guidance provided tended to be issued late on a Friday, which was difficult to communicate to staff ready for Monday"*. He suggested a recommendation that guidance should be reviewed and released at beginning of a working week to allow for the guidance to be clearly understood and disseminated efficiently.

Hospital discharges

25. Tracy Myhill (former CEO Swansea Bay UHB) identified at §76 of her statement that:

> *"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"*.

Workforce

26. Professors Jenney and Walker at §316 identify valuable *"Institutional learning from the Covid-19 pandemic,"* including that the workforce needs to be the *"core currency"* when considering a pandemic. They suggest that there can be a natural bias to focus on facilities and beds which the Nightingale programme reflected, however, in their view at the University Hospital of Wales, it was consistently workforce capacity that dictated success.

Striking a balance between the need for pandemic response and need for the continuation of other urgent health services

27. Professors Jenney and Walker also identify (as do many of the independent experts and other GWHB witnesses who have reported to the Inquiry) that striking the right balance between, on the one hand, the need for an urgent healthcare response to the pandemic illness or illnesses, and on the other, the need to preserve and continue

other urgent healthcare interventions (e.g. cancer, cardiology etc.) for patients is a *critical lesson* which must be learned. During the Covid-19 pandemic, some patients feared contracting Covid-19 in hospital and a number that should have sought care did not (on this issue the Inquiry is referred to its own expert evidence commissioned into Colorectal Cancer and Cardiology specialisms).

28. Views have also been expressed that routine services could in some areas have re-started more quickly, a point emphasised in the evidence of Joanne Whitehead former CEO at Betsi Cadwaladr UHB **INQ000292766** §21:-

> *"there was a growing dialogue between the Health Boards and Welsh Government around the need to resume … services in the interests of patient welfare. It seems to me that in responding to any future pandemic it will be necessary at an early stage to explicitly consider the balancing exercise between the protective policies necessary to combat the emergency and the potential for harm caused by delay in the resumption of healthcare services."*

29. The overarching message is that it is important, even in a pandemic, to continue to focus on other urgent services (e g. cancer, cardiology, sight-saving appointments) and there should be robust plans in place to ensure that core services do not cease.

Assessment of vulnerable groups

30. Gill Harris (former Interim CEO Betsi Cadwaladr UHB) in her statement identifies that amongst the other key lessons learned was the need for prior assessment of impact on vulnerable groups: **INQ000309004**. North Wales has a high proportion of socially deprived and vulnerable communities, the consequence of which is that when lockdowns were imposed there was an unanticipated impact on the delivery of healthcare services to those communities. There is a lesson to learn from the experience of mixing elective and emergency services. Elective services were disproportionately affected and for the future there is an opportunity to handle these differently.

Cancer specific recommendations

31. Mr Steve Ham CEO of Velindre University NHS Trust, identifies at **INQ000283961** §123 onwards a number of cancer-specific lessons that should be learned, and

addresses issues in respect of IPC and infrastructure which mirror concerns expressed in the expert evidence already provided to the Inquiry. These recommendations may usefully be read alongside the expert evidence commissioned by the Inquiry on IPC (Shin/Gould/Warne) and Colorectal Cancer (Bhangu and Nepogodiev). Mr Ham notes in particular that there should be:

(i) protection of the cancer pathway from diagnosis through to all treatment options should be maintained by segregation as far as possible of 'clean' treatment areas and will be particularly important in the event of any future pandemics.

(ii) UK-wide urgent cancer treatment guidelines should continue to reflect any treatment changes to reduce patient risk from a pandemic. This will ensure consistency and also prevent duplication of effort across the UK

(iii) That with respect to IPC, reviews of pandemic stock be regularly undertaken to ensure that stock retains the relevant documentation and labelling for safe use.

Summary as at the commencement of oral evidence

32. As indicated at the outset, the GWHB has welcomed the Inquiry, and has sought to cooperate fully with its work by providing full and detailed responses to Rule 9 requests by the Inquiry team on matters relevant to the list of issues in Module 3. GWHB will continue to work with the Inquiry in completing its work and offers the provisional suggestions above more by way of signposts for the areas of particular importance from the GWHB's perspective, rather than a final summation of the evidence as is relevant to Wales which will only be possible after the oral hearings.

Work done on lessons learned

33. The Inquiry will already be aware from the two statements from Ms Judith Paget in her capacity as Chief Executive of NHS Wales that a considerable amount of work has already been carried out in Wales in terms of seeking to learn lessons from the Covid-19 pandemic. In particular, Annex A to the second statement of Judith Paget **INQ000485240** produces a chronological table of reviews, lessons learned exercises or

similar produced or commissioned by the Welsh Government relating to the issues in the Provisional Outline of Scope for Module 3 since 1 March 2020. This is all part of a firm commitment on behalf of all health bodies in Wales to seek to continue to improve the services they provide for the benefit of patients and in the wider public interest.

Closing remarks

34. Like the Welsh Government, the GWHB will be watching the Inquiry's progress closely in order to learn further lessons in order to continue this improvement.

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