

Witness Name: Paul Jones

Statement No.: 1

Exhibits: 0

Dated: 20/06/24

UK COVID-19 INQUIRY

WITNESS IMPACT STATEMENT OF PAUL JONES

I, Paul Jones, member of Covid-19 Bereaved Families for Justice Cymru ("CBFJ Cymru") make this statement setting out my experience in losing my daughter to Covid-19.

1. My name is Paul Jones and on 30 December 2020, my wife and I tragically lost our daughter Lauren, who was aged at just 25. Our experience with the health service in Wales during December 2020 had been a disaster from start to finish and is one that I relive every single day.
2. Lauren had a heart of gold. She was devoted to her family and was the life and soul at our parties, often being the one taking everyone's photograph. Lauren adored animals and at one stage, aspired to work in a Veterinary surgery; she insisted on signing the paperwork for one of our family dalmatians so that it was officially hers. Our dogs were her babies. My daughter enjoyed music and loved film. We would often spend time watching movies together, for which I will always cherish.
3. Lauren had a taste for travelling and initially wanted to work as cabin crew of Virgin Atlantic. Unfortunately, she could not pursue this career as she suffered from chronic regional pain syndrome in her right foot, which meant that she used crutches to relieve pressure on her foot. However, Lauren was extremely determined and resilient, learning to quickly master the use of a left foot accelerator in her car. I was so impressed with how fast she did that.
4. Lauren was extremely hard working and enjoyed going to school, excelling in subjects that interested her. Lauren was fascinated with computers and when she was 21, started studying for a degree in business and IT at the Open University. Lauren was immensely caring and in her final year had transferred her degree into social work.

5. Lauren had a larger-than-life personality and was a great socialiser. In addition to schooling and her job, she did agent work for The Body Shop and Avon, delivering cosmetic products and going into homes around our local area. She was well known and loved in our community; her loss was felt by all.
6. My daughter's strong work ethic, which was instilled from a young age, was best demonstrated by the fact that whilst studying and selling cosmetic products, she also worked at a GP surgery in Tonypany. Lauren worked at the same surgery as her mother and was in three days a week as an administrator and in IT. Lauren continued to attend surgery throughout the pandemic.
7. I am a Response Sergeant with South Wales Police and have been a police officer for 11 years, after having initially joined the police force in 1990. In February 2020, I had moved from response to the neighbourhood policing team. This meant that, during the pandemic period, the majority of my working time was spent in the police station. The police station had risk assessments carried out to determine how many could enter a room according to its size. I worked in a room predominantly by myself but would occasionally share with one other. Moreover, there were one-way systems introduced in the corridors, separated desks and colleagues tried to stick to their own police stations to avoid cross-contamination. However, it was extremely difficult to maintain two metre distancing and the station was not fitted with social distancing screens. We had access to PPE throughout the pandemic and were issued surgical facemasks, gloves and hand gels.
8. My wife, Karen, is a Surgery Practice Manager at the same GP surgery in Tonypany that Lauren worked at. Karen has held this role for eight years and during the pandemic, was required to go into the surgery with Lauren. Karen worked in an office by herself and was supplied with PPE. There was not a great number of staff working at the surgery.
9. On 2 December 2020, I worked an overtime shift with several others from my team to assist with multiple firearm warrants being executed. I entered the parade room and there were 25 of us, whereas the maximum capacity had been 13 throughout the year. The briefing was carried out in front of around 25 people in the conference room, which had not held more than six people during the pandemic. It was impossible to maintain social distancing and I remember thinking at the time that this was dangerous, especially as there were facilities to carry out the briefing remotely. In retrospect, I wish I had walked back out and had gone home.

10. A week later, I had learnt that 10 to 12 officers who attended the briefing, had fallen ill with Covid-19 symptoms. At least four to five were from the same team, this was too great to be a coincidence as there had been no more than one or two concurrent cases throughout the year.
11. On 9 December 2020, I had finished on my exercise bike and had started to feel congested. Three days later, I remember my drink tasting stale. On 13 December 2020, I woke up for an overtime shift and was not feeling right. At that time, I was not suffering from any of the three cardinal symptoms of Covid-19. I picked Karen up from work on 14 December 2020, because she had a high temperature. Myself, Karen and Lauren were tested the next day and received our results on 17 December 2020. I, along with Karen tested positive for Covid-19, whilst Lauren's result was negative. Over the next few days, I began to feel worse as my health started to deteriorate.
12. Both Lauren and Karen, as frontline workers, were due to receive their first vaccinations that week but we had to isolate following the positive test results. I often wonder if things would have played out differently had Lauren received her vaccination earlier and query why she had not.
13. By the early hours on 20 December 2020, I was feeling so unwell that I felt like I was dying. Lauren, who was very worried about my state, made a call to 111 on my behalf. The service had told Lauren that they would call back; they never did, much to our disappointment. Later that day, Lauren, who had started to feel unwell, took it upon herself to drive me to A&E as she felt like this was the only option available to us. She booked me into A&E and then waited in her car for a short while before heading back home. I was assessed shortly after arriving and treated intravenously with antibiotics and glucose. I was given an x-ray which showed the presence of Covid-19 on my left lung. My oxygen saturation levels were low and I was told that I could not be discharged until they reached 95%. After having been in hospital for five to six hours, my oxygen saturation levels increased, and I met the threshold to be discharged. Lauren picked me back up from hospital.
14. On 22 December 2020, Karen was feeling extremely unwell and had a rapid heart rate. She phoned 111 and after explaining her symptoms was simply told to take an aspirin. Karen continued to feel worse and had felt as if she was having a heart attack. This was very concerning for us and we phoned for an ambulance, however, despite Karen's symptoms, there were none available for her and subsequently, Lauren drove Karen to hospital as I was still too unwell. At this point, Lauren was experiencing some

Covid-19 symptoms and had been tested the previous day but was still awaiting her test result. At hospital, both Lauren and Karen were tested and assessed. Lauren had an x-ray for her chest, which was clear, and her observations were closely checked. Karen was prescribed some tablets for sickness and both were discharged home that evening.

15. Over the Christmas period, my wife and I started to feel better, whereas Lauren was starting to feel worse. However, she was still feeling better than us and we spent Christmas and Boxing Day watching films together. I have subsequently been told by medical staff that Lauren's age may have masked how she was feeling and that she may have been suffering from silent hypoxia.
16. During the early hours on 27 December 2020, Lauren had been coughing and was feeling unwell; she went back to bed and we thought nothing of it. Later that day, Lauren had asked me to take her to hospital to get checked out. This was very unlike Lauren because she hated hospitals and so she must have felt that this was necessary. We did not see the point in calling 111, after our previous poor experience, so we just went to the hospital.
17. I dropped Lauren off at the hospital and waited in the car as I thought that she would have had similar treatment to myself and therefore wouldn't be that long. Furthermore, the doors to enter A&E were closed and people were not being allowed in to wait with family members. I had been waiting a while when I got into contact with Lauren, who was being treated with nasal oxygen. She told me to go home and to come back later to pick her up. I was at home waiting for her phone call.
18. That evening, Lauren had been admitted from A&E into Ward 3, the specific covid ward. The next day, Lauren had messaged me that she was doing ok and had been on and off oxygen. She was slightly fed up with being in hospital, but at that stage there was nothing to suggest that she was seriously ill. Lauren called my wife at around 3pm on 28 December 2020 to tell us that she was having ice cream and enjoying it. The mood of the conversation was that she was ok where she was; that she was being looked after; and had been given medication. From our conversation, I thought that she would be discharged either that evening or the following day. This was our last conversation with our daughter.
19. I received a call from the hospital, that evening, where I was told that Lauren had been on Continuous Positive Airway Pressure ("CPAP") and that she was getting very tired

on it. The hospital informed me that Lauren was going to be transferred to the ICU and ventilated to give her lungs a chance to rest and recover. This would likely be that night. I was told that I could phone back later that evening but that I would be better off phoning the following morning as it was unlikely that they'd be able to tell my wife and I any more information. Moreover, the use of a trial drug to treat Lauren was mentioned, which I would have whole heartedly agreed to the use of. However, the discussion was to be delayed and I was told that it could be discussed the next day. The staff, during the call, were rather blasé and I was put under the strong impression that the ventilator would do the job. My wife and I were not allowed to see or speak to our own daughter at this stage, which amplified with our feeling of hopelessness with the hospital, made the experience extremely difficult for us. At around 9am on 29 December 2020, I phoned the hospital, where I was informed that Lauren was still on CPAP and didn't need to be ventilated. This surprised me, given the conversation the previous night. This suggested to me that Lauren was recovering because she didn't need to be on a ventilator. I called again around midday and was told that Lauren was still unwell but stable.

20. I was shocked to receive a call from the hospital at around 4.45 pm, to be told that the hospital had taken the decision to ventilate Lauren. My wife and I were astonished as there was no call beforehand to alert us to this decision, unlike the previous evening.
21. We received a further call, at 8pm, from a nurse to tell us that Lauren was not doing very well on ventilator. I was told that it had been planned for Lauren to be transferred to London for Extracorporeal Membrane Oxygenation ("ECMO") treatment. The ambulance would arrive and that she would then be placed on an ECMO machine. I asked whether we should follow the ambulance to London and how long it was thought Lauren would be on ECMO in London for.
22. At 11pm, I was called by the ECMO consultant in London. I thought that I was going to be notified that Lauren had nearly arrived but instead, the consultant asked me about Lauren's mobility. I explained that she was on crutches due to her chronic regional pain syndrome in her right foot. The consultant explained that with Lauren being overweight, there would be difficulty placing a line in through her groin and that following a discussion with four other ECMO consultants and an ICU consultant at the hospital she was at, it was decided that she was not a candidate for ECMO treatment. The consultant went on to tell me that there were no beds in ECMO in London anyway and that there was only a bed available in Leicester. I was then told that there had already been a discussion with the ECMO consultant in Leicester and that they were

unwilling to accept Lauren. The consultant then informed me that Lauren was unlikely to survive the night and that I should contact the hospital where she was being treated. I was in total shock and was left with the impression that Lauren's weight formed part of the decision-making to deny her ECMO treatment. I do not believe this would have been the case, had there been more ECMO treatment centres in the UK.

23. After hearing this news, I called the hospital and spoke to the ICU nurse, who confirmed that Lauren was definitely going to go on ECMO and that the ambulance was on its way. I had to describe the call I just received from the ECMO consultant and the ICU nurse went to speak to the consultant in the hospital. I then talked to the consultant, who explained that Lauren's health had deteriorated rapidly and that my wife and I should come in as she was very likely to pass away. This was extremely distressing which was compounded by the tone from the consultant as if this was a normal everyday event. Whilst it might be "the norm" for them, they were talking to the parents of a young woman and the tone was wholly inappropriate.
24. My wife and I rushed to the hospital. Once we arrived, we were sat into a side room where the consultant explained to us that the medical team had tried everything they could to get Lauren's oxygen levels up and that there was nothing else they could do for her. We were told that Lauren was on 100% oxygen and that by having such high oxygen, her lungs were being damaged. A decision needed to be made to switch off Lauren's ventilator; we were not given any other options. This was a disaster from start to finish.
25. Once my wife and I made the extremely difficult decision to switch the ventilator off, we went to stay by our daughter's side. I was shocked to see Lauren, who did not look as if she was about to pass away. This prompted me to ask whether the medical staff were sure that my daughter was as unwell as she was.
26. Lauren passed away at 4:04 am. My wife and I stayed by her side for another 30 minutes.
27. As Karen and I left the hospital without our daughter, we were given her personal belongings in clear plastic bags and told that we could not open them for 10 days. That is all we were told. Upon opening the plastic bags, we discovered Lauren's shoes were missing and her clothes had been cut. This was extremely distressing for my wife and I, especially as we had not been given a warning from the hospital about her clothing.

28. This shocked me to the extent that I wanted to seek Lauren's medical notes for answers about the sufficiency of her treatment. Whilst I have subsequently been given information, I do not believe that some of my questions will ever be answered. For example, it is our clear view that Lauren should have been ventilated earlier than she ultimately was, the hospital was going to ventilate her on the night of 28 December 2020. When we had asked why Lauren wasn't ventilated on 28 December 2020, we were informed that they had checked her oxygen saturation levels throughout the night and that it was better than they had initially thought. We were also told that Lauren decided that she did not want to be ventilated. We have struggled deeply with this information because we believe had we been able to have contact with our daughter, we would have been able to persuade her that it was a better option.
29. We have subsequently learnt that when the hospital did ventilate Lauren on 29 December 2020, her oxygen saturation levels were at 10%, so she must have been given an emergency ventilation. We question why her oxygen saturation levels had to drop so critically low for her to be ventilated. A nurse had told us that they had nearly lost our daughter when she was ventilated. This flippant comment has done nothing to make the grieving process any easier for us and only raises further questions. We believe our daughter was left to struggle and suffer on CPAP.
30. Our trust in the service was further dampened when we learnt that someone known to us, who was much older than Lauren and who had also been on Ward 3, was ventilated the night Lauren was meant to. Whilst we are pleased that the individual made a full recovery after being ventilated for two to three weeks, it makes us question how the hospital could be so sure that Lauren would not have made any recovery.
31. No parent expects to face the death of their child. Our experience with the health service, who we placed our trust in to care for Lauren in her time of need, had been truly disastrous. My wife and I carry the loss of Lauren with us every day and the unanswered questions regarding her treatment will forever weigh heavy on us.

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.

Personal Data

Signed: Paul Jones (Jun 20, 2024 12:42 GMT+1)

Dated: 20/06/24







Paul Jones M3 Impact Statement CBFJ Cymru

Final Audit Report

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