

Witness Name: Professor Fu-Meng
Khaw

Position: National Director, Health
Protection and Screening Services –
Public Health Wales

Statement No.: Second

Exhibits:

Dated: November 2024

**UK COVID-19 INQUIRY
MODULE 3**

SECOND CORPORATE WITNESS STATEMENT OF PROFESSOR FU-MENG KHAW

I, Fu-Meng Khaw care of Public Health Wales, 2 Capital Quarter, Tyndall Street,
Cardiff, CF10 4BZ, will say as follows: -

1. This Corporate Witness Statement is provided by me in my capacity of National Director of Health Protection and Screening Services and Executive Medical Director of Public Health Wales.
2. On the 5 November 2024, I attended and gave evidence at the Inquiry's Module 3 public hearing.
3. Whilst giving evidence I was questioned by Counsel for John's Campaign and Care Rights UK (starting at page 42 line 18 and finishing on page 42 line 24 of the hearing transcript). The line of questioning related to paragraphs 103 and 104 of my first corporate witness statement (**INQ000469675**) and exhibit FMK/72 (**INQ00056307**) and to patient groups having concerns that people with chronic health conditions were not accessing or attending key appointments, and questioned what Public Health Wales did about those concerns. I indicated that I would obtain information in order to respond to the following question:

Q. And who did you tell about these concerns about people with chronic health conditions not attending appointments? Who were the specific people that you shared that with?

4. I have liaised with colleagues in Public Health Wales to obtain a response to the question posed.
5. The Health Impact Assessment referred to in paragraph 103 of my first statement (FMK/72) was shared widely with a range of stakeholders across Wales and globally. Public Health Wales sent an Executive Summary of its findings via email on the 22 June 2020. The distribution list included (but was not limited to):
 - a) the Welsh Government.
 - b) Health Boards (including Directors of Public Health).
 - c) Welsh Local Government Association and all Welsh Local Authorities.
 - d) Childrens Commissioner for Wales.
 - e) Future Generations Commissioner for Wales.
 - f) Welsh Community Voluntary Councils.
 - g) Public Health England, NHS Health Scotland, Institute of Public Health Northern Ireland
 - h) Chief Medical Officers for the four nations.
 - i) The World Health Organisation.
 - j) The British Medical Association and the Kings Fund.
 - k) The Faculty of Public Health.
 - l) The Equality and Human Rights Commission.
 - m) The NHS Confederation.
 - n) The Bevan Commission.
 - o) The Older Persons Commissioner.
 - p) The UK Government.
 - q) Charities and Third sector organisations such as Mind Cymru, Age Cymru and the Nuffield Trust.
 - r) Universities such as Swansea University.
 - s) Medical publications such as the BMJ and Lancet.
6. The Public Health Wales Communications Team sent information about the publication to all media outlets on its circulation list.

7. The Main Findings and Supplementary Information was published on 20 July 2020 and circulated to the above distribution list.
8. Public Health Wales also presented a webinar, organised by the Public Health Network Cymru, on 29 July 2020. The webinar was attended by a number of individuals from organisations such as Public Health Wales, Health Boards, Local Authorities and the third sector.

Rapid Mortality Surveillance e-Form

1. During the public hearing on 5 November 2024, I was asked by Counsel to the Inquiry about mandatory completion fields within the e-Form (starting at page 13 line 25 and ending at page 15 line 6 of the hearing transcript). My response to Counsel to the Inquiry's question "**Did you think that that should have been done for that question so that you made sure that every form included all the information rather than a 70% gap?**" was "*That is a possible improvement that we would consider in the future.*"
2. Following the hearing there have been further internal discussions with colleagues regarding the use of mandatory fields within the e-Form. Through these discussions, I have established that the e-Form did have mandatory fields for completion. These were:
 - a) Health Board/Organisation.
 - b) Date of death.
 - c) Hospital where patient died.
 - d) Deceased's home address.
 - e) Disease or condition directly leading to death.
 - f) Was the patient confirmed to have COVID-19 by lab testing.
 - g) Was the patient a key worker.
3. The key worker field ((g) above) became a mandatory field for completion on 5 May 2020.
4. During the course of my evidence at the public hearing there was a discussion regarding missing data (pages 13 to 16 of the hearing transcript), and I advised the Inquiry

As I said earlier, there was a significant element of missing data in this particular question, about 17% missing data. Where we were able to collect information on healthcare worker status, I think there were 36 responses to the status as a healthcare worker, representing 0.6% of the mortality reported.

5. The 17% missing data reported comprises the null responses to the question before it became mandatory (during the period 23 April to 5 May 2020) and responses for the 'Unknown' option when the question became mandatory after 5 May 2020. The 'Unknown' option would have been selected where the person filling in the form did not have enough information at that time to select the other options.

6. I am advised that if the e-Form hadn't allowed for an "Unknown" response option in the mandatory question, it would have either prevented records being contributed (limiting or biasing the overall surveillance signal) or encouraged those completing the form to make a guess at the status of the person who had died.

Statement of Truth

I believe the content of this corporate witness statement is true to the best of my knowledge and belief.

Personal Data

Signed: _____

Dated: 19 November 2024