Witness Name: Anna-Louise Marsh-Rees
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UK COVID-19 INQUIRY

WITNESS STATEMENT OF ANNA-LOUISE MARSH-REES

I, Anna-Louise Marsh-Rees, co-leader of Covid-19 Bereaved Families for Justice Cymru ("CBFJ Cymru") make this statement on behalf of CBFJ Cymru. This statement is in response to the Covid-19 Public Inquiry's request for evidence under Rule 9 of the Inquiry Rules 2006 dated 21 April 2023 in respect of Module 3. CBFJ Cymru has been granted Core Participant status by the Chair in respect of Module 3 of the Inquiry. The information contained within this statement is taken from my discussions, as well as the group's legal team's discussions, with a variety of CBFJ Cymru members as well as my own personal experiences. The content of this statement is true to the best of my knowledge and understanding.

An overview of CBFJ Cymru

1. CBFJ Cymru is a group which represents the full spectrum of families in Wales who are bereaved by Covid-19.

2. CBFJ Cymru originated as an autonomous group out of the Covid-19 Bereaved Families for Justice group. Our group was set up by Welsh members on the 15 July 2021. We are a Welsh focused group dedicated solely to campaigning for and giving a voice to those bereaved by Covid-19 in Wales. Our group is committed to ensuring that there is proper scrutiny of all governmental decision-making relevant to Wales, including those decisions made in Westminster and by the devolved administration in Wales.

3. Since its establishment, CBFJ Cymru has become the most prominent organisation in Wales in the discourse surrounding the Covid-19 pandemic to ensure proper scrutiny of

decision-making impacting Wales in a UK Inquiry. Our group has also played a leading role in calling for a Welsh Inquiry. We have campaigned tirelessly for justice for families in Wales who are experiencing bereavement due to the Covid-19 pandemic.

4. We are acutely aware of the importance of full and proper scrutiny of decision-making in Wales in respect of Covid-19.

5. Our group is not a legal entity. It is a non-political, not for profit group set up by the Covid bereaved for the Covid bereaved in Wales.

6. CBFJ Cymru incorporate both primary and secondary aims which I have set out below:

   a. Our Primary aims:
      i. to understand why decisions were made and for errors to be publicly acknowledged so lessons can be learned;
      ii. to work with the Welsh Government to ensure Wales is fully represented in the UK Covid-19 Inquiry;

   b. Our Secondary aims:
      i. to ensure an effective investigation into all nosocomial deaths in Wales;
      ii. ensure changes to infection control in health care settings in Wales are implemented;
      iii. to support members through the NHS Wales health board complaints process;
      iv. ensuring bereavement support, both practical and psychological is in place following Covid-19 deaths in hospitals;
      v. championing the rights of older people in Wales including human rights, ethical practices, DNACPR process, withdrawal of treatment, frailty score, dignity in death;
      vi. promoting patient privacy and the right not to be photographed for books and PR purposes when dying/dead in NHS Wales hospitals;
      vii. raising the awareness in Wales of why a public Covid-19 inquiry is needed.

7. Our group is recognised by the Welsh Government and other political parties in Wales as the key group representing and campaigning for the rights of those who are bereaved in Wales as a result of Covid-19 and related issues.

8. Its purpose is to emphasise and protect the interests of the Welsh bereaved by ensuring that Welsh decision-making on fundamental devolved matters (most notably health, social care and education) is robustly scrutinised.

9. Our group comprises over 350 individuals, led by Anna-Louise Marsh-Rees, Sam Smith-Higgins and Liz Grant, who represent the full spectrum of families in Wales who are bereaved by Covid-19.

10. We represent those who have been bereaved by Covid in Wales. Individuals can join CBFJ Cymru either by signing up to the autonomous CBFJ Cymru Facebook Group, or by signing up with Harding Evans Solicitors.

11. Many members of our group have professional experience working in sectors involved in or impacted by the UK and Devolved Government's risk management and civil emergency planning. They thus have valuable first-hand experience of how deficiencies in pandemic preparation subsequently contributed to the losses the group suffered as a whole.

Key areas of concern identified by CBFJ Cymru

The NHS 111 and 999 service

12. During the relevant period members within CBFJ Cymru encountered countless and wide-ranging failings in their dealings with the healthcare system in Wales.

13. When making use of the NHS 111 service, many members received unclear and misleading advice which demonstrated a clear deficiency in the knowledge concerning the symptoms of Covid-19. There seemed to be a lack of acknowledgement that the symptoms of Covid-19 extended beyond the initial three symptoms of 1). fever or chills; 2). cough; 3). shortness of breath or difficulty breathing ("the initial three"). Covid-19 positive patients who initially displayed symptoms other than the initial three were subsequently ill-advised. One

member made several calls to the 111 service in relation to her loved one for almost a week; she was consistently told that her loved one was *fine* and that they should *stay at home*. It transpired that her loved one needed urgent medical attention and was eventually rushed to hospital before passing away from Covid-19.

14. Given the poor advice being provided, Covid-19 positive patients often went un-tested which led to prolonged suffering and an increase in the transmissibility risk. Another member tried calling 111 to seek advice for her loved one who was becoming increasingly unwell. She made several attempts to call 111 and on each occasion was unable to successfully get through to an advisor; she thought the phone lines must have been overloaded. However, this member later found out that the 111 phone line was not operating properly in her area. She explained that there was no automated answer or alternative means to notify callers of an alternative way to seek assistance.

15. Further, CBFJ Cymru members wish to highlight the extensive waiting times they faced when making contact with the NHS' 999 service. Many of our members recall having to watch their loved ones in excruciating pain whilst they waited many hours for an ambulance to attend. The excessive waiting times of the NHS' 999 service had a negative knock-on effect as it caused many members to end up taking their loved ones into hospital themselves, thus putting themselves at risk of catching Covid-19.

Access to GPs and pharmacists

16. Various CBFJ Cymru members have noted that GPs were generally hard to get hold of during the relevant period and did not offer telephone or video appointments when they should have been available. One member reports how their GP surgery was closed for in-person visits in Wales, yet in England GP surgeries remained open for such visits.

17. An additional area of concern during the relevant period was the service being provided by out of hours GPs. During the second wave of the pandemic my father died from hospital acquired Covid-19. My father became unwell in the week following his discharge from I&S where he was being treated for a gallbladder infection. My father had four out-of-hours GP appointments within the I&S I&S It is clear that on each occasion, the GP failed to read my father's hospital

discharge notes which I now know recorded that he had been exposed to Covid-19 during his stay in hospital; the suggestion that my father could be suffering from Covid-19 was never made. My father was presenting with symptoms such as severe fatigue and diarrhoea; because these symptoms did not fall within the 'initial 3' category, which reiterates the point made in paragraph 3, I believe that they were overlooked.

Accessibility of health guidance

18. The health guidance, particularly that within Wales, was found by our members to be very confusing and unclear; it was everchanging and misaligned with that in England. For example, from the 1 August 2020 those who were extremely clinically vulnerable in England no longer needed to shield from Covid-19, they were advised that shielding had been paused. In Wales, on the 16 July 2020, the Chief Medical Officer advised those who were shielding (due to being extremely clinically vulnerable) no longer need to do so after 16 August 2020.

19. Many of our members have expressed that the decisions they made during the relevant period would have differed greatly had the advice and guidance they received not been so poor and unclear. It is distressing to think that many of the decisions our members made during the relevant period were based upon advice from the Welsh and UK Government which was borne out of poor pandemic preparedness planning.

20. Further, we wish to highlight the inaccessibility of information provided by the UK and Welsh Government for individuals who are deaf, visually impaired or have learning difficulties. For example, not all broadcasts in Wales included the use of a sign language interpreter. Our members also report there was little to no information on the Welsh health boards' websites relating to Covid-19 and which hospitals/wards had outbreaks.

The use of technology by healthcare systems

21. Members of the group have many concerns regarding the poor standard and lack of consistency with the technology used within the healthcare systems. This ranges from lack of integration across the sectors, lack of collated data, differing systems across the health boards and illegible handwritten notes. Additionally, we understand that DNACPR records

were not held centrally at either hospital level or Health Board level. NHS Wales were therefore unable to report on how many of these notices were placed on those diagnosed with Covid. As a group, we also believe that the Welsh modelling for the effects of the pandemic were inaccurate. Expensive field hospitals were built and then not used. I have reviewed statistics from other countries which indicate that deaths reach a peak 15 days after lockdown before decreasing. This information suggests that our field hospitals may have been considered too late in the day to be of use and may have been difficult to staff.

The treatment received by patients suffering with Covid-19 and how this changed during the relevant period

22. From personal experience and from the evidence given in Module 1, Health Boards in Wales were not prepared for a respiratory airborne pandemic or the effects this would have within the sector. This is demonstrated by the fact that there was not one single health board in Wales capable of dealing with one case of a High Consequence Infectious Disease "HCID." When giving evidence during Module 1 of the Covid-19 Inquiry, Dr Quentin Sandifer, Executive Director of Public Health Services from October 2012 – December 2020 and subsequently Consultant Adviser on Pandemic and International Health from January 2021 onwards, referred to the issue as a *'significant area'* that *'had not been adequately dealt with over a very long period of time.'* When questioned in relation to dealing with infection control generally in hospital he noted that *'we were not yet where I would have liked by the time we reached the end of 2019.'* I exhibit at **"ALMR 1"** (INQ000327638) pages 105 and 106 of the transcript of Dr Quentin's Sandifer's evidence on the 4 July 2023 during Module 1 on the Inquiry. The lack of planning, lack of emergency procedures and lack of knowledge had devasting effects on the treatment received by our members and their loved ones.

23. Members witnessed low levels of staffing within the hospitals and high levels of agency workers. Our members question if the overuse of agency staff, who worked across many different wards and hospitals, may have contributed to spreading infection across hospitals.

24. Hospitals failed to segregate patients and our group have many accounts of this failure ultimately costing the lives of their loved one. One member recalls begging the hospital not to put her auto-immune suppressed husband on a main ward, but this happened; he

caught Covid and subsequently died. One member's loved one fatally contracted Covid-19 on a cancer ward whilst another member's loved one was placed in a hospital bed next to a Covid positive patient.

25. Our members reside across many parts of Wales and their individual stories paint a clear picture of a difference in the quality of treatment and procedures carried out across the different health boards and even within different hospitals under the same health board. The disparity in the quality of treatment and compassion being provided during the pandemic appears to be a postcode lottery. One member explained that her loved one received very good treatment within one hospital, where facetime calls with the family were facilitated, before being moved to another hospital (within the same health board) where the treatment received was very poor and her loved one had to 'buzz' for an hour before receiving assistance after soiling herself.

26. Numerous members were deeply upset by the lack of dignity shown to loved ones both during treatment and in death. Some of our members were able to be with their loved ones at the time of their death whereas others were not; this was simply unfair. The contradictory rules and restrictions in place regarding hospital visits during the Covid-19 pandemic meant that group members were able to be by their loved one's side when they died whereas other members had to say goodbye to their loved one through a hospital window or via a video call. Heartbreakingly, some members were not able to say goodbye to their loved one at all. One member was not offered a video call whilst her father was dying; it was not possible for her to say goodbye to him through the hospital window because he was on the 5th floor. She explained that all she could do was say goodbye to her father via a text message and hope that it would be read out to him.

27. A large proportion of our members' loved ones were part of the older generation which had no or limited access/understanding on how to use digital devices and access telehealth during the pandemic. There was a lack of acknowledgement that older people might need help accessing and using digital technology. One of our member's loved one, whilst in hospital suffering with serious health issues himself prior to catching nosocomial Covid-19, used his own personal iPad, and IT knowledge, to facilitate video calls between patients on his ward and their loved ones. This act of extreme compassion gave many families the invaluable opportunity to say some sort of goodbye to their loved one. In some cases, members report that their local hospital did not have Wi-Fi on the wards making it

impossible to even communicate electronically and support their loved ones at the time of their death.

28. The lack of compassion shown towards the dead and the bereaved was accentuated further by the healthcare system's ability to lose bodies within their morgues. This happened to the loved ones of at least four of our members making after death and funeral arrangements even more distressing.

29. We have accounts of several of our members being given a plastic bag filled with their loved one's belongings after their death. One member was given another patient's belongings which were soiled and soaked in urine; another member was told to burn their loved one's belongings. One member found out that the wedding ring of her loved one had been lost following death. Effectively, our loved ones were 'lost' in the process following their deaths. One member explained that her loved one was not placed on the palliative care pathway, during the relevant period, meaning that he died on his own, in distress. An important concern of the group is the total lack of bereavement support, both practical and psychological. Our members are not aware of any Welsh Health Board that had bereavement support in place before or during the first 18 months of pandemic despite the National Bereavement Framework for Wales being in place in 2019.

The availability, level and appropriateness of Covid-19 testing in healthcare settings

30. CBFJ Cymru accept that during the first wave of the pandemic, testing was not widely available. However, as the pandemic progressed, and despite Covid being recognised as airborne and able to spread asymptomatically, testing was woefully inadequate. We believe that the testing of asymptomatic Healthcare workers, and regular testing of patients, was introduced far too late. We note that the mandatory testing of patients being discharged from hospital into care homes was not introduced in England until 15 April 2020. However, the Welsh Government waited a further 2 weeks before implementing this policy in Wales on the 29 April 2020. Before this date, it had only been patients displaying symptoms who were tested. It was not until 16 May 2020 that all care homes were allowed to request testing, prior to this it was only those that had seen previously confirmed cases.

31. Further, it was not until four months after the introduction of mandatory regular testing of healthcare workers in England that the Welsh Government introduced the same policy in Wales. Towards the end of the second wave the Welsh Government brought in asymptomatic testing for hospital workers as each health board started to introduce this policy in March 2021. It alarms CBFJ Cymru members that healthcare workers were working within settings with such a high transmissibility risk for prolonged periods of time during the first and second wave. PPE equipment was in short supply during the first wave and some or our members, those with loved ones under the care of the I&S I&S and I&S recall seeing health care workers going from ward to ward wearing inadequate PPE or failing to collect new PPE equipment as they entered different parts of the hospital. One group member reported that she observed nurses walking around with masks around their chins.

32. One member recalls how her loved one was admitted to hospital in December 2020 (with a non-Covid related issue) and his health rapidly deteriorated. However, he was not tested for Covid-19 until his fourth day following admission. Instead, he underwent a series of intrusive and invasive tests during that period before being tested for Covid-19, which returned as positive. We have an overwhelming sense of anger and frustration that, whilst we as families were following all the government rules, this lack of infection control in hospital lead to us losing our loved ones.

Decisions relating to the discharge of patients from hospital

33. Throughout the pandemic, many members confirmed that patients were discharged from hospitals to care homes, community hospitals or to their homes without being tested. This led to outbreaks of infection in those settings. Our members experienced firsthand the devastating impact of this error.

Do Not Attempt Cardiopulmonary Resuscitation notices ('DNACPRs')

34. An important aim of CBFJ Cymru's campaign is to champion the rights of older people in Wales. Most members had DNACPRs (Do not attempt cardiopulmonary resuscitation) placed on their loved ones. This is something that happened across all Welsh Health Boards and during each wave of the pandemic. In most cases, neither the patient nor their family

were consulted about the decision to put a DNACPR in place. Where a patient was consulted about the decision to put a DNACPR in place we have examples from members arising across all Welsh Health Boards where their loved one was not in the correct state of mind to understand the implications of the notice. One member has informed us that their father's DNACPR was signed upon his admission to hospital even though he was admitted practically unconscious and unable to consent. CBFJ Cymru are therefore concerned about the lack of informed consent being given by Covid positive patients.

35. We have members who were next of kin to their loved one and only found out that a DNACPR had been put in place when they requested copies of their loved one's medical records. Alarmingly, we have several members who were not consulted on the decision to put a DNACPR in place despite the fact that they held a Power of Attorney over their loved ones' Health and Welfare. Our members have also reported that in a lot of cases, the forms were incomplete or inaccurate; some were only signed by one Doctor, not two.

The provision of mental health services

36. We are aware that the provision of mental health services, particularly within the community, was significantly impacted by the Covid-19 pandemic. The group are concerned about the effect that this had on those suffering with poor mental health on their wellbeing and whether that had an impact on the outcome for those individuals.

Discriminatory practices within healthcare settings

37. Whilst CBFJ Cymru acknowledge and appreciate the pressure NHS Wales was under at the time, many of our members' loved ones (and indeed themselves) suffered unacceptable, inappropriate and unreasonable treatment whilst in the healthcare system. One of our member's loved one, who suffered from mental health issues, was told to "shut-up."

38. It seems to many of our members that their loved ones suffered discriminatory treatment through the use of frailty scoring to prioritise, refuse and withdraw treatment and that their loved ones were neglected in hospital because they were 'old.' One member went through the trauma of being told that her mother, who was under the care of the I&S I&S was being refused oxygen therapy based on her frailty score.

Another example, under the carte of the I&S, reported that there was a delay in their loved one getting treatment due to their loved one's age. This member's loved one had to wait 12 hours before being given vital medication and 24 hours before being put on a CPAP. When my father was admitted to hospital for the second time, he had to wait 40 minutes for high flow oxygen when his oxygen levels started to drop; there was no explanation for this delay, but I suspect that it was due to the fact that he was not considered a priority due to his age. We have also been informed that even the basic administration of anti-biotics was being refused based on an individual's frailty score which occurred within the I&S. The refusal to commence basic treatment due to the age of an individual, and their chances of survival after receiving a positive Covid-19 result, is a practice which should not have been deployed within healthcare settings.

39. Additionally, it seems that our loved ones who were suffering from pre-existing illnesses were denied the treatment they needed following the closure of non-covid related clinics. CBFJ Cymru wish to highlight the further damage and trauma caused to many individuals, for example through delays in cancer diagnoses, which were generated due to the closure of many non-covid related clinics.

40. A further indignity faced by the members of the group, and their loved ones, was the lack of patient privacy and the right not to be photographed or filmed whilst in hospital. One member was filmed by the news channel whilst he was being treated with CPAP oxygen. This was so traumatic for his family to see on TV with no discussion or prior warning given.

41. I&S authorised numerous members of staff to move around hospitals taking photographs of those who were suffering and dying. They even authorised access to morgues where photographs were taken of those who had succumb to the virus in body bags. This was wholly inappropriate, and we have been engaged significantly with I&S to seek to understand how this was allowed to happen. There appears a lack of willingness to accept that this ought not to have happened. We would suggest that their focus should have been on the job they were employed to do rather than taking photographs for personal gain.

The impact on people identified as being on the Welsh Shielded Patient List and those with vulnerabilities who were not placed on the list

42. Confusion arose for people identified as being on the Welsh Shielded Patient List and those with vulnerabilities who were not placed on the list. I recall my 85-year-old immunocompromised father being sent a blanket letter, exhibited at **"ALMR 2"** (INQ000327639) by Sir Frank Atherton in October 2020 saying there was no need to shield. This was as winter approached and Covid cases were rising rapidly.

Changes to inspections and monitoring of healthcare settings

43. The members of CBFJ Cymru are concerned that there was little to no inspection and monitoring of healthcare settings. We understand that the Healthcare inspectorate could not visit hospitals in Wales and despite ICNET being purchased by NHS Wales in 2016 as an infection control prevention & surveillance solution, hospitals and health boards were unable to monitor the spread nor report on how many patients and staff had Covid or died from it. When we wrote to them to highlight this, we were told this was too difficult to do as they did not record staff Covid cases. One of our families reports that I&S I&S wrote in her father's notes that he had prostate cancer in April 2020. The notes state that it was a contained cancer tumour. A decision was made to delay a follow up appointment/treatment for 6 months. The patient and his family were not told of the prostate cancer. 6 months later, the family were then told of the prostate cancer. A fortnight later they were told that it had spread and that only palliative care was now appropriate.

44. ICNET, a Clinical Surveillance platform, was deployed by NHS Wales in 2016. As a group, we became aware of the ICNET system through our discussions with Eluned Morgan, Minister of Health and Social Services ("Health Minister") since 2021 on the 3 February 2022. The Welsh Government claim that the ICNET system is a state-of-the-art infection prevention and surveillance system; however, a high percentage of our members lost their loved ones to hospital acquired Covid-19, which strongly suggests that no hospital in Wales was able to control the spread of Covid. In response to CBFJ Cymru's questions raised following their meeting with the Health Minister the Welsh Government confirmed in relation to the ICNET system that *'Problems were identified with the outbreak module*

of ICNeT which have since been addressed. Refresher training has been provided for health board/trust Infection Prevention and Control (IPC) teams. Throughout the pandemic Welsh Government has collected comprehensive outbreak reporting data from health boards.' Please see question 12 of the questionnaire exhibited at **"ALMR 3"** (INQ000327640) For completeness, I exhibit at **"ALMR 4"** (INQ000329356) an email dated 11 March 2022, from the Welsh Government, providing CBFJ Cymru with their responses exhibited at **"ALMR 3"** (INQ000327640).

Infection control

45. CBFJ Cymru note that the lack of adequate infection control is a key devastating factor at the heart of the Covid-19 pandemic.

46. CBFJ Cymru members did everything within their power to keep their loved ones safe; they followed government guidance stringently. The agonising pain, and feeling of betrayal, felt by many of our members when their loved one contracted Covid-19 within a healthcare setting is unfathomable.

47. It was incredibly distressing for CBFJ Cymru members to learn that the Welsh Government were aware of reports and recommendations, which were in existence prior to the Covid-19 pandemic, which indicated that NHS Wales heath care system would not cope with a pandemic. A report produced by the Welsh Government in 2001, *'Managing the Estate of the National Health Service in Wales'*, noted the poor condition of much of the NHS estate and considered it unsatisfactory that accommodation categorised as "inoperable" or "unacceptable" should be used for patient care, exhibited at **"ALMR 5"** (INQ000145724). A report produced by NHS Wales in 2002 titled, *'NHS Wales estates strategic framework'*, acknowledges the woeful inadequacies of the Welsh NHS and sets a vision, exhibited as **"ALMR 6"** (INQ000145725). There are numerous independent reports from 2004- 2014 covering healthcare acquired infections in Wales which demonstrate the Welsh Government and NHS Wales were fully aware of best practise but chose to ignore the many recommendations made:

    a. Healthcare Associated Infections – A Strategy for Hospitals in Wales (2004) Exhibit **"ALMR 7"** (INQ000145726);

b. Health care associated infections a community strategy for Wales (2007) Exhibit "**ALMR 8**" (INQ000145727);
c. HTM 03 01 Specialised ventilation for healthcare premises Part A Design and validation. Exhibit "**ALMR 9**" (INQ000145728);
d. Minimising Healthcare Associated Infections in NHS Trusts in Wales (2008) Exhibit "**ALMR 10**" (INQ000145729);
e. A Scoping Study into the Infection Control Standards in Care Homes for Older People in Wales (2009) Exhibit "**ALMR 11**" (INQ000145730);
f. Commitment to Purpose: Eliminating preventable healthcare associated infections (HCAIs) 2011 Exhibit "**ALMR 12**" (INQ000145731);
g. Code of Practice for the Prevention and Control of Healthcare Associated Infections (2014) Exhibit "**ALMR 13**" (INQ000145732).

48. Given the fact that the Welsh Government was privy to this information many years prior to the pandemic, CBFJ Cymru cannot understand why very clear threats to effective infection control, such as health care staff living in communal hospital accommodation, were not considered and managed in light of a pandemic.

49. The complete inconsistency in the approach taken by various health boards and the hospitals within them was alarming, frustrating and did not instil confidence within the systems in place. Some members were allowed to be present with their loved one during the final moments of their life, whereas others were not allowed due to the policies in place. Members recall watching patients being able to move freely around the hospital and increasing the transmissibility risk.

50. The lack of PPE and RPE available; the use of agency staff who were moved around different wards, hospitals and health boards; the movement of patients from ward to ward; the lack of testing available all propelled the nosocomial transmission of Covid-19. Some of our members even recall seeing doctors and nurses attending retail and supermarket stores in their scrubs and then returning to the wards.

Communication

51. The communication between hospitals and family members was distressing and inconsistent. Our members tell us they were not informed of deterioration, they were

unaware that their loved ones were dying, requests for updates were ignored, phone calls to the wards were unanswered and staff were abrupt and made family members feel they were bothering the hospital staff. We have also had reports of loved one's death certificates noting covid was present, yet the hospital records reveal that the patient had had negative covid tests throughout hospital stays.

52. I am aware that in some cases, communication between health care professionals was so poor that it was left to the family to inform the relevant health board/hospital/ward what was wrong with their loved one. I had to tell the hospital about my father's underlying health conditions each time he moved ward.

53. I am further aware that many members were not informed when their loved one moved ward. Members were not updated of significant decisions made by health care professionals, such as whether their loved one would be ventilated and the reasons for this decision. Families report many incidents of routine medications being given incorrectly. Sadly, too many members experienced a lack of empathy and no sympathy, just a simple call informing of them of the death of their loved one.

54. The fact that so many members were kept in the dark whilst their loved one died in hospital impedes on their ability to receive proper closure; thus, hindering their ability to grieve properly.

55. We strongly believe that a lot of these issues could have been avoided and we struggle to understand why the Welsh Government chose to make different health care related decisions to England in many of the circumstances. We also want answers as to why, despite having the knowledge that Covid-19 was airborne and could be transmitted asymptomatically in January 2020, and formally in March 2020, no challenge was made to the directives which said otherwise? Why were the right mitigations not put in place as soon as airborne and asymptomatic transmission was known?

A summary of CBFJ Cymru's formal engagement with the Welsh Government, UK Government, NHS Wales and Welsh Health Boards relating to the impact of the Covid-19 pandemic on the healthcare system and patients receiving healthcare.

56. Since its inception, CBFJ Cymru has lobbied for changes to the response to Covid-19 in Wales. Our group has worked with the Welsh Government, NHS Wales and the Welsh Health Boards in pursuit of its aims. I have provided a summary of our formal engagements below:

The Welsh Government

a. CBFJ Cymru has played a prominent role in engaging with the Welsh Government and the UK Government. CBFJ Cymru met with the First Minister of Wales, Mark Drakeford (the First Minister'), on the following dates: 7 October 2021, 2 December 2021, 26 January 2022, 24 February 2022 and the 30 August 2022. The First Minister acknowledged in a letter to Baroness Hallett dated 6 April 2022, exhibited at **"ALMR 14"** (INQ000315609) that his meetings with CBFJ Cymru were informative. The First Minister included our feedback in his initial response to the Prime Minister, exhibited at **"ALMR 15"** (INQ000315610) on the draft Terms of Reference ('ToR') for the UK Inquiry; I exhibit further confirmation of this via a letter from Eluned Morgan AS/MS to Jack Sargeant MS (Chair – Petitions committee) dated 14 April 2022 at **"ALMR 16"** (INQ000315611) relevant passage highlighted, and a *Nation.Cymru* article dated 29 June 2022 at **"ALMR 17"** (INQ000315612) relevant passage highlighted. The First Minister announced that CBFJ Cymru's experiences had been directly reflected in the Welsh Government's response to the final ToR in a Written Statement dated 29 June 2022 exhibited at **"ALMR 18"** (INQ000315613) relevant passage highlighted.

b. It is recognition of the central role played by CBFJ Cymru that the First Minister shared with us key communications between the Welsh Government and the UK Government in relation to the UK Inquiry. Our group has engaged with Members of the Senedd ('MS') and Members of Parliament ('MP') from

Welsh Labour, Welsh Conservatives, Plaid Cymru and Welsh Liberal Democrats and garnered support across the political spectrum in Wales. On 15 December 2021 Welsh Conservatives proposed a motion that the Senedd "*support CBFJ Cymru's campaign for a Wales-specific Public Inquiry,*" exhibited at **"ALMR 19"** (INQ000315617) highlighted on page 133. All major political parties in Wales have given support to the group being accorded CP status in the Inquiry. The First Minister through his team provided a list of organisations that were working with the Welsh Government which enabled CBFJ Cymru to focus their campaign and understand more about the systems in place in Wales. I exhibit further evidence of our interactions with the First Minister at **"ALMR 20"** (INQ000329355) in the form of a letter, dated 28 March 2022, sent to me by the First Minister. The letter provides an explanation of the orgnanisations that assisted the Welsh Government in their response to lessons learned from the pandemic.

c. CBFJ Cymru has also lobbied the Welsh Government into implementing bereavement support within health care settings. We have made representations to the Welsh Government to investigate care home deaths and lobbied the Government to look at why patients during the first wave, with hospital acquired Covid-19, were discharged without testing. We also raised issues such as: the lack of staff testing (even those who were symptomatic) due to a shortage in tests; the lack of sufficient levels of PPE and oxygen; and the fact that there was no requirement for the vaccination of healthcare workers.

d. CBFJ Cymru met with the Welsh Health Minister and her team, Eluned Morgan and Dr Chris Jones (DCMO), on the 3 February 2022 and the 4 March 2022, to play a key role in influencing the Welsh Government to invest £4.5million into the Wales National Nosocomial Covid-19 Programme investigating nosocomial deaths in Wales. CBFJ Cymru has raised, and will continue to raise, questions in relation to the way in which the investigations are undertaken and why outbreaks and clusters on the same ward are not being investigated. Despite the many cases of hospital acquired Covid-19 being confirmed in Wales, we cannot understand why they have not accepted any responsibility?

e. CBFJ Cymru has also worked with the following organisations within the Welsh Government, namely: The National Bereavement Steering group, as well as John Moss (Bereavement lead in the Welsh Government), to implement bereavement support in hospitals and to provide an approach for mandatory online bereavement training in NHS which is currently under review; Helena Herklots of Older People's Commissioner for Wales to lobby for change concerning DNACPRs, care homes, complaint procedures; as well as the Wales Evidence Centre;

Welsh Health Boards

f. CBFJ Cymru has lobbied and worked with all Welsh health boards throughout Wales in relation to bereavement support and to influence change and reform to their 'Putting Things Right' complaint process. We have also raised issues concerning the process for access to mortuaries after the group was made aware that a photographer had gained access to a hospital mortuary. The group has also liaised with the Care After Death team within each Health Board to ensure that after death care is a dignified process for both the deceased and families/loved ones. More recently, CBFJ Cymru has met with the Bereavement Leads of Swansea Bay University Health Board, Cardiff and Value University Health Board and Hywel Da University Health Board and Aneurin Bevan University Health Board.

Organisations/Independent bodies

g. We have forged links with other interest groups e.g., Hospices Cymru, Age Cymru, Disability Wales, National Association of Funeral Directors, Churches Together in Wales, Medics 4 Masked Up Wales, Asthma and Lung UK Cymru, Long Covid Wales & Muslim Doctors Cymru to raise awareness of our group amongst a diverse range of the bereaved and to encourage participation in the UK Inquiry. We met with the Older People's Commissioner for Wales who agreed to provide support to our members in making complaints to the Care Inspectorate Wales and Welsh health boards

and hospitals. We have given assistance to many bereaved families in their complaints to public authorities and fight for answers. Our group has campaigned to protect the interests of the wider bereaved community in Wales. Legal representative, Craig Court, wrote to Aneurin Bevan University Health Board ('ABUHB') and the BBC, objecting to the promotion of a book of photographs taken by a hospital employee of hospital staff and Covid-19 patients during the pandemic, resulting in the cancellation of a BBC documentary screening the images and removal of photographs from online fora and exhibitors.

h. We have worked with the Llais/Citizen's Voice (Community Health Council) to lobby for a change in the complaints processes and Welsh Government Listening Project;

i. CBFJ Cymru has liaised with MS Mark Isherwood, Chair of the Cross Party Group on Hospices and Palliative Care in the Welsh Parliament, to discuss issues relating to palliative care and hospices and to lobby for change.

j. The group is due to meet with AFCP (Advance & Future Care Planning Strategy Group) in November. They have been liaising with Professor Mark Taubert, chair of AFCP and the national strategic lead for Advance & Future Care Planning, to lobby for change in the DNACPR decision making process in Wales. CBFJ Cymru intend to discuss with the group matters such as improving DNACPR and TEP consultation process and to digitise the form and process;

k. CBFJ Cymru collected 2,116 signatures for a petition calling for a Welsh Inquiry, exhibited at **"ALMR 21"** (INQ000315614) CBFJ Cymru has engaged with the UK Inquiry set up process (responding to the ToR consultation, meeting the Chair in Cardiff on 15/3/22, and its legal team meeting with the Inquiry Team). Our tireless campaigning directly led to the Welsh Government investing £4.5 million into the investigation of nosocomial infections in Wales from Covid-19, I exhibit the Press Release from the Welsh Government dated 26 January 2022 at **"ALMR 22"** (INQ000315615) relevant passage highlighted. To contextualise the importance of the investigation of

nosocomial infections, I exhibit at **"ALMR 23"** (INQ000315616) a BBC article dated 24 November 2021 titled 'Covid in Wales: 2,000 patients die after catching virus in hospital.'

Lessons CBFJ Cymru considers can be learned and recommendations CBFJ Cymru would wish the Inquiry to consider in relation to the way the healthcare system operates in the event of a future pandemic.

57. As set out in the paragraphs below, we believe that the Welsh Government should have implemented the recommendations which arose following the various research projects, exercises and reports. This in turn would have increased the probability of having the right RPE/PPE in place, appropriate testing capability and suitable ventilation in hospitals and schools which could minimize the spread of an airborne disease.

58. Buildings, such as hospitals and schools, should be designed and built in such a way that prevents the spread of a respiratory virus. At present, despite clear recommendations to the Welsh Government over many years to do so, our hospitals and schools are not built or designed in a way that minimises the spread of a respiratory airborne virus, thus, contributing to its transmission.

59. As we have experienced first-hand the prevalence of nosocomial infections throughout the pandemic, with many such cases of infections leading to the losses of family members and loved ones the above measures must be adopted to prevent a repeat in future pandemics.

60. Improvements and changes must be made to procedures for discharging hospital patients to Care Homes.

61. Our group wishes to understand why the Welsh Government and UK Government interpreted the science so differently in their decision making. We believe that a co-ordinated approach to pandemic planning should be implemented across the four UK nations and Governments. There should be communication and data sharing across all four Nations between the Westminster Government, Devolved Governments and Health Boards. The Westminster Government and Devolved Administrations should be communicating with one another in relation to pandemic modelling.

62. There should be consistency in pandemic preparation in Wales ahead of any future pandemic. There must be a clear strategy in place ahead of a pandemic in relation to test and trace, mask wearing, infection control within hospitals and transmission control generally.

63. The Welsh Government should implement the closing of venues, lockdowns and firebreaks far sooner and ensure that people are following the rules.

64. We believe that bio-medical & behavioral scientific advice should be integrated into the very top level of political decision making; translating complex scientific advice and modelling, which includes large ranges of uncertainty, into the sort of definitive decisions that Ministers have to make and then communicate.

65. We believe that resilience should be built ahead of any future pandemic. This can be done in the following ways:
    a. ensuring the onshore production of Respiratory Protective Equipment/Protective Personal Equipment;
    b. by training doctors and nurses;
    c. through training and governance in respiratory viruses and infection control;
    d. ensuring that there is adequate morgue capacity in any future pandemic; and
    e. training in palliative and end of life care during a pandemic.

66. We want to ensure there is improvement to and adequate integration between primary, secondary & tertiary care. There should be a long-term policy for social care implemented as well as transparency and duty of candor in all areas.

67. The social impact of any future pandemic should be considered and scrutinised fully. We need to ensure that there is bereavement support to accommodate mass fatalities.

68. The Welsh Government and NHS Wales IT systems must be upgraded so that key data can be accessed, shared and analysed. NHS Wales must be digitised. This in turn will allow decisions and key findings to be evidenced and implemented quickly.

69. We would like to take this opportunity to thank the Inquiry for providing CBFJ Cymru with the opportunity to assist the Inquiry. We would welcome the opportunity to further assist the Inquiry and expand on many of the concerns and experiences set out above to further assist the Inquiry understand the impact that the healthcare system in Wales and the decisions that were made had upon the people of Wales, particularly those who suffered the greatest loss by losing a loved one to the Covid-19 pandemic.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed: Personal Data
Anna-Louise Marsh-Rees (Nov 10, 2023 11:46 GMT)

Dated: 10/11/23