

Witness Name: Melanie Minty

Statement No.: 2

Exhibits:0

Dated: 28 November 2024

UK COVID-19 INQUIRY

WITNESS STATEMENT OF MELANIE MINTY

I, MELANIE MINTY, of Care Forum Wales, Bromfield House, Ellice Way, Wrexham Technology Park, Wrexham LL13 7YW will say as follows: -

General comments

1. I have worked for Care Forum Wales (CFW) since 2012 and I am currently employed as Senior Policy Advisor. During the pandemic, I was employed as a policy advisor supporting the Chief Executive, Mary Wimbury, who left CFW's employ in June 2024.
2. This witness statement relates to the matters addressed by the Inquiry's Module 5, which is examining public procurement of key equipment and supplies across the UK public sector in relation to the Covid-19 pandemic and the onwards distribution of the key equipment and supplies during the period 1 January 2020 – 28 June 2022.
3. I have prepared this statement based on email and documentary records I have retained from the time and using information provided in the response by Mary Wimbury to module 2 of the Inquiry where appropriate. It has not been possible, however, to access information that was held directly by Mary Wimbury. The WhatsApp discussions between our members from the period are no longer available and many of the policy documents referenced have been archived on Welsh Government and Public Health Wales websites.

Introduction

4. Care Forum Wales was established on 1st March 1993 to give health and social care providers a collective voice in the debate about how to provide the best outcomes for those who need social care. We are a Private Limited Company by guarantee without share capital. Our members are registered health and social care providers in Wales. These include both care homes and domiciliary care. Our members include small family run businesses, small and medium enterprises, larger corporate organisations, housing associations, charities and local government providers. They provide care for both state funded clients and private payers. We are also key members of, and currently provide the secretariat to and co-chair of Wales' National Provider Forum, which hosts the Expert Reference Group on Domiciliary Care. Through the National Provider Forum we work with Community Housing Cymru, Cymorth Cymru and the Homecare Association.
5. Care Forum Wales is a membership organisation, with a Council elected from within the membership. Elections take place every three years for 22 places, ensuring that members in each local authority area are represented. The Chair, Vice Chair and Treasurer are elected from within the Council on a three yearly basis. Mario Kreft remains Chair.
6. CFW also employs a number of paid officers who are not care providers and are able to represent members without any vested interest. Mary Wimbury was the Chief Executive during the period covered by the inquiry. Following her departure the role has been redesignated as Senior Policy Advisor.
7. Care Forum Wales has 418 members across all regions within Wales and their client groups include older people and younger adults with physical and/or mental health needs that require services ranging from personal care to complex nursing care.
8. Approximately 85% of our members are residential settings (care homes with or without nursing) and the remaining 15% are domiciliary care providers. Our members are all providers who employ care workers.

9. Care Forum Wales is the main professional representative organisation for health and social care providers in Wales. We provide a collective voice for our members in influencing policy makers and lobbying for changes that will lead to improved outcomes for the people in their care. We share best practice with members and provide advice on queries which include legal, health and safety, contracts and regulation. We have Whatsapp groups to circulate the information quickly to allow providers to exchange information and peer support. We also provide weekly enews updates and we have a pro-active PR team to provide crisis comms advice.

Obtaining PPE prior to the pandemic

10. Care Forum Wales is unaware of any member that had a contingency plan in place to deal with emergency stocks of key medical equipment and supplies, including PPE. Some providers may have kept a contingency stock covering 2-3 weeks in case of delayed deliveries etc. as part of “business as usual” plans, but not at the scale required for covid which presented a unique challenge to the sector and led to widespread disruption. The majority of care homes would not have the storage facilities to accommodate large stocks. Nevertheless, many care homes began to stockpile PPE in the early days of the pandemic anticipating that the situation would become very serious before any guidance was issued.
11. Care Forum Wales is not aware of any pre-pandemic policies or guidelines requiring the sector to have such plans in place. As far as we are aware, there had been no pandemic planning involving independent providers for over ten years.
12. When PPE began to be distributed by local authorities, the care industry was extremely grateful - as far as Care Forum Wales is aware, no member received help from local government or the Welsh Government to obtain PPE and medical supplies before the pandemic. Instead, providers acquired such supplies on the private market, which added to the sector's general disruption during the first few months of the epidemic when supply chains were severely disrupted.

Obtaining PPE during the pandemic

13. Care Forum Wales and our members communicated frequently with local authorities, NHS, and government bodies regarding the need for PPE throughout the pandemic. Monthly testing and PPE meetings chaired by Welsh Government commenced in May 2020 which included Care Forum Wales and enabled us to offer more general advice surrounding processes such as the distribution of stock that was initially co-ordinated by NHS Wales Shared Services Partnership (NWSSP) and the Joint Equipment Stores (JES). We also liaised regularly with Public Health Wales (PHW) to ensure that there was consistent interpretation of the guidance that impacted on the amount and type of PPE that people needed.
14. Care Forum Wales is a national organisation with members sitting within all of Wales's 22 local authority constituencies. We intervened with specific issues relating to individual local authorities. For instance, we contacted Merthyr Tydfil County Council on behalf of a large care home in the area that required a larger number of masks than had been allocated to the authority for distribution. This was flagged with the Welsh Government, the local MP, and the local MS.
15. To quantify recurring estimates was difficult due to the conflicting and rapidly changing advice on PPE and different interpretations of the guidance which confused providers about what PPE was required.
16. Local authorities advised providers to exercise their own judgment on what PPE they needed, adding to the difficulty of generating estimates. PPE quantities also varied hugely dependent on the size of the home or domiciliary care organization, so any attempt to generate an average would have been flawed.
17. PPE was initially distributed in proportion to the size of the distributing local authority, rather than the size of the care homes within the authority. A new stock management system was introduced in November 2020 that enabled supply to respond to demand rather than allocation.

18. The monthly PPE meetings hosted by Welsh Government included NHS procurement officers. The meetings helped to react to the rapidly changing circumstances of covid and the initial crisis in supplying PPE. As understanding of the virus improved and time progressed, the meetings contributed to the improvement in getting the right supplies to the right place. The sector was immensely grateful for the free provision of PPE.
19. Care Forum Wales did not carry out any type of formal survey or consultation due to the fast-paced nature of the situation and frequently changing advice. We created a WhatsApp group for our members as a direct response to the pandemic which created a platform for providers to communicate their issues to us and amongst themselves. This allowed us to quickly understand their greatest concerns, which often related to PPE, testing and IPC.
20. Numerous queries were brought to Care Forum Wales, sometimes on an hourly basis, about PPE, testing, and IPC. Members were extremely worried about the situation and messages were reactive and therefore sporadic and often shared via the WhatsApp group which means there is little documentary evidence. Despite no formal consultation or survey taking place, the message from members was consistent in the earliest stages of the pandemic.
21. Members were struggling to access PPE as a precautionary measure at the start and local authorities would only assist with provision when there were positive cases, whilst early orders appeared to be commandeered by NHS.
22. PPE became readily available for providers in April 2020 when guidance was distributed by Care Inspectorate Wales on behalf of Welsh Government that extended use beyond symptomatic cases. However, the distribution of this PPE was decided by local authorities and some providers had greater difficulty in accessing the quantities required than others. There were delays in some areas getting the guidance out to the right people in timely fashion. A small number of providers with self-funding clients also reported difficulties because the local authority had not made them aware of the PPE arrangements or seemed to be supplying PPE in respect of funded clients only.

23. As time progressed, the supply of basic PPE increased and masks, gloves, and face coverings improved.

Fitness for purpose

24. Some providers sourced items themselves, for instance in place of the standard FRS masks since were highly uncomfortable for staff to wear. By and large the quality of items was acceptable for the purpose of meeting the guidance from PHW. However, providers remained concerned that the guidance was not sufficiently robust in the light of the debate amongst medical professionals in the public arena. By way of example, an article in the Lancet on 13 February 2020 recommended an aggressive response to the virus that included providing staff with N95 masks, goggles and protective gowns.

Access to testing

25. Care Forum Wales called for automatic testing of staff and residents in all care homes from the beginning of the pandemic. However, initial priority for PCR tests was given to NHS staff and then extended to symptomatic care workers. Setting up the test centres was a major undertaking for the health boards, but it quickly became apparent that it was difficult for non-drivers to access PCR testing in many locations. The early focus of care home testing was on larger homes with symptomatic residents on the basis of “evidence” that covid spread more readily in larger environments. Testing in care homes with fifty plus residents followed for homes where there was no outbreak. This approach was the cause of great anxiety for smaller care homes.

26. The situation improved when LFTs were introduced, although domiciliary care workers were not added to the UK portal until April 2021. There were initial problems in being able to order additional supplies (e.g. for care home visitors); domiciliary care organisations having to split larger packs amongst care workers (rather than being able to hand out a pack of seven to take home for the week); issues around false positives/negatives, out of date tests, missed deliveries, results that differed

from PCRs and, above all, the delay in obtaining results that members suggested could have been resolved through distributing Point of Care (PCR) testing machines to care homes.

IPC guidance regarding use of PPE

27. Advice continued to change and recommendations by PHW (and other bodies) were publicly debated by medical professionals, leading to a degree of confusion and mistrust. In January 2022 the BMA called for PPE that offered a higher level of protection, including FFP3 and FFP2 masks, to be made readily available to protect colleagues from COVID-19 infection. This created unease amongst providers about the level of protection provided by the FRS masks that were the normal level provided to care home. There were similar concerns about the safety of guidance to use aprons instead of overalls and the need for separate guidance for domiciliary care use due to the issues around donning and doffing and disposing of PPE in someone's own home.

Purchasing PPE on the private market

28. Members encountered individual issues (for instance in March 2020 only 25% of a member's gloves orders were fulfilled), but together they formed a consistent picture of difficulty and stressful experience. Many providers relied in the early stages on donations of face masks and 3D face coverings from local people and business and on sanitiser produced by local distilleries. There were specific issues with some individual suppliers. For instance, members stopped receiving supplies via Gompels that some understood to be a result of Public Health England restrictions that prevented them from selling to Welsh providers. This caused considerable upset as member felt Wales was being cut off.

29. Most members were relying on ad hoc purchasing through the likes of Amazon to ensure they had some supply of PPE where it became available due to the unpredictability of their usual supply chains. Some were able to obtain supplies through the local community as above. In May 2020, Care Home Life approached CFW with an offer of 5% discount on PPE for members.

30. The general picture from members is that PPE costs increased massively. As supply chains were so heavily disrupted most members resorted to buying PPE on an ad hoc basis and bought what they could, when they could. This meant using personal suppliers such as pharmacies and supermarkets as opposed to business suppliers where they would have been able to benefit from bulk buying. Some providers also chose to purchase some items of PPE at a higher spec than the free PPE in order to reassure staff and protect residents.

31. We are not aware of any specific issues with distribution by private suppliers.

Impact of free PPE

32. Many providers had their workers self-isolate immediately at the onset of the pandemic due to the fear of contracting COVID-19, which reduced staffing levels. Free PPE helped offset some of the difficulties with supply chains providers felt re-assured enough to begin easing their staff back into work. It also eased the concern of the inflated PPE costs as it meant they were not dependent on their suppliers and trapped into buying the necessary equipment at any cost. As the worry of obtaining PPE subsided it meant that efforts could be focused elsewhere, on their staff and residents. The provision of PPE restored some sense of being valued and protected to a sector that had largely been left to manage on its own for the first few months, although some concerns remained about the level of protection of the PPE recommended.

33. There were issues with some PPE drops as they were allocated based on the size of a borough as opposed to the size of the homes within the borough. This had a particular impact in Merthyr Tydfil County Borough Council - a small borough with a very large care home. As stated above, this was raised with the Welsh Government and resolved.

34. In November 2020, the allocation of PPE was improved through a new electronic stock management system for JES which responded to local demand as opposed to standard local allocation.

Fitness for purpose

35. There were some difficulties in obtaining large sized gloves and concerns from members regarding fit testing if FFP3 and FRSM needed to be used. Probably the main complaint was about the FFR face masks recommended for standard use being uncomfortable to wear for lengthy periods. There was no mention of any specific issues related to diversity.
36. Members approached Care Forum Wales with varying PPE related queries throughout the pandemic. The three common themes were the availability of PPE, the quality of PPE, and the confusion surrounding PPE guidance. Initial concerns about the supply and quality of PPE were also highlighted by Care Forum Wales in the media. Access to PPE improved drastically following distribution of free PPE by Welsh Government.
37. PPE related guidance at the onset of the pandemic stated that those in health and social care related settings should use eye/face protection. (Links to this early guidance on NHS Wales have since been archived). As this put face coverings, such as visors, in high demand members relied on the generosity of the wider community – for instance, donations of face coverings and 3D printed visors. Members were had no option but to accept these donations in many cases due to the worldwide supply issues at the time. Other quality issues related to the level of protection afforded by the aprons due to their limited cover. We followed up quality issues with Welsh Government and worked closely with the Welsh Local Government Association on improving supplies on an ad hoc basis, but also through the weekly PPE meetings. Our Chair, Mario Kreft, met weekly with the Deputy Minister, Julie Morgan MS, throughout the period. Some members also contacted Members of the Senedd personally about their concerns.
38. There were many additional queries about the level of PPE recommended, the need for separate guidance in domiciliary care, problems in consistent interpretation across agencies and delays in changes being communicated. These were addressed in similar fashion, often direct with PHW.

39. Throughout varying points of the pandemic we were raising concerns with Welsh Government, Public Health Wales and local authorities. Examples are referenced in answers above.
40. The most notable issue at a local level was in Merthyr Tydfil in April 2020, when the local authority was unable to meet the PPE needs of a large care home. There were some other issues in different regions, but local authorities across Wales were distributing all PPE that they had access to and most issues seemed to subside as quantities increased.
41. We are not aware of any member that completely ran out of PPE, although Care Forum Wales council members were highlighting that they were low on supplies as early as 12 March 2020. Members were extremely resilient during this time and with support from the community, they did all they could to avoid running out of supplies and to limit the risk of covid transmission by alternative means, such as restricting visiting and refusing admissions direct from hospitals.

Reusable PPE

42. Prior to the pandemic the most used items of PPE were aprons and gloves, but we are not aware if any members chose to use reusable PPE as opposed to disposable.
43. Members followed the guidance to use single use gloves, masks and aprons and sessional use of FRSM masks and eye protectors when required. Members were reusing visors during the pandemic until concerns were raised about deterioration of the plastic due to cleaning products. A trial of clear face coverings (designed to re-assure residents with sensory or mental health conditions) was also reported to be unsuccessful. We are not aware of any members using reusable masks and aprons.
44. We would not be able to provide an approximate cost per use of reusable PPE in comparison to single use since most providers used the free PPE provided through Welsh Government. There may have been some additional costs of disposal.

45. We do not believe members have made use of re-useable PPE since the pandemic, given the devastating effects experienced during the initial outbreak and concerns about the potential for new covid variants to appear. Free PPE continued to be supplied to the sector by Welsh Government until the end of June 2023 which assisted greatly.

IPC guidance

46. CFW first started calling for PPE to be provided in January 2020 and it finally started to be made available in March 2020 for, *“social care workers who are providing direct care to people suspected or confirmed as having novel coronavirus (COVID-19) according to the current definition for community cases, either living in their own homes, or in care homes.”* This was stated in a letter dated 19 March from Albert Heaney, Director of Social Services and Integration at Welsh Government. The recommendation in accordance with the National Infection Prevention and Control Manual was that if neither the care worker nor the individual receiving care and support was symptomatic, then no personal protective equipment was required above and beyond normal good hygiene practices. Care workers were told to only wear PPE when caring for anyone with respiratory symptoms that could be due to COVID-19, including high fever and a persistent cough.
47. On April 9th 2020 Public Health Wales issued a Supplementary Guidance Note on PPE summarising changes that had been made on April 2nd recommending *“Use of PPE for all residents or service user encounters (not just patients with suspected or confirmed COVID-19) at a time when there is sustained community transmission of COVID-19, as is currently occurring in the UK”*. The main recommendations were single use gloves and aprons, FFRS masks, and eye protection if there was likely to be splashing. We distributed this guidance to members on the same day via e-mail to keep them informed in real time.
48. In Summer 2020, the guidance was updated further to include the use of PPE in all care settings, even if neither the care worker nor the individual receiving care showed symptoms.

49. As vaccination rates increased and infection rates fluctuated throughout 2021 and 2022, PPE guidance was adjusted periodically. Throughout the pandemic Care Forum Wales consistently relayed updates in guidance to members through e-mail and WhatsApp. Where we felt the recommendations were inappropriate or unclear, we relayed our concerns to key individuals to ensure they were considered. For instance, we worked with PHW and Welsh Government to provide FAQs to address the different situation facing domiciliary care workers.
50. The changes, different interpretations of the guidance and public debate between medical experts over how the virus is transmitted (airborne, surface contact, asymptomatic transmission etc.) added to the existing mistrust in a sector that already felt it had been sacrificed to the needs of NHS. As a result, members regularly questioned whether PPE in social care was adequate or whether it was simply all that was available and/or affordable. There were particular concerns that FFP3 masks and gowns were only recommended for Aerosol Generating Procedures. Given that many medical experts considered the virus to be airborne, care workers felt that the guidance to use aprons and bare forearms did not protect them adequately when bathing residents or providing care to someone who was coughing. Providers would have preferred a risk averse approach to be sure of protecting their staff when so little was understood about the virus.
51. Our members are comprised of small, medium, and large homes, as well as homecare settings, so their experiences differed considerably, but they prepared themselves for the changes in guidance long before they were addressed by stockpiling as much PPE as they could in the earliest months of the pandemic. They effectively anticipated the advice, adopting a risk averse approach and putting their own preparations in place in the absence of official guidelines in the early stages of the pandemic. This was a particularly anxious time for members as they foresaw the dangers before governments did.
52. At the onset of the pandemic our members were trying to purchase any PPE possible - there was as yet no guidance to comply with – and it would be difficult to quantify what PPE was compliant and what was not. However, the common experience was that purchasing any PPE was a struggle before it started to be

distributed by the government - a combination of disrupted supply chains and the competing demand for PPE from the general public. Guidance on correct levels of PPE also changed as trials of new equipment proved unsuccessful and as understanding of the virus improved.

53. During the pandemic, Care Forum Wales liaised constantly with the Welsh Government and PHW about IPC guidance related to PPE (as referenced in the answers above). We also relayed concerns surrounding testing in the early months of the pandemic when it was only recommended for symptomatic individuals. Most members believed all staff and care home residents should be tested frequently, regardless of symptoms.
54. The guidance changed on May 2nd when testing was extended to all residents and staff in care homes with outbreaks. However, we contacted the Public Health Wales Covid 19 enclosed settings inbox on May 3rd 2020 because members were struggling to access testing. The response was that PHW had been unaware the announcement was forthcoming and had not yet established details of how the testing would be completed. PHW also said that the change would take time to implement due to capacity. Providers chose to take the issue to Members of the Senedd in May 2020, scared that COVID would be able to enter their care settings.
55. Testing in care homes that did not have an outbreak was not introduced until the middle of May 2020, but applied only to care homes with fifty or more residents. One member brought the issue of protection of smaller care homes to the attention of John Griffiths MS who raised it with the First Minister. A policy of weekly asymptomatic testing of all staff, regardless of outbreak or size of home, was introduced on June 15th 2020.
56. Most of the issues around availability and quality of PPE, PCR and LFT tests were discussed on an ad hoc basis with individuals or at weekly meetings chaired by Welsh Government. Some were probably dealt with by Mary Wimbury via email, but we do not have access to these following her departure from Care Forum Wales.

57. Care Forum Wales provided evidence to the Senedd's Health and Social Care Committee covid inquiry on 7 May 2020. The written evidence stated, "*The difficulties in gaining appropriate PPE for the sector are well documented as more was needed and usual supply routes dried up. The guidance was changed on Maundy Thursday (9 April) to recognise the community spread in the UK. While the situation has now eased somewhat in terms of both supply and supplementing by Welsh Government through local authorities, providers continue to be concerned about ongoing supply issues and increase in costs for PPE.*"

As we know both care home residents and staff are at significant risk from Covid-19 and anecdotally most outbreaks in care homes seem to be traced back to asymptomatic residents or staff. We believe the safest policy would be to test all residents and staff regularly as well as domiciliary care staff who could become carriers. We have seen some progress in recent weeks with discharges from hospitals to care homes; all residents and staff in care homes where there is an outbreak and all admissions to care homes now tested. However, sometimes the implementation has lagged some way behind the policy announcements."

Lessons learned

58. Care Forum Wales responded to a request from Welsh Government to respond to its rapid review of care homes in July 2020. As part of the process, Mary Wimbury discussed issues with Professor John Bolton, who was commissioned to carry out the review, in addition to obtaining the views of members and colleagues in the National Provider Forum. Our response highlighted the need in the event of future pandemics to:

- Ensure that hospital patients receive two negative tests before being discharged into a care home.
- Ensure that there is no delay in issuing Welsh guidance following the issue of guidance in England.
- Ensure that written guidance is updated at the same time as verbal updates/announcements.
- Improve version control and to make sure that changes to guidance are clearly communicated.

- Re-assure care workers by making high quality protective clothing available and basing guidance on what is needed, rather than what is available.
- Ensure regular testing of care workers and residents.
- Ensure that visiting health professionals are aware that they must abide by testing and PPE guidance too.
- Provide greater support to care homes in balancing the protective rights of care home residents under public health legislation and DoLS.

59. As a representative organisation, Care Forum Wales does not plan or distribute supplies and equipment, but we continue to provide the PPE offer through Care Home Life. Members are likely to retain larger contingency stocks of PPE now that free provision has ended, within their ability to store items.

60. We have cemented links with PHW and continue to work with them on IPC, for instance in supporting the piloting and roll out of IPC workbooks for care workers in residential care homes and domiciliary care.

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

Dated: 28/11/24