Witness Name: G P Howells

Statement No: 1

Exhibits: M2B.CNO.GH.01/001 - 039

Date: 30/10/2023

UK COVID-19 INQUIRY

MODULE 2B

WITNESS STATEMENT OF GARETH HOWELLS

I, Gareth Paul Howells, state as follows: -

1. I provide this statement in response to a request made by the Chair of the UK Covid-19 Public Inquiry ("the Inquiry") pursuant to Rule 9 of the Inquiry Rules 2006 dated 5 May 2023 and referenced M2B/CNO/GH/01 ("the Request").

Preface

2. I extend my deepest sympathies to those who have lost loved ones during the pandemic, and I welcome the opportunity to provide this statement to assist the Inquiry in its vital work.

3. I am a registered general nurse and I have worked in the nursing profession for over 40 years. I am exceptionally proud to be a nurse and a public servant, and I believe that the NHS is in a privileged and pivotal position, interfacing with people sometimes at the most vulnerable times of their lives with often only one chance to get this interaction right. My ambition is that this is always a positive and lasting experience and I believe that the provision of safe, effective, and efficient patient care cannot be compromised. I will always strive to ensure that it is provided and maintained.

4. My experience in my time as the Interim Chief Nursing Officer for Wales ("ICNO(W)") has shown that the NHS in Wales endured an extremely challenging time. Having worked as an executive nurse in a major health board through the first two waves of Covid-19 and then in the Welsh Government through the third, I don't think I will ever truly forget the emotional and physical impact the pandemic has had on us all.

5. I was pleased, however, that I could use the experience I have gained over four decades working in the NHS to really understand the challenges being faced, the difficulties being experienced, the emotion, the fear in communities and staff, as well as what was needed from senior leaders to manage the pandemic as well as the subsequent recovery.

6. This experience has reinforced to me the difference that can be made by organisations working together in partnership to meet the needs of our populations. This also includes ensuring care, services, advice, and policy development are the best that they can be.

7. Throughout the pandemic, my reflection of the Welsh Government response was that the teams were totally committed to ensuring our patients, service users, and staff were kept safe, that services operated in as an effective way as possible, the advice provided was evidence based, and our teams were supported.

My background and experience

8. I joined the NHS in 1981, on a youth training scheme. I subsequently completed my orthopaedic nurse training and registered general nurse training and began my career as a registered nurse in 1987. I hold the following qualifications: Diploma of Nursing Studies (including WNB 998: Teaching and Assessing, and WNB 264: Burns and Plastic Surgery Nursing Certificate), Orthopaedic Nursing Certificate, BSc (Hons) Nursing Studies, and MA Healthcare Law and Ethics.

9. I initially worked on general surgery as a staff nurse and later became a charge nurse, first in burns and plastic surgery and subsequently in trauma, and orthopaedics. I subsequently became a senior nurse manager in neurosciences and rehabilitation. I was part of the team that established NHS Direct in Wales in June 2000, and in September 2004 I was appointed to the role of Divisional Director of Nursing for Medicine, Elderly Care, Emergency Care and Community Services at Swansea NHS Trust.

10. In 2008, I took up my first role in NHS England as the Assistant Director of Nursing at the Royal United Hospital NHS Trust in Bath. Over the following 10 years I worked in various executive nurse and chief nurse roles in North Bristol NHS Trust, Somerset Partnership NHS Foundation Trust, Birmingham and Solihull Clinical Commissioning Group, and Birmingham Community NHS Foundation Trust.

11. In 2018, I returned to Wales as the Director of Nursing and Patient Experience at Abertawe Bro Morgannwg University Health Board which, following a service redesign in April 2019, became Swansea Bay University Health Board ("Swansea Bay UHB"). Swansea Bay UHB is responsible for planning and delivering NHS services to a population of around 390,000 people in the Neath Port Talbot and Swansea areas. It commissions primary care services from GPs, opticians, pharmacists, and dentists across the area, provides mental health and learning disability services in both hospital and community settings, manages three major hospitals, a community hospital and primary care resources centres, and is responsible for the Welsh Centre for Burns and Plastic Surgery at Morriston Hospital (which provides specialist services to patients across south and mid Wales, and the southwest of England).

12. On 7 September 2020, I retired from the NHS and took up the role of Nursing Officer at the Welsh Government.

13. On 6 April 2021, the then Chief Nursing Officer for Wales ("CNO(W)"), Professor Jean White, retired and I was appointed to the role of Interim Chief Nursing Officer for Wales. I performed the duties of the CNO(W) on an interim basis, in addition to my duties as Nursing Officer.

14. In August 2021, Sue Tranka was appointed to the role of Chief Nursing Officer for Wales, and I reverted to my substantive role of Nursing Officer. Shortly after Sue took up post on 31 August 2021, I was approached by Swansea Bay UHB and asked to return to my previous role. In September 2021, I left the Welsh Government and returned to the role of Executive Director of Nursing and Patient Experience at Swansea Bay UHB. However, even after leaving the Welsh Government, I continued to keep in close contact with Sue Tranka, handing over the key components of the role, supporting her transition into the role, and providing help and answering queries as needed.

15. This statement addresses events that occurred and decisions that were taken during my time as ICNO(W) between 6 April 2021 and 30 August 2021.

My role, function, and key responsibilities

16. As a Nursing Officer in the Welsh Government, I supported implementation of the First Minister's priorities and those of his ministerial team, delivery of NHS services generally, and provided advice, briefings, and professional evidence to policy officers, ministers, Members of the Senedd, and Members of Parliament.

17. I was responsible for promoting high quality and safe, compassionate care in Wales. I worked closely with the Office of the Chief Medical Officer for Wales ("CMO(W)") to progress the Welsh Government's quality, safety, and patient experience agenda, and with Health Inspectorate Wales and Care Inspectorate Wales to support their regulatory priorities. I also played a central role in reviewing the health and care standards, developing a system for implementing an NHS duty of candour in Wales in readiness for the duty contained within the Health and Social Care (Quality and Engagement) (Wales) Act 2020 coming into force.

18. I provided clinical and professional advice and support to the Welsh Government's NHS Quality and Delivery Group, and to the Welsh Government's regular performance and delivery focussed meetings with NHS trusts and local health boards. I gave professional advice and support in all aspects of safeguarding, supported the delivery of the key areas of work identified in the NHS Wales Safeguarding Network Plan, and worked with Macmillan UK to progress the National Cancer Survey. I also picked up specific areas of work allocated to me by the ICNO(W) and deputised for her as appropriate.

19. As the Interim Chief Nursing Officer for Wales, I was responsible, at a national level, for all professional matters in relation to the nursing and midwifery workforce. I supported achievement of the best health and care outcomes for people in Wales, by providing leadership and support for the professions in Wales and ensuring that our health service had effective professional leadership. I provided expert professional advice on nursing and midwifery matters in health and social care, including legislation and more specifically, the Nurse Staffing Levels (Wales) Act 2016. The Office of the Chief Nursing Officer ("OCNO(W)") also has policy responsibilities in relation to maternity and breast-feeding services, and quality and safety of care in NHS Wales (in tandem with the Chief Medical Officer for Wales). The officials within the OCNO(W) work with other directorates within the Health and Social Services Group ("HSSG") in the Welsh Government to provide expert professional advice to support delivery of the Welsh Government's priorities.

20. I was supported in my role as ICNO(W) by the other nursing officers within the Welsh Government's Nursing Directorate NR NR , Karen Jewel, and Hazel Powell, as well as appropriate policy leads.

21. I feel it's important to explain that I only undertook the role of Interim Chief Nursing Officer for Wales for approximately five months, during the period from April to August 2021, and on an interim basis. Consequently, I very much saw my role as ensuring that the Nursing Directorate continued to operate smoothly and effectively, while ensuring stability, until such time as Professor White's successor had been appointed and took up post.

22. I was cognisant of the fact that the new Chief Nursing Officer, once appointed, would likely have their own priorities, ways of working, and approach, and didn't feel that it would be appropriate in those circumstances for me to make significant changes in the Directorate during my short tenure as ICNO(W). I therefore saw my role as maintaining a "steady-ship" while my replacement was recruited, particularly as by the time I took up my role as ICNO(W), we had achieved something of a Covid-19 steady state, and many of the key decisions around the Welsh Government's pandemic response, key policies, and public health advice to professionals and the public, had already been implemented by my predecessor.

23. Additionally, unlike my predecessor and my successor, I held the position of ICNO(W) in addition to meeting all the requirements of my substantive role as a Nursing Officer within the Welsh Government. Consequently, much of my time was consumed with undertaking those duties, while ensuring that the functions of the Office of the Chief Nursing Officer were maintained.

April 2021: a stable, and improving public health situation

24. When I took up post as ICNO(W) on 6 April 2021, the public health situation was generally improving, infection rates were falling, and pressure on NHS services was easing.

25. The First Minister had recently announced the further easing of restrictions through April and May 2021, in accordance with the Welsh Government's Coronavirus Control Plan. I produce here, as **Exhibit M2B.CNO.GH.01/001 – INQ000271876**, the First Minister's statement.

26. While I understand that the Welsh Government's vaccination strategy will be examined in a later module of the Inquiry, and consequently need not be addressed in this statement, it's important to explain that by April 2021 three vaccines had been authorised for use by the Medicines and Healthcare Regulation Agency, and two were already being rolled out across Wales (the Pfizer-BioNTech vaccine and the Oxford University/AstraZeneca vaccine). Roll-out of the Moderna vaccine across Wales commenced the next day, and I produce the Minister of Health and Social Services' statement of 7 April 2021, as **Exhibit M2B.CNO.GH.01/002 – INQ000271877**.

27. On 7 April 2021, I attended a contingency meeting of the HSSG Executive Directors Team ("HSSG EDT") where the Director General, Dr Andrew Goodall, reported that the 7-day rolling case average was below 25 across Wales, there were 500 Covid-19 related patients in beds across NHS Wales, and there were 60 Covid-19 patients in critical care, which had declined to under 100% occupancy over recent days. I produce here the minutes of this meeting, as **Exhibit M2B.CNO.GH.01/003 – INQ000271878**. I also produce here, as **Exhibits M2B.CNO.GH.01/004 – INQ000271646**, **M2B.CNO.GH.01/005 – INQ000271879**, **M2B.CNO.GH.01/006 – INQ000271880**, **M2B.CNO.GH.01/007 – INQ000271881**, **M2B.CNO.GH.01/008 – INQ000271882**, **M2B.CNO.GH.01/009 – INQ000271883**, **M2B.CNO.GH.01/010 – INQ000271687**, **M2B.CNO.GH.01/011 – INQ000271884**, and **M2B.CNO.GH.01/012 – INQ000271885**, the minutes of contingency meetings of the HSSG EDT held during my tenure as Interim Chief Nursing Officer for Wales (on 14 and 21 April 2021, 5 and 26 May 2021, 9 and 23 June 2021, 7 and 28 July 2021, and 25 August 2021).

28. Appropriate policies and guidance were already in place when I took up post, having been developed by my predecessor, Professor Jean White, acting in conjunction with the Chief Medical Officer, Deputy Chief Medical Officer and Public Health Wales and, as the public health situation was broadly stable, there was no immediate requirement to revise or amend that extant guidance. I understand that Professor Jean White has been asked to provide a statement to the Inquiry, and I refer the Inquiry to her statement ref. M2B.CNO.JW.01.

29. While I understand that decisions were taken in respect of the further easing of restrictions during April and May 2021, I was not involved in those decisions.

May and June 2021: emergence of the Delta variant

30. In mid-May 2021, concerns began to emerge about a new variant of Covid-19, the Delta variant.

31. At a meeting of the Chief Nursing Officers for Wales, England, Scotland, Northern Ireland, and the Republic of Ireland on 14 May 2021, the Chief Nursing Officer for England, Ruth May, highlighted concerns regarding the spread of a new Covid-19 variant of Indian origin (later named the Delta variant) across the regions. I produce here, as **Exhibit M2B.CNO.GH.01/013 – INQ000271886**, the minutes of that meeting.

32. On 4 June 2021, I chaired a meeting of the Nosocomial Transmission Group, where it was reported that while "*concerns remain around the Delta variant, transmissibility and vaccine efficacy*", "*Generally, the position is positive. The seven-day case rate is down to 8/100,000, most areas are below 15/100,000 cases. Conwy has the highest case rates, associated with a local outbreak. Hospital and critical care admissions at this time are significantly lower compared with the peak.*" I produce here the minutes of that meeting, as **Exhibit M2B.CNO.GH.01/014 – INQ000271887**.

33. The Nosocomial Transmission Group was exceptionally important at this time and throughout the pandemic, for the purpose of providing advice, guidance and leadership for all health and care settings in Wales including hospitals, primary and community care, registered care homes, domiciliary care, learning disability units, and prisons.

34. Specifically, this group was tasked with minimising nosocomial transmission, thereby enabling the safe resumption of essential services, by overseeing effective infection prevention and control measures in a variety of settings. Nosocomial infections are also referred to as healthcare-associated infections, and these are infection(s) acquired during the process of receiving health or social care.

35. The Nosocomial Transmission Group was co-chaired by the Deputy Chief Medical Officer for Wales, and me. Its membership comprised healthcare professionals and policy officers from within the Welsh Government, Public Health Wales, and representatives from a range of healthcare professions, and their partners and trades unions.

36. The Group was directly accountable to the Maintaining Essential Services Group, which was itself a sub-group of the Health and Social Services Covid-19 Planning and Response Group, chaired by Dr Andrew Goodall, Director General of Health and Social Services.

37. I produce here, as **Exhibit M2B.CNO.GH.01/015 – INQ000271888**, the terms of reference for the Nosocomial Transmission Group. I also produce here, as **Exhibits M2B.CNO.GH.01/016 – INQ000271784**, **M2B.CNO.GH.01/017 – INQ000271889**, **M2B.CNO.GH.01/018 – INQ000271890**, **M2B.CNO.GH.01/019 – INQ000271891**, **M2B.CNO.GH.01/020 – INQ000271892**, **M2B.CNO.GH.01/021 – INQ000271911**, and **M2B.CNO.GH.01/022 – INQ000271914**, the minutes of meetings of the Nosocomial Transmission Group held during my tenure as Interim Chief Nursing Officer for Wales (on 8 April 2021, 6 and 21 May 2021, 14 June 2021, 9 and 30 July 2021, and 23 August 2021).

38. I was not directly involved in the collection and provision of data to the Welsh Government for use in its decision making. The Nosocomial Transmission Group was the primary forum through which Covid-19 related data, scientific evidence, and modelling was shared with me in my role as ICNO(W). **NR** the Deputy Medical Director at Public Health Wales would provide this group with a strategic overview of the most recent evidence and a situation report, at each meeting. Information, data, modelling, and evidence was also shared with me through my participation in the HSSG EDT meetings (see paragraph 27 above).

39. I felt that the Nosocomial Transmission Group provided an effective forum for members of the group, including myself, to ask questions about the data, evidence, and modelling that underpinned our thinking in relation to Covid-19. I do not recall any gaps or omissions in the evidence available to me, including data and modelling in respect of Wales specifically.

40. The Nosocomial Transmission Group also played an important role in preparing policy, guidance, and advice on infection prevention and control, for the purpose of minimising nosocomial transmission in a variety of health and social care settings.

41. Guidance prepared by the Nosocomial Transmission Group was distributed directly to the chief executives of local health boards, NHS trusts, social services departments in local authorities, and other relevant authorities, usually by one or other, or both, of the Group's co-chairs. I am not aware of any occasions when the advice of the Nosocomial Transmission group was not followed.

42. I would also discuss any new guidance, or updates to existing guidance, at my regular meetings with the executive nurse directors in the local health boards and NHS trusts in Wales. These meetings provided an important forum for sharing experiences,

providing peer support, and ensuring a joined-up approach to nursing and midwifery leadership across Wales. I produce here, as **Exhibit M2B.CNO.GH.01/023 – INQ000271913**, the terms of reference for these meetings.

43. On 2 July 2021, Chris Jones, the Deputy Chief Medical Officer and I wrote to chief executives, medical directors, and nursing directors in NHS bodies in Wales to remind them of their responsibilities to take action to protect hospitals and patients, considering the risk posed by increasing community transmission linked to the Delta variant. Specifically, we reminded NHS trusts and local health boards of the need to implement risk assessments and the hierarchy of control measures set down in the UK infection prevention and control guidance, environmental modifications and signage to ensure adequate ventilation and social distancing, staff and patient testing, and vaccination for healthcare workers. I produce here a copy of this letter, as **Exhibit M2B.CNO.GH.01/024 – INQ000271915**, and a copy of the UK infection prevention and control guidance, as **Exhibit M2B.CNO.GH.01/025 – INQ000271659**.

Changes to hospital visiting arrangements, June 2021

44. While it was clear that Covid-19 had not gone away, and we remained cautious about the impact of the Delta variant on health and care services, by this time it was clear that different parts of Wales were experiencing different Covid-19 transmission and infection rates at different times.

45. Our absolute priority remained keeping people safe, but we also needed to maintain a balance between protecting people from the virus on one hand, and supporting the wellbeing of patients and their loved ones on the other.

46. Restrictions on visiting had a huge impact on patients and their loved ones, and the Welsh Government was keen to support health boards to make changes to hospital visiting arrangements, by providing them with further flexibility to allow visiting to be "opened up", dependent upon local conditions and a careful assessment of risk.

47. The revised hospital visiting guidance, published on 18 June 2021, therefore set out the baseline for hospital visiting in Wales during the pandemic, but allowed health providers to depart from the guidance in response to rising or falling levels of Covid-19 transmission in their areas.

48. In doing so ,however, there had to be a focus on ensuring any changes were risk assessed, and the need to maintain a close link with Public Health Wales when making

decisions, to be clear about local community transmission rate, variants of concern, the vulnerability of particular patient groups, and individual circumstances.

49. The revised guidance included the option for health boards and NHS trusts to use lateral flow testing, or point of care testing, to support hospital visiting. It also made testing available for parents of children in hospital, pregnant women and their identified support partner and/or essential support assistants in maternity services. Subject to local determination and following a risk assessment, it also allowed up to two parents, guardians or carers at a time to visit a child in a paediatric inpatient ward or a baby in neonatal care. These recommendations were agreed and ratified by the All Wales Maternity and Neonatal Network Board.

50. I produce here the following exhibits: -

   a. **M2B.CNO.GH.01/026 – INQ000103976**: the advice provided to the Minister for Health and Social Services.

   b. **M2B.CNO.GH.01/027 – INQ000271666**: the Minister's response to that advice.

   c. **M2B.CNO.GH.01/028 – INQ000271664**: the updated guidance on hospital visiting.

   d. **M2B.CNO.GH.01/029 – INQ000271665**: the written statement issued by the Minister.

   e. **M2B.CNO.GH.01/030 – INQ000271668**: my covering letter to NHS Wales chief executives, clinical directors, executive nurse directors, heads of midwifery services, heads of therapies and healthcare science, heads of sonography / radiography services, hospices in Wales, the Wales Maternity and Neonatal Network Board, and the Royal College of Paediatrics and Child Health.

July and August 2021: declining infection rates and the easing of restrictions

51. On 29 July 2021, the Welsh Government's advice on self-isolation for people who were vaccinated was changed. I produce here, as **Exhibit M2B.CNO.GH.01/031 – INQ000271720**, the ministerial advice on this issue, which was copied to me but which I was not involved in preparing. At the meeting of the Nosocomial Transmission Group the following day, we received an update from Helen Arthur, Interim Director of Workforce and Corporate Business, on the advice that was being developed for healthcare workers who were fully vaccinated (the minutes of this meeting are

exhibited as **Exhibit M2B.CNO.GH.01/021 – INQ000271911** at paragraph 37 of this statement). On 6 August 2021, Helen Arthur, the CMO(W) and the Chief Social Care Officer for Wales, Albert Heaney, published revised guidance on self-isolation for health and social care workers. I produce here, as **Exhibits M2B.CNO.GH.01/032 – INQ000271730** and **M2B.CNO.GH.01/033 – INQ000271729**, that guidance and their covering letter respectively. While I was party to the discussion on this guidance through my involvement in the NTG, I was not involved in its preparation.

52. On 7 August 2021, Wales moved to alert level zero, although I was not directly involved in this decision. I produce here, as **Exhibit M2B.CNO.GH.01/034 – INQ000271916**, a copy of the First Minister's announcement on 5 August 2021.

53. On 25 August 2021, the Chief Medical Officer for Wales reported at a meeting of the HSSG Executive Directors Team that "*Community prevalence had been increasing over recent weeks and at the time was 332 per 100,000. There were concerns regarding the over 60s as cases were increasing in that age group. The number of covid related cases in hospital settings were increasing which was also true for other UK nations. Behaviour change linked to the easing of restrictions would have an impact on the numbers, especially with the reopening of large events. Going into the Autumn with high community rates will lead to pressures in the NHS.*" The minutes of this meeting are exhibited at paragraph 27 of this statement, as **Exhibit M2B.CNO.GH.01/012 – INQ000271885**.

54. On 31 August 2021, Sue Tranka took up the post of Chief Nursing Officer for Wales, and I returned to Swansea Bay UHB as their Executive Director of Nursing and Patient Experience.

55. At the time of handing over the Chief Nursing Officer role to Sue Tranka, the then public health position was showing an increase in the community prevalence of Covid-19. As such, the number of Covid-19 related cases in hospital settings was also increasing. This was not unique to Wales; it reflected the position in the other UK nations as well. While this did cause extra pressure, NHS services in Wales had become accustomed to managing these fluctuations in demand, and were able to adapt their operational processes in line with their own understanding of local circumstances, need, and the prevalence of the virus in their communities (when local rates increased and decreased). By that time, also, the high proportion of the people who had been vaccinated meant that any further waves of Covid-19 would take longer

to emerge than previous ones, although this position was monitored closely by Public Health Wales.

56. In my opinion, it was fortuitous that Sue Tranka was joining the Welsh Government from NHS England, where she was a Deputy Chief Nursing Officer. As such, she was well versed on Covid-19, its impact, and the work required to maintain safe and effective NHS services through the pandemic. Sue had also led on infection prevention and control in her previous role, and consequently she was already very familiar with the UK wide guidance within which services were operating (exhibited at paragraph 43 of this statement). My role therefore was to bring Sue up to speed on the Welsh context of operating in a very different organisational structure, the current state of play in terms of any challenges within the portfolio, and to be available to advise, support, clarify and ensure a smooth transition into the substantive CNO(W) role.

My role in providing advice on, or making decisions in respect of, the Welsh Government's response to Covid-19

57. It is important to note that governance arrangements and structures are in place within the Welsh Government for the purpose of decision-making. Significant decisions are rarely, if ever, taken by individuals and I certainly was not required to make any significant decisions personally.

58. To the extent that I was involved in providing advice to the Welsh Government during my brief time as Interim Chief Nursing Officer, Wales, this advice was provided through the appropriate structures, primary among which was the Nosocomial Transmission Group, which drew upon the best available evidence and relevant expertise from across the Welsh Government and the wider public sector in Wales.

59. To the extent that I needed to be as ICNO(W), I felt fully involved in decision making, working within the appropriate structures and closely with relevant officers, including the Deputy Chief Medical Officer, Dr Chris Jones, who held the leadership portfolio for infection prevention and control, which included Covid-19.

60. I have been asked to specifically address my involvement in respect of shielding advice provided to those who were clinically extremely vulnerable, and on the imposition of, easing of, or exceptions to the use of non-pharmaceutical interventions, and the impact of these measures on those with protected characteristics or who were otherwise vulnerable. However, these measures did not specifically fall within the remit of the Chief Nursing Officer for Wales.

61. While the CNO(W) would have contributed to the development of advice on such matters, through the Nosocomial Transmission Group and other decision-making forums (usually, with Public Health Wales playing a leading role), and my predecessor Professor Jean White was involved in such matters, except to the extent described in paragraphs 44 to 51 above, I was not personally involved in such matters because of the stage in the pandemic response at which I took up the role of Interim Chief Nursing Office for Wales. Consequently, I am unable to comment on the extent to which those decisions took sufficient account of the needs of those with protected characteristics, or who were otherwise particularly vulnerable to Covid-19, or whether there were any issues, obstacles or missed opportunities, with regards to the use of non-pharmaceutical interventions Wales.

62. I have been asked to explain my involvement in core decisions in respect of the discharge of patients from hospitals, and into care homes, the use of do not attempt cardiopulmonary resuscitation orders, and the management of hospital capacity. However, as I have explained above, these decisions were taken prior to my appointment as Interim Chief Nursing Officer for Wales. To the extent that the CNO(W), and their officials, were involved in such decisions, I would expect this to be addressed by my predecessor, Professor Jean White, in her statement for the Inquiry.

63. Similarly, I was not involved in decisions in respect of the Welsh Government's test, trace, and protect programme. These decisions were taken prior to my appointment as ICNO(W), and were primarily the responsibility of Dr Gill Richardson, Deputy Chief Medical Officer for Vaccines.

64. I do not recall any situations in which I personally provided advice to the First Minister, or any Welsh minister. I have also reviewed relevant records and have been unable to find any ministerial advice that I prepared during my tenure as ICNO(W).

65. I do not recall any occasions when advice which I contributed to through relevant bodies, was not followed. In my experience, the Welsh Government was guided very closely by the best available evidence on how to keep the people of Wales safe.

Cooperation across the four nations and with the UK Government

66. In my experience, the relationships between the four nations were eminently positive. From a nursing perspective, there were regular peer support meetings between the Chief Nursing Officers in Wales, England, Scotland, Northern Ireland and the Republic of Ireland. These acted an informal forum to provide and share support, advice, and

concerns, as well as best practice. I produce here, as **Exhibits M2B.CNO.GH.01/035 – INQ000271917**, **M2B.CNO.GH.01/036 – INQ000271918**, **M2B.CNO.GH.01/037 – INQ000271919**, **M2B.CNO.GH.01/038 – INQ000271732**, and **M2B.CNO.GH.01/039 – INQ000271738**, the minutes of the Chief Nursing Officer Forum meetings held on 16 and 30 April 2021, 8 June 2021, 30 July 2021, and 13 August 2021. The minutes from the meeting on 14 May 2021 are exhibited as **Exhibit M2B.CNO.GH.01/013 – INQ000271886**, at paragraph 31 of this statement.

67. I also attended meetings of the UK Senior Clinicians Group, chaired by the Chief Medical Officer for England. This group shared the latest scientific advances to help understanding and ensure a consistent UK approach across devolved administrations, where possible. I understand that minutes of these meetings were kept by the Chief Medical Officer for England.

68. I do not recollect any specific occasions when a divergent approach was taken in Wales during my tenure as Interim Chief Nursing Officer for Wales, and I would be surprised if this was the case as the public health advice was largely consistent on the areas within my remit as ICNO(W), i.e., nursing and midwifery profession and practice.

Other matters

69. I was not involved in the work of the First Minister's Black and Minority Ethnic Covid-19 Advisory Group, or the Black and Minority Ethnic Covid-19 Scientific Sub-group during my tenure as ICNO(W).

70. I was not involved in the use of public communications and behavioural management in the Welsh Government's response to the pandemic. Nor was I involved in the public health and coronavirus legislation and regulations.

71. I did not give evidence before the Senedd or any of its committees, in respect of the Welsh Government's response to the pandemic.

72. I did not participate in any WhatsApp or other messaging groups with Welsh Ministers, senior advisors, senior civil servants, the Chief Nursing Officers for England, Scotland, or Northern Ireland, or anyone else in connection with the Welsh Government's response to the pandemic.

Lessons learned

73. As I left the Welsh Government in August 2021, I was not involved in the formal lessons learned exercises carried out by the Welsh Government following the pandemic. Similarly, I have not seen any of the evidence gathered, or analyses undertaken, on the Welsh Government's pandemic response. Consequently, I am unable to give an informed opinion on any lessons that could, or should, be learned in respect of the Welsh Government's response to the pandemic.

74. However, I still spend time still thinking through the implications of the Covid-19 pandemic and as I have stepped back into the NHS in Wales, I continue to see the impact this immense international crisis has had on our day to day lives, and those of the people we work with and look after. Nurses and midwives have had to rapidly adapt to new ways of working and rise to unprecedented demands in uncertain times.

75. It was a really challenging time for everyone, but I was in awe of those who volunteered to work alongside and support our patients, service users and communities; as well as those who worked tirelessly to do the best they could for the people of Wales.

76. I would also like to take this opportunity to pay tribute to those nurses, midwives, and other health and social care professionals, who we so sadly lost to Covid-19. The sacrifice they made to keep others safe and well will stay with me forever.

77. The whole of the UK has been reminded how important nursing and midwifery professionals are. Their expertise and kindness made, and continue to make, such a difference to people's health and wellbeing. I am immensely proud to play a small part in this profession.

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

Gareth Paul Howells

Dated: 30th October 2023