

Witness Name: Alex Howells

Statement No: 1

Exhibits: 9

Dated: 20 September 2023

UK COVID-19 PUBLIC INQUIRY

WITNESS STATEMENT OF ALEX HOWELLS

I, Alex Howells, will say as follows: -

Preface

1. I provide this statement in response to a request from the UK Covid-19 Public Inquiry under Rule 9 of the Inquiry Rules 2006 dated 10th May 2023 and referenced M2B/WG/AH/01.
2. I fully support the important work of the Inquiry and wish to take this opportunity to extend my deepest sympathies to those who have lost loved ones during the pandemic and recognise the enormous efforts of our health and care staff who have worked through an unprecedented situation.

Background

3. I have a law degree from Bristol University and an MBA from Cardiff Business School. My career has been entirely in the NHS since starting on the NHS graduate management programme in 1990 as a general manager. I have undertaken a number of operational, project and planning roles in the NHS during that time and have been a Director in the NHS since 2002, first in Gwent Healthcare NHS Trust and then in Abertawe Bro Morgannwg University (ABMU) Health Board. I became acting Chief Executive Officer (CEO) of ABMU Health Board in 2017 and was then appointed as the first CEO of Health Education and Improvement Wales (HEIW) in February 2018.
4. This statement relates to the period 21 January 2020 and 30 May 2022.

5. During this period, I was seconded to the role of Deputy Chief Executive of NHS Wales between 31 March 2020 and 25 June 2020. I also continued as CEO of HEIW during this period, notionally for one day a week. Following the conclusion of the secondment, I remain in position as CEO of HEIW.

My role at Health Education and Improvement Wales

6. HEIW is a special health authority with statutory functions for education and training, leadership and talent management, careers, workforce planning and intelligence, and workforce transformation. My role includes working with the HEIW Board to set strategy and agree plans, ensuring appropriate governance arrangements are in place, overseeing the day-to-day delivery of statutory functions, leading the executive team and developing the capacity and capability of the organisation.
7. I do not remember exactly when I was first informed, in my professional capacity, about Covid-19. There was obviously information in the general media about events in Wuhan and then around February I think dialogue in Wales started more frequently referencing Coronavirus. I recall that there was information or briefing coming from Public Health Wales to all the NHS CEOs from quite early in the pandemic. A copy of the Coronavirus Weekly Update of 4 March 2020 is exhibited in **M2BWGAH01/01-INQ000231261**.
8. From January to March 2020, my main involvement with Covid-19 and the Welsh Government was in my capacity as an NHS CEO. Prior to the pandemic and during it the NHS CEOs met regularly with each other and also collectively with Andrew Goodall, the Welsh Government Director General of Health and Social Services and Chief Executive of NHS Wales. During this period, NHS CEOs provided collective advice to Andrew Goodall about how best to protect the NHS as the pandemic was unfolding. An example of this is a collective letter sent on the 13 March 2020 from Carol Shilabeer, who was Chair of the NHS CEO group, monitoring the situation and putting in place emergency planning arrangements. A copy of this letter is exhibited in **M2BWGAH01/02- INQ000182388**.
9. The work of HEIW was not patient facing so the proposals outlined in the collective letter did not directly impact on our work but the discussions leading up to that letter and the proposals made were important in informing how we could support organisations in NHS Wales and what activities we needed to scale back in our work programme.

10. During this period, as an NHS CEO, I considered that the Welsh Government were taking steps to address the seriousness of the situation and communicated with NHS CEOs on a frequent basis. I do not have a view on the timing or decision to impose the initial lockdown in Wales or on the decisions taken during this time on other matters such as international travel or border control. I was not involved or privy to any of the information around that decision. The decision to lockdown and introduce restrictions in Wales obviously impacted my role within HEIW and in that capacity I needed to make decisions about how we as an organisation responded to restrictions being introduced. In **M2BWGAH01/03-INQ000231302** I exhibit the minutes of the HEIW Board meeting held on the 27 March 2020 which outlines the issues the organisation was dealing with and the initial steps taken, such as the closure of our headquarters and move to homeworking, in response to the pandemic. Due to restrictions imposed we were unable to hold our March meeting of the HEIW Board in public. We produced a summary of the meeting and also committed to publishing the unconfirmed minutes of the meeting within 14 days of the meeting to ensure the public remained fully engaged in our work.
11. In light of the anticipated impact on NHS services, I minimised the work programme in March 2020 for HEIW in collaboration with the Board so that the organisation was focused purely on what was essential and had curtailed its developmental work programmes. This gave us flexibility to respond to the additional pressures of Covid-19 and support NHS Wales as needed.
12. For HEIW the internal pressures related particularly to the changes and adjustments that had to be made to the education and training programmes that we commission in order to mitigate the impact on recruitment of students and trainees, and progression through programmes. This involved working closely with NHS organisations, higher education institutions, regulators and our colleagues across the UK, as some aspects of education are nationally determined. We were also supporting where possible the external workforce related pressures, for example commissioning additional targeted critical care skills training for the workforce across Wales and shifting to virtual/digital forms of education delivery. In addition, the Deputy CEO of HEIW jointly chaired the Workforce Cell of the HSSG Emergency Response Arrangements throughout the pandemic.
13. During the time of my secondment to the Welsh Government, I was less involved in the day-to-day running of HEIW but continued to attend executive team and Board meetings to provide leadership and oversight. A copy of the minutes for the Board

meeting held on the 28 May 2020 is exhibited in **M2BWGAH01/04-INQ000231303**. The dual role of Deputy Chief Executive of NHS Wales and the Chief Executive of HEIW I think helped to ensure that that HEIW was cognisant of the pressures and issues the patient facing workforce was under and able to reflect on this while supporting the NHS workforce and building resilience.

My role as Deputy Chief Executive of NHS Wales

14. On 30 March 2020, Andrew Goodall contacted me to ask if I could provide assistance in the Deputy Chief Executive role and following agreement with the Chair of HEIW this secondment was announced on 31 March. A copy of Andrew Goodall's email announcing my arrival is exhibited in **M2BWGAH01/05-INQ000231277**.
15. I was seconded to the Health and Social Services Group (HSSG) as Deputy CEO of NHS Wales from 31 March 2020 to 25 June 2020 on a part-time basis, supporting Andrew Goodall in his capacity as CEO of NHS Wales and Director General of HSSG. The Deputy CEO role was vacant as the postholder, Simon Dean, was himself on secondment as the Interim CEO of Betsi Cadwaladr University Health Board. Although both of the Deputy's direct reports, Samia Saeed-Edmonds (Planning Programme Director) and Andrew Sallows, (Programme Delivery Director) had been promoted to join the HSSG Executive Director Team (EDT) in light of the additional responsibilities they were carrying, additional senior support and capacity was needed urgently given the unpredictable nature of the situation. I was brought into the Deputy CEO role to support the NHS-facing nature of the Welsh Government response to the pandemic and to be a helpful bridge between HSSG and the NHS system.
16. As events were unfolding very quickly Andrew Goodall, as Director General continued to lead on the most sensitive and complex issues and met with Ministers and Senior Officials regularly. I attended many of the Covid-19 related task groups and meetings in order to form an overview of the situation, to identify links and gaps, to provide support and advice and to help progress the work in an integrated and coherent way. I regularly attended meetings, though not every single meeting, of the following groups:
 - a. A weekly teleconference with the COVID-19 Planning and Response Subgroup Chairs. The Planning and Response Group was put in place in February 2020 before I joined the Welsh Government to provide strategic co-ordination of health and social services contingency arrangements for Covid-19, including planning for the reasonable worst case scenario (RWC). This Group had seven

subgroups and this teleconference was to touch base with the chairs of the group and provide an opportunity for discussion or identify issues for escalation. The Chairs of the subgroups included my deputy in HEIW, who was co-chair of the Workforce Deployment and Wellbeing subgroup.

- b. COVID-19 Planning & Response Subgroup meetings on Acute Secondary Care. The Acute Secondary Care subgroup was chaired by Dr Chris Jones, the Deputy Chief Medical Officer and Andrew Sallows, Delivery Programme manager. This group provided leadership and oversight in respect of hospital services, looking to free up capacity and maintaining services for life threatening conditions. My role at this meeting was to ensure there was timely sharing of information from and to CEOs about the plans being developed. I drew upon the work of this group in developing the Operating Framework planning guidance for NHS bodies.
- c. Maintaining Essential Services Subgroup meetings. This was another subgroup of the Planning and Response Group. This was chaired by Janet Davies, Deputy Director, Cwm Taf Morgannwg University Local Health Board Intervention Team and Mark Dickinson, Director, Clinical Networks, NHS Wales Health Collaborative. The sub-group provided central leadership and oversight in relation to the maintenance and recovery planning for essential NHS Wales services not specified in the Covid-19 response. This group worked closely with the Acute Secondary Care subgroup. My role was again to ensure that relevant matters were brought directly to the attention of CEOs for their advice or action. I drew upon the work of this group in developing the Operating Framework planning guidance for NHS bodies.
- d. The COVID-10 Response: Field Hospital Surge Facility Support Group. In April 2020 Stephen Harray, the Director of the National Programme for Unscheduled Care for the NHS, began chairing a national field hospital and surge facilities support group which had been established to enable greater co-ordination of support for local health and care communities as part of the planning process for the new field hospital facilities. The Group met fortnightly between April and June 2020 and reported to the HSSG Covid-19 Planning and Response Group, via Chris Jones, Deputy Chief Medical Officer. The implementation of field hospitals was a core element of the NHS response and I helped ensure links between the plans being developed in this group, the modelling and the finances.

- e. The Track and Trace Programme Board. This was set up in April 2020 and chaired by Jo-Anne Daniels, Director Test, Trace, Protect at the Welsh Government. This meeting brought together representatives from Local Health Boards, local authorities, Public Health Wales, NHS Wales Informatics Service (NWIS) and military planners to discuss how best to operationalise the Welsh Government's public health response. I was involved in the early stages of this work and provided advice to the DG on its establishment.
- f. Care Home Work SITREP Progress and Priorities meetings. This meeting was a mix of HSSG officials and NHS officials and the purpose was to review and take forward action to support the care home response to Covid-19 and ensure that support for care homes via health boards or primary care was provided. My role at this meeting was to ensure that the operational issues being flagged by the NHS were considered in the development of policy guidance. Daily military interface briefings. Senior Military Liaison Officers were brought into the Welsh Government and NHS during the pandemic to assist with NHS planning, and were also distributed across the NHS in Wales in support roles ranging from planning to field hospital establishment and the operation of vaccination centres. Samia Saeed-Edmonds was the main interface but I attended some of the daily briefings to share and discuss intelligence on what was happening across individual NHS organisations, to take stock of the issues being considered and ensure that emerging risks and issues were being addressed through the relevant part of the response structure. NHS CEO peer group meetings. NHS CEOs had regular informal meetings for communication and updates. I attended these meetings in effect wearing two hats. In my capacity as Deputy Chief Executive of NHS Wales I attended and provided updates on emerging plans and gathered operational information and advice. As Chief Executive of HEIW I listened to the needs of the other organisations and fed this back into HEIW in order ensure our activities were tailored for the NHS's needs.

17. My main interactions were with Andrew Goodall and his Executive Director Team, which included the Chief Medical Officer, Chief Nursing Officer and Director of Social Services. In particular, I supported and worked closely with Samia Saeed-Edmonds and Andrew Sallows in their roles generally and in some specific areas:

- a. Andrew Sallows was particularly involved in the modelling around the pandemic, and the translation of the modelling into NHS capacity requirements

and field hospitals. I worked closely with Andrew but did not undertake any modelling work myself personally. Modelling was very much at the heart of everything but in the early stages there was both local modelling and national modelling. My role was engagement with NHS organisations particularly through the CEO links to ensure that they were kept updated on the national modelling, to share the issues emerging from the local modelling and ultimately to encourage and develop a consensus view and understanding on the modelling that needed to underpin NHS planning.

- b. Samia Saeed-Edmonds was the lead official liaising with the military and coordinating the HSSG Covid-19 Planning and Response Group. One of my initial tasks assigned by Andrew Goodall was to work with Samia to support getting the Covid-19 Planning and Response structure and mechanisms working effectively bearing in mind the rapid pace of change at that time.

18. As noted above, I was the main point of liaison from the Welsh Government into the NHS CEO peer group meetings which were taking place three times a week. The frequency of these meetings reflected the pace at which the pandemic was unfolding and the need for regular communication and updates. I was taking live topics and issues into those meetings and sharing their advice and comments with the DG HSSG and other relevant Welsh Government colleagues as appropriate to inform decision-making. I also acted as a point of liaison with key stakeholders including professional bodies and staff organisations on behalf of the DG, with a particular focus on reflecting their views and priorities within the planning guidance being developed for the NHS. I think my role with a foot in both the NHS and in the Welsh Government was very helpful as I was able to bring information to the NHS from the Welsh Government and vice versa to ensure that plans and decisions being made were done so with the perspective of the NHS being directly brought in.

19. It was with this knowledge and perspective that I drafted the NHS Wales COVID 19 Operating Framework (for Quarter 1, as exhibited in **M2BWGAH01/06- INQ000182468** and then Quarter 2 as exhibited in **M2BWGAH01/07- INQ000182460**). In Wales the planning of services took place on a three-year basis linked to Integrated Medium Term Plans ("IMTPs") submitted by organisations for approval by the HSSG and the MHSS and linked to the funding of NHS services in Wales. The usual planning process of 3-year IMTPs was possibly for the NHS in Wales alongside the demands of Covid-19 but to ensure the planning principles and mechanisms for oversight were not lost,

quarterly operational planning cycles were introduced in May 2020 to provide assurance across the system.

20. In order to produce the Frameworks, I consulted with stakeholders, Welsh Government colleagues and NHS colleagues. It was important that the Frameworks synthesised the policy guidance and priorities from WG to provide a coherent set of expectations and requirements for NHS organisations to reflect in their plans. Engagement to develop the Frameworks was essential, including NHS organisations to ensure that the guidance took account of the operational pressures and challenges. I also liaised with HSSG officials to ensure the modelling, public health situation projections and governance arrangements were appropriate.
21. Developing the COVID 19 planning framework was the only occasion in my role as Deputy CEO that I engaged with officials on a UK level. For the Quarter 2 Framework, I met with colleagues from NHS England to discuss how they were planning to restart activity so we could consider the approach being taken there and if a comparative approach in Wales was appropriate based on the science and modelling.
22. On the final day of my secondment, 25 June 2020, I provided the DG with a summary of key risks for the HSSG Covid response (exhibits **M2BWGAH01/08-INQ000231286** and **M2BWGAH01/09-INQ000231285** refer). I produced this document with the assistance of Samia Saeed-Edmonds to give my perspective and provide continuity upon my departure. My understanding was that the document was to be discussed by the DG's EDT, but I had no further involvement with it following the conclusion of my secondment.
23. I did not directly provide advice to any Ministers during my secondment as this was undertaken by civil servants, but as described above I was involved in supporting officials who were providing advice on various matters including finances, field hospitals and the Covid-19 operating framework.
24. As I was a short term NHS secondee I did not have a civil service email address and so I did not see the routine flow of business and correspondence, unless specifically copied in. The role I had, as a bridge into the NHS, meant that I was in many ways siloed on specific tasks, such as the operating framework. While this may have meant I did not have information as quickly as those within the Welsh Government it did mean that I was able to manage my inbox effectively and officials were very helpful in including me in exchanges relevant to my role rather than being overwhelmed with

information. I was not involved in any WhatsApp or other informal messaging groups relating to my role as Deputy CEO.

25. During my secondment I had no involvement in:

- a. Decisions regarding non-pharmaceutical interventions including:
 - i. The national lockdowns including the “firebreak”;
 - ii. Local and regional restrictions;
 - iii. Working from home;
 - iv. Reduction of person to person contact/social distancing;
 - v. Restrictions on mass gatherings;
 - vi. Self-isolation requirements;
 - vii. The closure and opening of schools;
 - viii. The use of face-coverings;
 - ix. The use of border controls.

26. These were generally led by Welsh Government officials within the HSSG through the various cells that had been established reporting to the HSSG COVID-19 Planning & Response Group. or were being led from elsewhere in the Welsh Government as they were not specific to health.

27. I was also not involved in:

- a. Decisions regarding the discharge of asymptomatic patients from hospitals to care homes.
- b. Decisions regarding the testing of hospital patients before discharge into care homes.
- c. Public health communications and behavioural management.
- d. Legislation or regulations relating to COVID-19.

28. I was not asked to provide information or evidence to the Senedd in respect of my role as Deputy CEO during this period.

Lessons learnt

29. In my view, the Covid-19 situation generated a very positive team-based approach and no issues were identified at the time.

30. Reflecting on my short period in the Welsh Government while preparing this evidence, I felt that considerable importance was attached to the advice and information provided by NHS leaders in informing decisions, and in refining the modelling information. This was important in ensuring a collective approach. My recollection is that Public Health Wales and the Chief Medical Officer were reviewing lessons learned from other countries and using them to inform actions but I was not involved in this directly.

31. There were a lot of meetings which used a great deal of staff time, so it would be useful to review whether these were essential, the balance between meetings and written updates/communication, the length of time they were in operation and the need to avoid scope creep.

32. Updated information was being issued very frequently but from different leads in the Welsh Government so a more centralised approach would have been useful in helping busy operational organisations keep up to date on all the changes in guidance and requirements.

33. I did feel that the lack of alignment of approaches across the UK did create confusion for the public and sometimes staff, and potentially created additional communication work to explain and rationalise.

34. I was brought into the Welsh Government at pace and I was glad to have been able to offer my time and support during this unprecedented period. It was clear to me that officials and staff at the centre of the Welsh Government response were working excessive hours with limited breaks or time off. It will be important to consider and reflect on wellbeing support for people in such roles during emergency periods.

35. In terms of the emergency response plan, I believe it would be useful to have a clear plan/remit for the additional NHS secondment roles that need to be activated so that there is clarity on responsibilities and resources can be maximised. In particular, it

would be useful for emergency planning arrangements to identify NHS CEOs from non-patient-facing organisations to be available to supplement senior capacity at a national level within Welsh Government and take on identified lead roles. I believe this may help release and deploy senior capacity sooner.

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:

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Alex Howells

Dated: 20 September 2023