Witness Name: Simon Dean
Statement No.: M2B 1
Exhibits: 20
Dated: 9 October 2023

UK COVID-19 INQUIRY

WITNESS STATEMENT OF SIMON DEAN

I, Simon Dean, will say as follows: -

1. The purpose of this statement is to assist the Inquiry to investigate key government decision making within the Welsh Government, the information relevant to such decisions and the role of senior officials and advisers.

2. My response to the Inquiry's request for evidence made under rule 9 of the Inquiry Rules 2006, referenced M2B/NHSW/SD/01, will cover the period from the 21 January 2020 and 31 May 2022 (which I will refer to in this statement as "the pandemic period") and the information provided in this statement is structured as follows:

    a. **Part A** – will provide an overview of my time seconded to Betsi Cadwaladr University Health Board.

    b. **Part B** – will provide an overview of my role in Welsh Government as Deputy Chief Executive of the NHS in Wales.

Background and qualifications

3. A copy of my CV is exhibited at **SDM2BWG01/00-INQ000308408.**

4. I have a degree in English and American Literature from the University of Warwick and an Institute of Health Services Management Diploma. My entire career since

1984 has been in health-related management roles, first in England and, since 2004, in Wales. In England I held operational management positions at Southend Health Authority and Director and Chief Executive positions at Avon Health Authority and Avon, Gloucestershire & Wiltshire Strategic Health Authority.

5. From January 2004 to December 2005, I was the Project Director of the Second Offer Scheme at NHS Wales. In January 2006, I was appointed Chief Executive of Health Commission Wales, continuing until September 2007. From October 2007 to October 2009, I was Director of Service Delivery and Performance Management within the Welsh Assembly Government, and Deputy to the Director General/Chief Executive of NHS Wales. This role included a six-month secondment as Transition Director of Gwent Health Community, between December 2008 and May 2009.

6. In November 2009, I moved to the role of Director of Strategic Planning within the Department of Health and Social Care, until May 2010. In June 2010, I was appointed Chief Executive of Velindre NHS Trust. From April to June 2014, I briefly acted as Interim Chief Executive of NHS Wales until the appointment of a new Director General in July 2014, following which I took up the position of Deputy Chief Executive of NHS Wales, on secondment from my substantive position at Velindre NHS Trust. I continued on secondment until May 2015, at which time I was asked to assume the role of Interim Chief Executive of Betsi Cadwaladr University Health Board ("BCUHB"). In March 2016, I returned to the position of Deputy Chief Executive of NHS Wales, having been appointed substantively to the post. Following a secondment to again act as Interim Chief Executive of BCUHB from 10 February 2020 to 31 August 2020, I continued in the Deputy Chief Executive position until my retirement on 31 December 2021.

7. I have limited access to documents to refresh my memory of the details of events in a rapidly evolving situation and covering my work in two organisations. My direct recollection of specific events is limited, and I did not keep any personal records on which to draw in preparing my statement. The questions I am asked to respond to are wide ranging, very detailed and extremely difficult to respond to fully given the passage of time, my limited access to the necessary information and the short timescale within which I am asked to respond to the Inquiry. I have however responded to the best of my ability in order to assist the Inquiry in its work.

PART A: My role as Chief Executive of the Betsi Cadwaladr University Health Board

8. I was Interim Chief Executive of Betsi Cadwaladr University Health Board ("BCUHB") from 10 February 2020 until 31 August 2020 i.e. approximately 7 ½ months. I had previously been seconded as Interim Chief Executive of BCUHB from June 2015 to February 2016.

9. As Interim Chief Executive, I was responsible for leadership of the organisation which plans and delivers healthcare for north Wales. During my tenure, the focus shifted to concentrate on the pandemic response, with other priorities assuming lesser importance e.g., reducing long waiting times for elective treatment. I should note that I am not (nor was I) a clinician and I do not hold clinical qualifications. In relation to matters touching on clinical decision-making, I was reliant on advice from suitably qualified members of my organisation.

Documents available to me

10. I have been advised by BCUHB who have assisted in the preparation of this section of the statement that efforts were made to obtain access to various categories of electronic documents, in particular my BCUHB email account, ibabs account and Microsoft Teams chats. I have been informed that this has not been possible owing to an issue regarding retention policies in relation to Microsoft O365 accounts which affected staff who no longer work in NHS Wales or who moved organisations. BCUHB advised that this was an NHS Wales-wide issue. This appears to have led to the deletion of my accounts. In the circumstances, I am relatively limited in terms of contemporaneous documentation available to me and base this statement primarily on my recollection of events which took place now some 3 years ago.

Overview of relationship with the Welsh Government

11. Working relationships between BCUHB and the Welsh Government were excellent. The statutory responsibilities of BCUHB did not change during the pandemic. There was however an agreement with the Welsh Government that the response to the pandemic was of critical importance, and that priorities would have

to be adjusted to ensure focus on the response. The Welsh Government adopted a very inclusive approach to managing the pandemic, and regular meetings (in many cases daily) were established with CEOs and other professional disciplines to share information and to discuss a rapidly developing situation.

Engagement with the Welsh Government

12. Regular meetings were established to share intelligence and discuss the response. The broad structure of these meetings was that there would be monthly remote meetings of Chief Executives of Health Boards in Wales (the Collaborative Executive Group) which were in part intended to prepare for a monthly meeting at which a representative of the Welsh Government would attend (the Chief Executives' Management Team meeting). This structure pre-existed the Covid pandemic. In or around March 2020 it became usual for the Collaborative Executives' Group and the Chief Executives' Management Team meetings to be combined. These combined meetings were not limited to Covid-related matters but ranged across all areas relating to the management of the health service in Wales.

13. The NHS Leadership Board (formerly the NHS Executive Board), chaired by Andrew Goodall, met monthly to provide executive leadership, direction and oversight of the performance, quality and safety of NHS services. That meeting comprised Andrew and his Director team together with the CEOs of all the NHS bodies in Wales. During the pandemic the focus of that group was dominated by the response to Covid-19

14. In addition to the formal monthly meetings described above, there was frequent (sometimes daily, 7 days a week) contact by telephone and Teams between the Chief Executives and representatives of the Welsh Government, in order to discuss management of the Covid pandemic. The Welsh Government adopted an inclusive approach, seeking a wide range of views as Welsh Government officials developed the advice which they would offer Ministers. It is important to stress that whilst views were shared, any advice given to Ministers was clearly determined by and the responsibility of Welsh Government officials. It is my recollection that on occasions Ministers were made aware of the views of CEOs to assist them in their decision-making. This constituted a sharing of views from the NHS, not formal

advice to Ministers as to the course of action to follow; that was the responsibility of Welsh Government officials.

15. As mentioned above, regular meetings were established between professional groups in the NHS and their counterparts in the Welsh Government. In my personal case, this involved meetings of all NHS CEOs with the DG and his team. For large parts of the pandemic period these were held daily and were an invaluable forum for sharing, communicating and informing the response to the pandemic. I do not recall any meetings with the First Minister or Ministers during this period. In relation to Local Authorities, it is my recollection that they were fully involved in the emergency planning machinery within north Wales through the Strategic Co-ordinating Group, chaired by North Wales Police and its sub-structures. My role, with colleagues, was to represent the NHS perspective within multi-agency discussions on managing the pandemic response in north Wales. This was not solely a health response.

16. In my view the arrangements put in place within Wales were an open and constructive approach to a complex crisis in which all parts of the public sector and beyond had key roles to play. I was satisfied that I could, on behalf of BCUHB, both seek advice or information and offer an organisational perspective on the situation in north Wales to inform the national decision-making process. At a personal level, I had ready access to the DG and senior members of his team and was confident that the position in north Wales was understood alongside the situation elsewhere in Wales.

17. I cannot recollect specific details of data collecting and sharing processes. The details were handled by colleagues as part of their response roles. My general comment is that the processes for collecting and reporting key data developed to respond to a rapidly developing situation. I do not have to hand details relating specifically to the matter of deaths reporting in April 2020. My recollection however is that overall all deaths were reported to the Welsh Government. The initial process is referenced in the exhibited letter from Andrew Goodall of 20 March 2020 **SDM2BNHSW01-INQ000252594.** Public Health Wales developed an electronic reporting system in April 2020, see email from PHW of 9 April 2020, exhibited at

SDM2BNHSW02-INQ000252593. This was instituted as part of the emerging response to the pandemic, and I accept that some deaths in north Wales were not initially reported via that system. All deaths were however reported to the Welsh Government in a timely fashion using the arrangements in place before the electronic system was introduced. To my recollection the Welsh Government had available to it details of all the deaths in north Wales in a timely manner, albeit not all through the electronic reporting system initially. There was no impact within north Wales as a result of this, as BCUHB was aware of all of the deaths in north Wales. The question of any impact at a national level is a matter for the Welsh Government to respond to.

18. The BCU team was in very regular contact with the Welsh Government officials leading on modelling and had ready access to Wales specific modelling. There was a continuous dialogue between relevant BCU colleagues and Welsh Government officials about the modelling, real world experience as the pandemic developed and how to inform response planning.

19. As indicated in previous paragraphs, there was continual engagement between various professional leads within BCU (medical, nursing, pharmaceutical, planning, primary care and so on) and their counterparts in the Welsh Government. This enabled views to be exchanged and questions identified for TAC and TAG to consider as part of their work. I believe that these arrangements worked very effectively as the system planned and implemented its response to a complex and rapidly developing pandemic.

Non-pharmaceutical interventions ("NPIs")

20. As indicated in previous paragraphs, the Welsh Government instituted a very collaborative approach to management of the pandemic response. This included seeking views from the NHS in general, alongside others, about all aspects of the response including NPIs. I cannot recall specific details of discussions on any individual matters relating to NPIs, but I am confident that I, and my colleagues within the Health Board, had the opportunity to raise concerns, ask questions and

to share views as the Welsh Government officials developed their advice for Ministers.

The system was concerned to address the wide range of potential and actual impacts of the pandemic on all those individuals and groups affected. I cannot recall the specifics in relation to impact assessment without consulting both the records and colleagues who would have been involved in detailed discussions. However, my belief is that responsibility for impact assessment (including equality impact assessment) in relation to NPIs lay with Welsh Government. Policy was determined by the Welsh Government, which the Health Boards followed. The role of BCUHB was therefore to be aware of the impact of the policy and if necessary make representations to the Welsh Government in relation to particular local concerns but not to determine policy or to depart from it.

Local lockdowns and restrictions

21. As indicated above, I consider that the Welsh Government involved and consulted with BCU throughout the pandemic response. I do not consider myself qualified to express a view on whether lockdown restrictions were timely enough or the impact of any differences between arrangements in Wales and England.

Care homes

22. I do not currently have access to documents to enable me to give a detailed account of how or when I or representatives of BCUHB were made aware of decisions around the discharge of patients from hospitals to care homes.

23. If there were discussions between the Welsh Government and representatives of BCUHB on the topic of discharge to care homes, these would likely have taken place with the directors of the relevant groups e.g. the Director of Nursing and the Director of Primary Care at BCUHB.

24. Given that I am not a clinical professional, I do not feel I am qualified to express an opinion on the appropriateness of discharge of asymptomatic patients from hospital to care homes and it will be for others to comment on this.

Impact on hospitals

25. In respect of issues relating to the management of hospital capacity in general, my earlier comments about the inclusive process of liaising with the Welsh Government are also relevant. The developing response to the pandemic was discussed (within any necessary bounds of confidentiality) with the NHS in Wales in general. Decisions regarding the issues named would usually be communicated to BCUHB, along with other Health Boards, by letter sent by either the Director General of NHS in Wales, the Chief Medical Officer, the Chief Nursing Officer or the Director of Social Care within the Welsh Government.

    In this respect it was helpful to have instructions from the Welsh Government, for example the increase of hospital capacity at the beginning of the pandemic. Based on national demand and capacity planning, the decision of the Welsh Government was communicated to BCUHB, and other Health Boards, that additional capacity should be created in the form of a substantial number of additional beds (in the thousands across Wales). This was a helpful approach as it removed the need for the individual Health Boards to plan for their particular area which speeded up the process of establishing the extra beds and reduced inconsistency across Wales. It assisted BCUHB in terms of governance and financial considerations, given the scale and cost of the expansion, by taking the financial risk at national rather than local level. This is a good example of the ongoing sharing of planning assumptions between the Welsh Government and BCUHB, which would be punctuated by specific decisions/instructions emanating from Welsh Government for implementation locally.

Test, Trace and Protect

26. BCU was actively engaged in the development and implementation of TTP. The introduction of TTP, led by PHW, was a massive undertaking which was implemented as rapidly as possible given the availability of testing capacity and the need to put in place complex logistical arrangements. I am not an expert in infection control and therefore I do not consider myself qualified to express an opinion on whether a sufficient number of tests was undertaken (within the limits of what testing equipment was available) at any specific point, nor am I able to

express an opinion on the use of contact tracing; it will be for others to comment on these issues.

Informal communications

27. I was not involved in any WhatsApp or other messaging groups with Welsh Ministers, senior advisors and/or senior civil servants. I did exchange text messages with Andrew Goodall and Frank Atherton, Chief Medical Officer for Wales, on subjects which may be of relevance, during this period and exhibit copies of those exchanges at **SDM2BNHSW03-INQ000252595.**

PART B – My role as Deputy Chief Executive of NHS Wales

Overview of my role as Deputy Chief Executive

28. As noted above, I was Deputy Chief Executive of NHS Wales from March 2016 until my secondment to BCUHB as Interim Chief Executive from 10 February 2020 to 31 August 2020. During that period of secondment, I did not act as an official of Welsh Government. From 1 September 2020 I returned to my role as Deputy Chief Executive of NHS Wales, continuing until my retirement on 31 December 2021.

29. My role as Deputy Chief Executive of NHS Wales changed given the impact of the pandemic. Prior to January 2020 I was responsible for the planning and performance of the NHS system in Wales, as well as leading national groups and projects including the Unscheduled Care Board and the Planned Care Programme. I chaired the Capital Investment Board which advised Ministers on major capital projects in NHS Wales. I had a range of other responsibilities such as chairing the Welsh Language Board for the NHS and representing Welsh Government on bodies including the Welsh Health Specialised Services Committee ("WHSSC") and others. Upon return from secondment in September 2020, the focus of my role changed, as described below.

Initial response to the pandemic

30. I recall becoming aware of the emerging problem of Covid-19 through media coverage, specifically I can recall watching events unfold in Italy. I cannot recall precisely when I became aware of the threat in my official capacity.

31. In early February I was preparing to take up a secondment at BCUHB and my focus was on preparing for that challenge. As indicated above, during my secondment from 10 February 2020 to 31 August 2020 I was not working within the Welsh Government, and I am therefore not qualified to comment on matters during that period from a Welsh Government perspective. I was not involved in the decision about the initial lockdown. I cannot recall the specific dates of the lockdown and am unable to comment specifically on its timeliness or duration.

32. The Covid-19 pandemic was a rapidly developing crisis, with little hard evidence in the early stages of its nature or potential impact on which to base decisions. From my perspective as Interim CEO at BCUHB from 10 February, in my view national and local responses to an emerging and not fully understood threat were put in place with remarkable speed and efficiency. In my view the threat was taken extremely seriously and arrangements for the response were initiated and adapted both nationally and locally to protect the public in the face of a situation which was not fully understood.

Return to Welsh Government from September 2020

33. The pandemic changed the focus of the work of the system and my role within it as Deputy Chief Executive. When I returned to the Welsh Government in September 2020, many of the priorities pre-pandemic had been placed on hold, such as reducing long waiting times for elective treatment and normal planning and performance management processes. My personal role therefore changed.

34. Upon my return, the HSSG pandemic response architecture was largely in place and elements of the Covid-19 response in which I might otherwise have been more directly involved had been taken on by others. In addition to providing leadership support to my team who were fully immersed in the response process, I took on the lead responsibility for securing supplies of Personal Protective Equipment (PPE) as my main Covid-19 specific area of work. I also led work across the Department to advise Ministers on planning and priorities for the recovery phase of the pandemic response. In addition, I maintained departmental leadership for a key capital project to replace Velindre Hospital with a new Velindre Cancer Centre and engaged in the wider cross-Government work on sustainability.

35. I interacted with a very wide range of colleagues within the Welsh Government, including the entire Health and Social Services Group (HSSG) Director team, policy leads across the HSSG, and the wider Welsh Government. I found working relationships with all of my colleagues to be excellent, responsive and engaging. I cannot recall any examples of issues with working relationships.

36. The key individuals in my team to whom I provided general management and personal support were:

    a. Samia Saeed-Edmonds, Director of Planning, who led the planning response to the pandemic.

    b. Andrew Sallows, Programme Director, Performance and Delivery. Andrew led the response mechanism in relation to hospital capacity and played a key role in translating data from the Technical Advisory Group (TAG) and Technical Advisory Cell (TAC) into system capacity planning terms. Although I had no direct involvement, my observation is that there were plenty of opportunities to engage with and ask questions of TAG and TAC.

    c. Lisa Wise, who joined as Head of Operational Supplies (PPE) (SCS1) in November 2020. Lisa's main responsibilities were PPE supply and demand oversight, PPE procurement strategy and the PPE Four Nations Strategic Board.

37. Reporting arrangements for Samia and Andrew were well established as part of the response architecture instituted whilst I was seconded to BCUHB. Due to additional responsibilities within both their roles, they were included in the Health Executive Directors Team in March 2020 although not in executive director roles themselves or part of the Senior Civil Service. These arrangements were left in place and I did not have a formal role in the processes they led; my role was to provide general management and personal support to them as members of my management team. The exception where I did have a formal lead Director role was in respect of PPE procurement, having taken over from Alan Brace, Director of Finance, on my return to the Welsh Government.

38. In addition to the PPE-specific meetings referred to below, I attended regular meetings with the following groups which related to Covid-19:

    a. The HSSG Executive Director Team. I exhibit the Terms of Reference for the EDT in **SDM2BWG01/01-INQ000231300**. This document was created in December 2022 and updated in April 2023, after my retirement. While the membership list does not therefore accurately reflect the position during my tenure in Government, the description of the role, responsibilities and structure of the EDT is consistent with my time as Deputy Chief Executive. For the purposes of the Covid-19 response an additional "EDT contingency group" was brought into the structure so that members of the EDT who were working on the Covid-19 response would also meet to support the response, take stock and agree mitigation arrangements. A copy of the Terms of Reference for the EDT contingency group, which includes me in the organogram is exhibited in **SDM2BWG01/02-INQ000231290.**

    b. The NHS Leadership Board (formerly the NHS Executive Board) remit is to provide executive leadership, direction and oversight of the performance, delivery, quality and safety of NHS services, workforce and functions in Wales. The NHS system in Wales operates as a collaborative, planned system in which outcomes will be maximised if organisations work together in a "team Wales" approach. The Board provides the leadership forum to support the "team Wales" approach to the oversight and delivery of NHS functions in Wales. This Board is attended by Welsh Government Health and Social Services Group Directors and NHS Health Board, Trust and Special Health Authority Chief Executives.

    c. NHS Chief Executives: regular informal meetings to update NHS CEOs on HSSG work and receive feedback and operational updates.

PPE procurement

39. As lead Director for PPE procurement, my role was to secure the PPE requested as advised by the Nosocomial Transmission Group (NTG), which was chaired by Dr Chris Jones, Deputy Chief Medical Officer. The NTG was concerned with

professional questions about what PPE should be used and by whom, including clinical criteria.

40. I chaired the Health & Social Care PPE Procurement & Supply Group. This was formed shortly after I returned to the Welsh Government, with its first meeting held on 2 December 2020. The minutes of this meeting are exhibited in **SDM2BWG01/03-INQ000271609**. To the best of my recollection, this group was an amalgamation of two previously existing bodies which had been chaired by Alan Brace, the PPE Policy and Demand Modelling Group and the PPE Sourcing and Distribution Group. Terms of Reference for these groups are exhibited in **SDM2BWG01/04-INQ000271594** and **SDM2BWG01/05-INQ000271593.**

41. The purpose of the Health & Social Care PPE Procurement & Supply Group was to inform PPE procurement decisions, including sourcing, distribution and policy implementation for health and social care in Wales through expert policy input and intelligence on demand and supply and emerging risks and issue. The PPE group also provided weekly data on procurement and usage to Ministers. I exhibit the Group's terms of reference at **SDM2BWG01/06-INQ000271674.**

42. There was also a PPE Four Nations Strategic Board established by the UK Department of Health, which held regular meetings attended by representatives from the UK and the four nations to share approaches to PPE and align where appropriate, with an agreed protocol to support collaboration on the sourcing and supply of PPE which is exhibited in **SDM2BWG01/07-INQ000271605.** I attended some meetings and others were attended by Lisa Wise on behalf of my team.

43. As the lead for PPE procurement, I signed off on all PPE-related briefings and Ministerial Advices during that period, which would typically have been drafted by Lisa Wise in the first instance. From the documents available to me, I have identified the following written briefings and advices, all addressed to the Minister for HSSG:

    a. MA/VG/4253/20 (7 December 2020) **SDM2BWG01/08- INQ000144938:** Ministerial Advice regarding the publication of data on the provision of PPE by the UK Government to devolved administrations.

b. MA/VG/4280/20 (8 December 2020) **SDM2BWG01/09-INQ000144940**: Ministerial Advice regarding the need for legislation for the continued use of temporary regulatory arrangements enabling faster supply of PPE beyond the Transition Period.

c. MA/VG/0585/21 (11 February 2021) **SDM2BWG01/10-INQ000145102**: Ministerial Advice regarding the Four Nations PPE Protocol.

d. Ministerial briefing (12 April 2021) **SDM2BWG01/11-INQ000271643** regarding the Wales Audit Office Report on the Procurement and Supply of PPE.

e. MA/EM/1898/21 (26 June 2021) **SDM2BWG01/12-INQ000103977:** Ministerial Advice regarding the PPE Strategy for 2021-22.

f. MA/EM/2618/21 (20 July 2021) **SDM2BWG01/13-INQ000103980**: Ministerial Advice regarding Covid Response Funding for the HSS Main Expenditure Group, including funding for PPE.

44. I do not recall any occasions on which advice to Ministers that I signed off was not followed.

NHS Recovery

45. I led work on planning for the recovery phase of the Covid-19 response, working with colleagues across HSSG and the NHS. This work comprised two main strands. Firstly, I worked with the NHS to put in place as much protected hospital capacity as possible to treat patients waiting for planned care procedures. This work was focused on developing "green" hospital capacity wherever possible; regional solutions which shared available capacity across Health Board areas; and utilizing any available private hospital capacity in Wales. This work, which commenced in earnest in the Autumn of 2020, proved very challenging given the configuration of most existing hospital sites, manpower challenges and the limited availability of private hospital capacity in Wales. Some success was seen in undertaking a level of planned care activity but this fell short of the volume required to prevent waiting times growing.

46. Secondly, I coordinated production of a longer-term recovery plan and drafted 'Health and Social Care in Wales – Covid 19: Looking Forward' which I exhibit in **SDM2BWG01/14-INQ000271619** which was approved by the Minister for Health in March 2021, supported by an initial investment of £100m revenue and £48m capital funding. This document described the approach which would be taken to recovery from the pandemic by health and social care across Wales. It was produced with input from policy colleagues across the department and comments from NHS organisations.

47. I also led the preparation of and signed off a Ministerial Advice MA/EM/3070/21 dated 16 September 2021 regarding NHS recovery funding as exhibited in **SDM2BWG01/15- INQ000145144.**

Involvement in other Covid-related issues

48. In my capacity as Deputy Chief Executive of the NHS I was not involved in the matters listed below. Some of these issues may have been discussed at leadership meetings I attended but I was not involved in the formation of advice or policy in relation to any of these areas (save to the limited extent indicated below), nor would I have expressed views on matters outside my knowledge and competence:

    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.

b. The assessment of how non-pharmaceutical interventions would impact upon different groups including those who were at risk, vulnerable and/or with protected characteristics.

c. The identification and consideration of 'at risk' groups and other clinically vulnerable persons.

d. The discharging of patients from hospital and the use of DNAR orders.

e. Public health communications and behavioural management.

f. Legislation or regulations relating to COVID-19, save in respect of advice regarding temporary regulatory arrangements relating to the supply of PPE (as noted above).

49. Likewise, I do not recall any involvement in the formulation of advice or policy relating to care homes, which to my knowledge was led by Albert Heaney, Deputy Director General for Health and Social Services, with input from the Chief Medical Officer, Chief Nursing Officer and others. I note for completeness that, in the course of my PPE role described above, I was responsible for the procurement and supply of PPE to care homes.

Informal communications

50. I sent a small number of text messages relating to my work as Deputy CEO, and I will arrange for the disclosure of a transcript of those messages. I was not involved in any WhatsApp or other informal messaging groups relating to my role as Deputy CEO.

Divergence

51. In respect of PPE, the Welsh Government followed the UK-wide IPC Guidance on PPE Policy. The UK IPC Cell kept the guidance under continuous review in line with the emerging evidence/science and data. Public Health Wales were members of the IPC Cell and updated the Welsh Government and NHS Wales on changes. PPE was the focus of my role during the pandemic period and I am therefore

unable to comment on the extent or merits of any divergence from the UK approach in other areas of the Welsh Government 's response to the pandemic.

The NHS executive

52. The decision to establish the NHS Executive was a commitment in 'A Healthier Wales: Our Plan for Health and Social Care' published in June 2018 as exhibited in **SDM2BWG01/16- INQ000066130**, not a response to the Covid-19 pandemic. This commitment was made following recommendations made in the Parliamentary Review of Health and Social Care in Wales, January 2018, reflecting on the earlier OECD Review of Health Care Quality 2016, that the national executive function in NHS Wales be strengthened to develop a more strategic and coordinated set of incentives for Health Boards. The work on the NHS Executive was paused in 2020 to ensure that the resources of all organisations could be focused on other urgent and significant matters. Firstly, preparation for EU exit, followed by the need to focus efforts on the Covid-19 response.

Reflection and lessons learned

53. In general terms, I thought the response to the pandemic was exemplary given the fast moving and uncertain progression of the crisis. Processes of engagement across the system worked very well, with the scale of the system in Wales allowing NHS leadership to engage collectively and very regularly on issues. My view is that general emergency planning arrangements in place pre-pandemic were strong, and provided a solid foundation for the response to a novel, emerging and global threat. The response mechanisms put in place were inclusive, effective and adaptable as evidence of impact and the nature of the threat emerged as the pandemic developed. I think the Welsh Government's response evolved as lessons were learnt from the impact of decisions taken in earlier stages of the response. I believe the response was agile and adaptive to changing circumstances.

Senedd attendances

54. I cannot recall any occasion during the pandemic period on which I provided evidence to the Senedd.

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

Simon Dean

Dated: 9 October 2023