

Witness Name: Nick Wood

Statement No.: M2B 1

Exhibits: 8

Dated: October 2023

UK COVID-19 INQUIRY

WITNESS STATEMENT OF NICK WOOD

I, Nick Wood, will say as follows: -

Background and qualifications

1. I hold a BA Hons degree in Retail Marketing from Manchester Metropolitan University. I joined the NHS in March 2010 following a 20-year career in the retail industry as part of the King's Fund 'Gateway to Leadership Programme' and I have worked in a number of NHS organisations over the last 13 years as Chief Operating Officer, Chief Executive and Director of Primary Care and Mental Health. I have worked in Wales since 2015, predominantly within the Aneurin Bevan University Health Board (ABUHB) as an Executive Board Director. My roles at ABUHB have included Chief Operating Officer from June 2015 to December 2018, and Director of Primary Care & Mental Health from January 2019 to December 2021.
2. From 6 December 2021, I was seconded to the Welsh Government on a full-time basis to take up the role of Deputy Chief Executive for the NHS in Wales and remain in that current post. My evidence will be limited to my experience in this position only. Any reference to 'during the pandemic' will therefore cover the period 6 December 2021 to the 30 May 2022.

My role as Deputy Chief Executive of NHS Wales

3. My role within the Welsh Government was to support the Chief Executive Officer of NHS Wales and Director General (DG) of the Health and Social Services (HSS) Group, with a specific focus on operational delivery, performance, and planning. This role has been held by Judith Paget for the duration of my time in the Welsh Government.
4. I had responsibility for the delivery of policy covering urgent and emergency care, planned and elective care, and escalation and intervention. I am responsible for providing an overview of how the NHS system delivers patient services through the 13 NHS bodies in Wales and meets the objectives and expectations of the national planning and performance framework. I led a team of civil servants and NHS managers to provide oversight and assurance to the DG HSS and Ministers on operational delivery, NHS preparedness and the response to pandemic risks from a system escalation perspective. I exhibit an organogram of the line management structure of my role in **NWM2BNHSNW01/01-INQ000231299**.
5. At the point at which I joined the Welsh Government the final Coronavirus Control Plan had been published on 8 October 2021, which focused on the options available to respond to the pandemic over the autumn and winter of 2021. A copy of this plan is exhibited in **NWM2BNHSNW01/02-INQ000066071**. At this stage, with the vaccination programme making excellent progress, the Welsh Government had been able to lift most of the legal restrictions in Wales and there were fewer restrictions in place than at any time during the pandemic.
6. On 4 March 2022, the Welsh Government published 'Together for a safer future: Wales' long term Covid-19 transition from pandemic to endemic' which set out a gradual transition away from emergency measures. A copy of this plan is exhibited in **NWM2BNHSNW01/03-INQ000066072**. I did not play a role in developing this plan.
7. During the period of my secondment from December 2021 to May 2022, I briefed the First Minister and the Minister for Health and Social Services on the latest Covid-19 data with regards to hospital infections, capacity, occupancy, pressures and impact on the NHS system. I would also provide briefings to the regular NHS CEO meetings,

the Joint Emergency Services Group and other emergency response forums, as detailed below further.

8. My briefings at these meetings were based on information gathered from the following sources:
 - a. Colleagues from the health protection directorate, which is part of the HSSG provided me with a daily sit-rep of community infection data and NHS reports.
 - b. The performance directorate in my team collated data on Covid-19 infections in the NHS on a daily basis and produced analytical reports for my attention.
 - c. I was also a member of the HSSG Covid-19 Planning and Response group which received regular updates on the latest UK and Welsh modelling.
9. I believe this worked well and provided an insight into the impact of the Covid-19 pandemic on the NHS system response. I had access to the modelling data from the Technical Advisory Cell (TAC) and Technical Advisory Group (TAG) which was presented at the Planning and Response Group which enabled a review of real time data against the model predictions which allowed us to track progress and impact.
10. Regular discussions with other colleagues within the Welsh Government allowed a dialogue and validity of modelled scenarios against real time data which allowed us to assess the situation on the ground.
11. My interactions with colleagues across government and the wider NHS were through a series of formal meetings in the Welsh Government listed below which would cover a wide range of issues and topics, where I would update on NHS pressures and Covid-19 infections data.

Executive Director Team (EDT)

12. The EDT meetings involved the Welsh Government Directors as outlined in exhibit **NWM2BNHSNW01/04-INQ000177492** which sets out the EDT for HSSG during 2020

to 2023 and includes myself in the organograms. The Terms of Reference for the EDT is exhibited in **NWM2BNHSNW01/05-INQ000231300**. 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 is exhibited in **NWM2BNHSNW01/06-INQ000231290**.

The NHS Executive Board

13. The NHS Executive Board meetings were chaired by Judith Paget and the purpose was 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. These meetings were attended by Welsh Government HSSG Directors and NHS Health Board, Trust and Special Health Authority Chief Executives.

Joint Emergency Services Group

14. The Joint Emergency Services Group was in place before I joined the Welsh Government, so was an established forum which the Welsh Ambulance Service Trust act as secretariat. It brings together all the emergency services, the Welsh Government and armed forces in Wales at the most senior level to consider how to take forward their joint contribution to civil protection in Wales. During Covid-19, the group was used effectively to share situational awareness provided by the NHS Wales Chief Executive office and also through agency updates which were an important tool in assessing the pressures across agencies.

Minister Update to Health & Social Care Committee Members.

15. The Health and Social Care Committee has been set up by the Senedd to look at policy and legislation, and to hold the Welsh Government to account on specific issues. This includes the physical, mental and public health and well-being of the

people of Wales, including the social care system. The committee has six members who come from the different parties represented in the Senedd. The Minister for Health and Social Services would attend this committee in a formal capacity when invited but would also meet informally with its members. I would often attend this either with Judith Paget or instead of her to support the Minister and address any questions the committee members may have.

16. I would also meet with the following colleagues and teams within the NHS to seek assurance regarding response to the NHS Pressures and ensure I had a full understanding of the issues related to Covid-19 and its impact on the Service. This would include regular meetings of the following groups:
 - a. NHS Chief Operating Officers.
 - b. Welsh Ambulance Service NHS Trust.
 - c. Chief Ambulance Commissioner, and The Emergency Ambulance Service Commissioning Group.
17. My interaction with the groups above was to ensure that measures and actions were in place to mitigate the system pressures associated with Covid-19 and the wider Urgent and Emergency Care system. I met weekly with these groups when the impact was at its highest and less frequently when pressure had reduced.
18. The purpose was to share the all Wales position and look forward to potential risks in the system to ensure mitigating actions were in place.
19. The regular briefings to Ministers and colleagues within Government and the NHS worked well as they encouraged an up-to-date and intelligence led discussion on the ongoing issues related to Covid-19 and its impact on the wider NHS System.
20. All of my working relationships with the colleagues referred to above were professional and positive and I have not identified any issues with the relationships during this period. I did not have any dealings with the UK Government nor with Government or NHS counterparts from England, Scotland or Northern Ireland.

21. I do not recall any divergence in the Welsh Government's approach to the pandemic from the time at which I joined the Welsh Government. There may have been divergence, but I was focused on the NHS perspective and did not get brought into the wider issues or discuss divergence of approach.
22. I do think that over time the approach developed, learning from or reflecting on the decisions made at earlier stages in the response. Over the Winter period, December 2021 to April 2022 when I was in post, the lessons learned from the first vaccine rollout and the likely impact on bed occupancy was clear in both the reporting of the pressures and impacts of Covid-19 and in the responding actions from the NHS in General. We were able to have a more accurate assessment on the levels of occupancy in hospitals and the trends relating to admissions linked to infection data. I was engaged in leading the development of the structure of the NHS Executive leading the group which defined the operational functions and building a structure for the bringing together of the various bodies. The Parliamentary Review of Health and Social Care in Wales, January 2018, reflecting on the earlier OECD Review of Health Care Quality 2016, recommended that the national executive function in NHS Wales be strengthened to develop a more strategic and coordinated set of incentives for Health Boards. This would provide a clearer distinction between the national executive function strategically developing and managing the NHS, and the national civil service function to support delivery of the NHS and Social Care priorities as set by Welsh Government Ministers. The Welsh Government's Response, A Healthier Wales, outlined plans for an NHS Executive function.
23. 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.
24. Since coming into post, I have led the operational implementation of the NHS Executive over the last 18 months working with colleagues to deliver phase 1 of the programme in January 2023. Reflecting on the positive working relationship with NHS Wales, Welsh Ministers have decided on a hybrid model for the NHS Executive, comprising of a small, strengthened senior team within Welsh Government, bolstered

and complemented by the bringing together of existing expertise and capacity from national bodies in the NHS. From April 2023 this includes:

- a. NHS Wales Health Collaborative;
- b. NHS Wales Finance Delivery Unit;
- c. NHS Wales Delivery Unit;
- d. NHS Wales Improvement Cymru.

25. Ministers will also continue to set priorities, targets, and outcome measures for the NHS. However, the NHS Executive will provide additional capacity at a national level to oversee and support delivery of these priorities.

26. During my secondment I had no involvement in:

- a. Decisions regarding non-pharmaceutical interventions (NPIs) 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 identification and consideration of ‘at risk’ groups and other clinically vulnerable persons.

- c. The assessment of how NPIs would impact upon different groups or upon existing inequalities in Wales.
 - d. Decisions regarding care homes.
 - e. Decisions regarding hospitals, including the discharging of patients, the use of DNAR orders, and the management of hospital capacity.
 - f. Public health communications and behavioural management.
 - g. Decisions relating to divergence from the approach of UK Government.
 - h. Identifying lessons to be learned from international approaches to the pandemic.
 - i. Legislation or regulations relating to Covid-19.
27. I was not involved in any WhatsApp or other text messaging groups relating to my role as Deputy CEO.
28. Given my short time in post before the pandemic period ended, I am not in a position to reflect on the approach the Welsh Government took and the extent to which this was the right approach or not.

Senedd attendances

29. During the relevant period I attended the Senedd's Health and Social Care Committee in my capacity as Deputy Chief Executive NHS Wales on the following occasions:
- a. On 10 February 2022, I attended an evidence session with the Minister for Health and Social Services on the impact of the waiting times backlog on people in Wales who are waiting for diagnosis or treatment and Scrutiny of the Welsh Government's Health and Social Care Winter Plan 2021 to 2022. The transcript of this session is exhibited in **NWM2BNHSNW01/07-INQ000088012**.
 - b. On 24 March 2022, with the Minister and Deputy Minister for Health and Social Services to discuss hospital discharge and its impact on patient flow

through hospitals. The transcript of this session is exhibited in
NWM2BNHSNW01/08-INQ000088013.

Statement of Truth

30. 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

Nick Wood
Deputy Chief Executive NHS Wales

Dated: 2nd October 2023