

H&SSG Response to COVID-19 – Lessons

Introduction

1. Dr Andrew Goodall and the Chief Medical Officer have asked for a rapid review of the first phase of the COVID-19 pandemic to provide a clear understanding of the effectiveness of H&SSG initial and ongoing response structures.

2. In response to the coronavirus emergency, H&SSG operated in a number of distinct areas:

1. National Planning: NHS CEOs Group (and other professional networks)
2. System Response: The Planning and Response Group and its Sub Groups
3. CMO's COVID Public Health Response
4. H&SSG Desk in ECCW

In addition, specialist cells/programmes were subsequently established, including PPE Procurement, Digital, Testing, Vaccination and Finance. The attached structure chart (Annex 1) sets out our response.

The aim of the review is to capture any lessons identified in our response arrangement to adjust and improve how we respond to any future resurgence of the virus, concurrent with other incidents and winter planning.

Scope

3. This H&SSG review aims to establish what went well and what can be improved. It will seek specifically to draw out information to answer the following questions:

- *How might we approach further phases of COVID-19 (including concurrence with other incidents)?*
- *How might we approach future non-COVID incidents?*
- *What should be the relationship between the areas of our COVID response?*

The following is **out of scope** for this review:

- *Evaluating policy responses which were not formally owned and delivered by H&SSG*
- *Evaluating H&SSG staff satisfaction with their role in the COVID response*
- *Evaluating the quality of expert scientific and medical advice*
- *Assessing individual responses by NHS organisations or social services*

Review Team

The review will be led by Samia Saeed-Edmonds and NR

Your Contribution

Please complete the table on the following page and return to UCAI.HEPU@gov.wales by Friday 14th August.

Should you prefer to provide your recommendations at a face to face (or videoconference) meeting then please contact UCAI.HEPU@gov.wales to arrange a suitable date and time. Where necessary, review sessions will also be arranged with key strategic groups.

H&SSG Response to COVID-19 – Lessons Identified

Action Owner Name : **Stephanie Howarth**

Position held in Group's Response: **Interim Chief Statistician. SCS lead for KAS Covid 19 analysis hub.**

Importance

1. **High** - suggested implementation immediately
2. **Medium** - suggested implementation in near future
3. **Low** - suggested implementation at a later date / stage

Feedback table - please summarise key point(s) under each line of enquiry. Examples of areas of exploration are included under each heading

Lines of Enquiry	What do you think went well?	What do you think worked less well and requires further assessment / action?	What recommendations would you make for a future response?	<u>Importance</u> 1. High 2. Medium 3. Low
<u>Incident Response</u> 1. Plans and preparations 2. Overall Incident Management 3. Roles and responsibilities 5. Staff and resources 6. Reporting rhythm 7. Data availability and reporting 8. Information management 9. Co-ordination 10. Use of scientific evidence	Quickly established Data monitor Taking a centralised approach to returns to Cabinet Office Daily NWIS sitrep – for timely management info on hospital activity Quick movement of staff to create KAS Covid hub (although only possible due to deprioritisation of a range of other analytical work – this will not always be possible) Early engagement with KAS to ensure appropriate analytical engagement with TAC and SAGE.	Role and responsibilities - Many players in the stats/data/evidence space. Have we got the roles and responsibilities right? For example, there were multiple reporting lines to Ministers via NHS performance team, public health team, KAS and PHW. KAS were not sufficiently involved early on in the process around sitreps or surveillance data (or even later when changes were made) to allow them to influence or agree definitions. The issues that arose in mortality surveillance are well documented in the review but could have been avoided via greater roles and	GSS statistician(s) based in PHW to provide leadership on orderly release of statistics, quality assurance, dissemination, transparency of methods. In the event of a similar response need to immediately set up an information management group that involves <u>all</u> the key players including KAS, NWIS, PHW surveillance etc. Ensure lessons learnt from mortality surveillance review are captured for future incidents	

	<p>KAS role on TAG was important to provide perspective from government analytical function alongside academic and other experts.</p> <p>KAS well embedded into the response from a HSSG perspective and numerous examples of rapid close working to support thinking</p> <p>Publication of regular health data to support transparency and remove need for requests</p> <p>Close working with Care Inspectorate Wales led to transparency over care homes data</p>	<p>responsibilities and adherence to some principles around management of administrative data which KAS could have advised on. There was a lack of clarity on who was reviewing the mortality data and ensuring LHBs were submitting surveillance data.</p> <p>Early on it was unclear what the role of TAC was in terms of data and information management. This improved but there remains a sense of duplication and lack of clarity about roles and responsibilities in the context of circuit breakers/ recovery /monitoring</p> <p>Not always clear cut split in responsibilities within KAS between health stats and covid hub.</p> <p>Multitude of dashboards being prepared for different purposes sometimes with similar but slightly different data flows. In terms of PHW, this was sometimes done without any regard to what else was happening in the system. This then leads to duplication of similar outputs between PHW and WG. Creates confusion in media and public.</p>	<p>Some earlier thinking about the analytical questions that we may be asked and need to consider as part of managing a pandemic. For example, questions on approach to care home discharges could have been considered sooner.</p> <p>Clear guidance on completion of sitreps containing quantitative data, which are updated regularly.</p> <p>Need for establishment of appropriate data visualisation and interrogation tools (e.g Power BI and R) within WG infrastructure</p>	
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