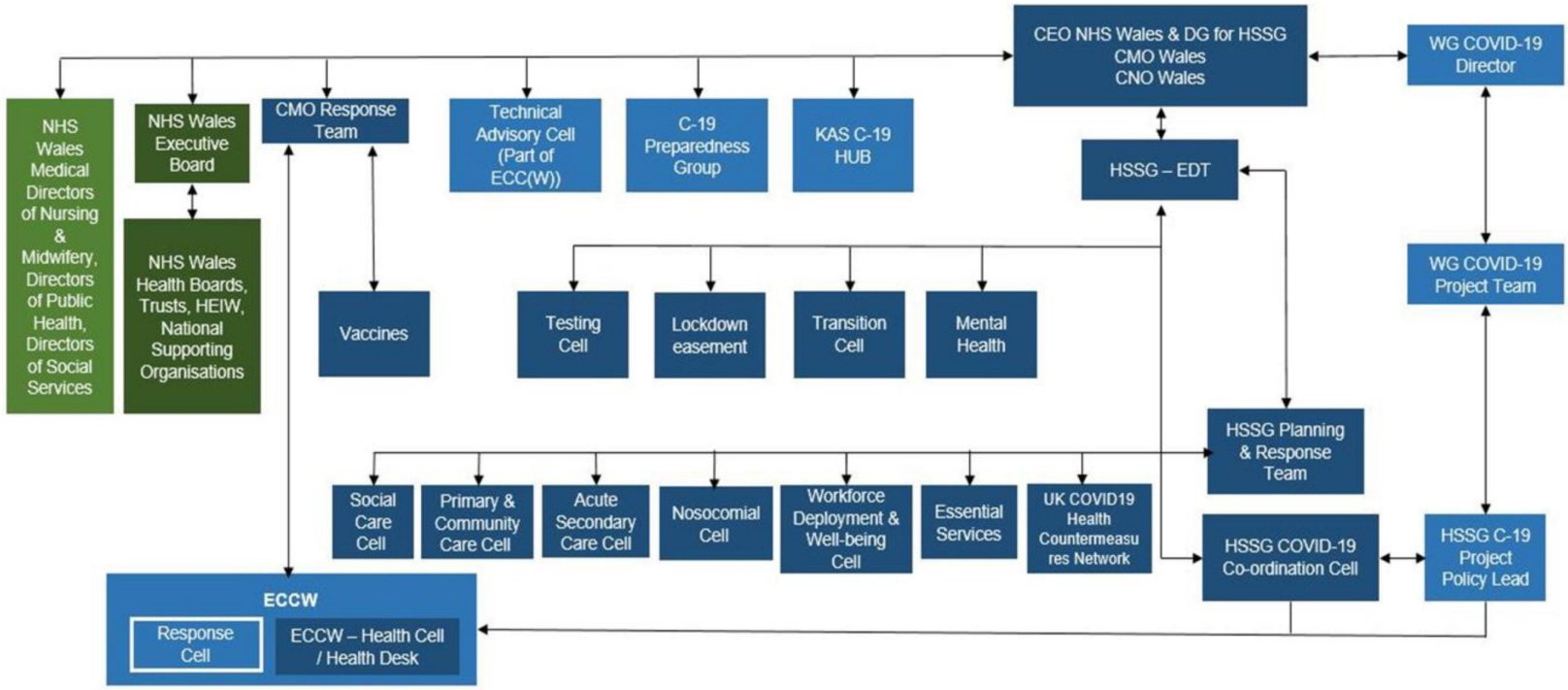
HSSG Covid-19 Response Structure



SECTION 2 – KEY THEMES AND SUGGESTIONS FOR IMPROVEMENT

Key Themes

Whilst multiple examples of good practice are noted in the attached returns, this report will focus specifically on areas requiring strengthening. The following key themes and findings have been drawn out from the responses that were received and have been grouped under the following headings:

- **Incident response**
- **Policy development and delivery**
- **Communications**
- **Governance and accountability**
- **People, skills and wellbeing**
- **Positive outcomes**

1. Incident Response

Structures, roles and responsibilities

1.1 The responses suggested that guidance and protocols evolved continually creating difficulty for staff to keep up with changes. Initial co-ordination between cells took some time to establish and understand which members of staff were attached to which cells and internal mailbox arrangements and confusion between the roles and responsibilities between some of the cells. This resulted in duplication particularly when sit-reps were being developed, which made for an ineffective reporting rhythm.

1.2 The H&SSG whole system structure did not appear to be visible enough. Cross cutting discussions meant topics were often bounced between sub-groups. The principle of discrete 'Cells' should have resulted in clear lines of accountability and collaboration with the service. In reality the scope of many cells was not clearly defined, which at times created confusion and duplication. It was unclear to many as to how the cells integrated into the overall planning and response structure.

1.3 Whilst H&SSG was very responsive to the communications team requirements and met tight deadlines, it felt like the rest of the organisation were slower to respond and recognise the severity of the situation.

1.4 There were challenges with multiple reporting lines to Ministers via the NHS performance team, Public Health Team, Knowledge Analytical Service (KAS) and Public Health Wales (PHW). KAS were not sufficiently involved early on in the process for sit-reps or surveillance data to influence or agree definitions. Responsibilities within KAS between health statistics and the Covid Hub were not always clear cut.

1.5 At the very early stages (March) Social Services Division (SSID) were under significant pressure from local authorities and providers to source and distribute PPE. That demand seemed to pre-empt PPE guidance on what should be provided and when it

Data/ Information management

1.9 Data availability and reporting took some time to be established. Hospital transmission data only being made available to the NHS in late July/ early August, which was then cascaded to the public via the PHW Coronavirus Data Dashboard. Primary care escalation was vital in monitoring system health and initially was the only regular data source. The Covid Data Hub however proved an excellent achievement.

1.10 Workforce data brought challenges as it was unknown which nursing and midwifery registrants on the Nursing and Midwifery Council (NMC) temporary register had been deployed and to where. There were challenges with the lack of one maternity data system to provide timely intelligence.

1.11 There were issues that arose in mortality surveillance that are well documented and could have been avoided via greater roles and responsibilities and adherence to some principles around management of administrative data. There was a lack of clarity on who was reviewing the mortality data and ensuring Local Health Boards (LHBs) were submitting surveillance data.

1.12 There was a multitude of dashboards being prepared for different purposes sometimes with similar but slightly different data flows. In terms of PHW, this appeared to be done without any regard to what else was happening in the system leading to duplication of similar outputs between PHW and Welsh Government (WG) and creating confusion in the media and to the public.

1.13 Where data requirements for the UK Government (UKG) were different to those being used within Wales (e.g. different measure or different timing of the data) it was difficult to know which should take priority, as many issues could be seen as political (e.g. UK comparability was important but as was comparable trend data for Wales).

Suggestions for improvement:

- Review data and information management processes to clarify what data is needed and why and who is best placed to provide it and in what form. This could be achieved through an information management group involving all the key players; KAS, Digital Cell, NHS Wales Informatics Service (NWIS), PHW surveillance and possibly Technical Advisory Cell (TAC).
- Develop guidance for completion of sit-reps containing quantitative data and to the data itself to see whether there is scope for improvements.
- Ensure lessons learnt from mortality surveillance review are captured for future incidents.
- Ensure sufficient availability of data is available within WG to support developing policies, particularly in epidemiology, health statistics and infection prevention and control.

Decision making influences

1.14 Emerging scientific evidence and four nation engagement was initially good in informing Welsh decisions. There were challenges with this approach later and a retreat to single nation perspective from England and little connection to NHS England. The emergence of the TAC in influencing decision making was an important new development.

3.14 Initially, the volume of emails was overwhelming which caused duplication with responses. There was no easy way of finding out who was leading on what with so many people stepping out of their normal roles and everything moved so fast.

Suggestions for improvement:

- Consider a clearer process for answering media and Ministerial requests across HSSG, KAS, NWIS and PHW.
- Need to have a clearer understanding of role of PHW in providing public information and for them to agree this role.

4. Governance and Accountability

Roles and responsibilities

4.1 There were challenges experienced by sub groups as to who was making decisions, normally covered at Deputy Director level. There was evidence of scope creep and the spontaneous creation of other 'groups' which at times appeared to be operating without a clear mandate. On occasions, there was lack of clarity on which areas were being led by WG or PHW. There was a feeling that work streams evolved separately in response to the pressure of work and various reporting mechanisms just recording activity and outputs. There appeared to be a lack of mechanism providing oversight and leadership for the organisation's strategy in dealing with the pandemic, making it hard to take ownership and make decisions for some cross cutting issues.

4.2 At times SSID felt that there had been little interface between policy leads and scientists and researchers. Developing an interface would have been beneficial in terms of accessing support, advice and evidence to inform the work-streams.

4.3 Significant time went into the star-chamber process and it often felt like lead officials and lead Ministers were sometimes kept at arms-length from important decisions. The processes led to lengthy delays in decisions and implementation which was extremely difficult to defend with people on the ground.

4.4 Digital Cell had sufficient support from across NHS Wales to provide leadership, accountability and decision making. Development of new transitioning governance arrangements developed closely with this Cell.

Suggestions for improvement:

- Clear decision making parameters for sub-groups and roles and responsibilities.
- Provide training to the Civil Service on information management and recording in exceptional circumstances such as major incident/ event.
- Ensure greater clarity of roles between WG and PHW.
- The Hine Report following Swine Flu recommended one authoritative source for scientific advice but for COVID we relied on sources from SAGE, unofficial SAGE, SPIG and TAC, which needs to be considered.
- Ensure Nursing Officer inclusion from an early stage in social care planning and response.
- The establishment of the NHS Executive needs to be urgently progressed- experience of the last 5 months has shown the need for such an organisation to lead/support the system.