

**Second Review of the Health & Social Services Group
Response Structure to COVID-19**

Status	Final
Portfolio	Health and Social Services Group
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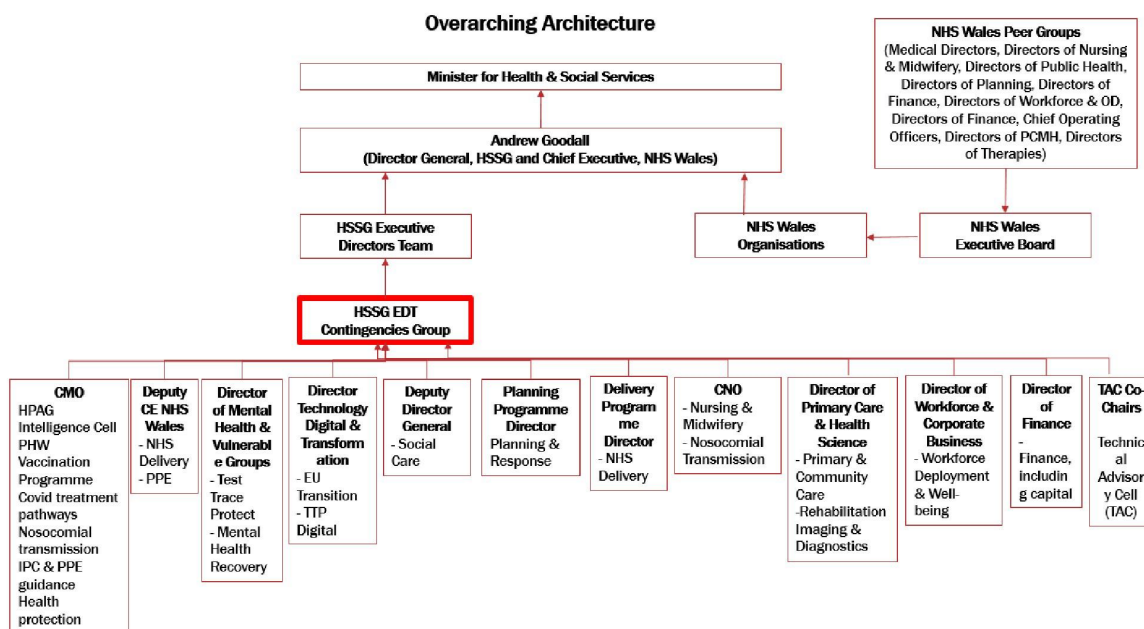
Table of Contents

Section	Content	Page Number
1	Background	2
2	Overall Conclusions	2
3	Scope of the Review	3
4	Review Participation	4
5	Key Themes and Areas for Consideration	4
6	Outcomes	10
7	Recommendations	12
Annex A	Review Questionnaire	14
Annex B	Anonymised Responses	14

Review H&SSG response to the second COVID wave

1. BACKGROUND

- 1.1 In August 2020, following the first COVID wave, HSSG undertook a review of its response that led to 16 recommendations. As of 11th October 2021, 10 of the recommendations have been completed and 6 are progressing but remain undelivered. This first review led to establishing the HSSG Executive Director Team Contingency Group accountable across all aspects of H&SSG COVID response. The chart showing this is provided below.



- 1.2 In June 2021, the HSSG Executive Directors Contingency Group agreed that there should be a second review of HSSG COVID response to follow on from a review of its response to COVID that covered the period July 2020 -June 2021.
- 1.3 The intention of the second review was to reflect upon response arrangements and experiences from the second wave, and to consider any changes or revisions in readiness for future waves.

2. OVERALL CONCLUSIONS

- 2.1. The responses received highlighted evidence of HSSG good practice including:

- There is effective HSSG communication and engagement with internal and external stakeholders.
- HSSG staff continue to respond with commitment and flexibility despite the prolonged response.
- Multi-professional approach is being taken across the healthcare system in order to respond to the cross cutting nature of the pandemic.
- HSSG planning and response group has continued to flex to meet priorities providing a focus for information sharing, appropriate escalation of issues and transparency of decisions.
- EDT Contingency Group has provided HSSG with the mechanism to escalate healthcare issues and highlight the most urgent issues across the system.

2.2. All responses identified areas for improvement, some of which focussed on operational issues which are best dealt with by the policy or response lead concerned.

3. **SCOPE OF THE REVIEW**

3.1. This second review, covers the period July 2020 until June 2021 and aims to establish what went well and what can be improved. It sought to draw out information to help answer the following questions:

- How might we improve co-ordination of our response, decision making and accountabilities?
- How might we approach further waves of COVID-19 (including concurrence with winter and other incidents)?
- How might we approach future pandemics and other national emergencies?

3.2. The following areas were considered out of scope for this review:

- Evaluating policy responses not formally owned and delivered by HSSG;
- Evaluating HSSG staff satisfaction with their role in the COVID response;
- Evaluating the quality of expert scientific and medical advice;

- Evaluating operational information specific to individual areas of the response.

4. REVIEW PARTICIPATION

- 4.1. A targeted questionnaire was sent to individuals identified as being directly involved in the Covid-19 response (Annex A). All HSSG staff were also given an opportunity to submit views. Eighteen responses were received with representation from across HSSG including public health, social services, primary and secondary care. Substantive responses were also received from key individuals from NHS Wales. Anonymised responses can be viewed in Annex B.
- 4.2. Following a Draft Review Report being considered by the EDT Contingency Group at its meeting on a further consultation on the Review's finding was undertaken principally through EDT members being invited to make any further comments, the Deputy Directors' Forum given the opportunity to discuss and provide feedback on the review findings.
- 4.3. The review findings reflect the 18 survey responses received and the wider discussions at EDT and the HSSG Policy Forum. A final gap analysis has also been undertaken to ensure all areas covered by the scope of the review have been included

5. KEY THEMES AND AREAS FOR CONSIDERATION

Key Themes

- 6.1. As well as highlighting good practice, the review responses also identified areas that require strengthening. The following key themes and findings have been drawn out from the responses and have been grouped under the following headings:
 - Decision Making
 - Governance and Accountability
 - Contingency Planning
 - People and Skills
 - Communications and Engagement
 - Outcomes

6.2. Decision Making

- 6.2.1 Some HSSG decisions taken during COVID focused on minimising the immediate impact and harm. There is concern about the wider impacts and unintended consequences of this short term decision making.
- 6.2.2 Whilst there was a wealth of information being communicated across HSSG, at times, there were challenges in understanding what data and evidence was being used to underpin decision making.
- 6.2.3 It was not always clear as to where the ownership of decision making should lie, who should be involved and where decision making should be escalated/transferred to. It was not clear as to how the HSSG structure fitted with wider Welsh Government ExCOVID structure.
- 6.2.4 The recording of decisions and risk tracking significantly improved after the first review, however, the process of recording minutes, actions, decisions and risks still varies across the group.

Points for consideration:

- *How can we ensure the same pace of decision making and risk taking that was allowed during the pandemic response is maintained whilst ensuring the right governance and scrutiny process is still undertaken?*
- *What is the role of the Information Hub in an emergency? And how can the Hub facilitate the way HSSG uses data and information to inform decision making?*
- *How does HSSG distinguish between decisions in relation to the ongoing Covid response, recovery and regular routine business, including work programme, structures, roles and responsibilities?*
- *Does HSSG need to formally review its response structures and decision making processes to current and future risks specifically through the lens of the 5 harms?*

6.3. Governance and Accountability

- 6.3.1 Changes in the establishment of HSSG groups and sub groups were not always communicated to staff effectively. There appeared to be some duplication between the outputs of some of the groups.

- 6.3.2 At times, it was unclear if purpose of meetings were for information sharing or decision/action. This was especially true of groups which included both internal HSSG staff and external stakeholders.
- 6.3.3 It is less clear on how the architecture translates through to teams and individuals roles. The People Directory hasn't kept pace with the more fluid structures and this has made navigating HSSG sometimes challenging.
- 6.3.4 Whilst reports were produced and guidance issued, it was less clear where HSSG policy responsibility and accountability for delivery is placed. Therefore, at times, it was unclear where "ownership" of resolving an issue lay.

Points for consideration:

- *How can routes into, and out of, HSSG be strengthened so that there is a 'single front door' to ensure policy decisions are fully impacted across the group but also so that broader stakeholders know how to access us?*
- *How can HSSG ensure it has the right balance of information sharing and decision making structures in place, whilst reducing duplication, ahead of the next pandemic phase?*
- *How can we better articulate the governance and accountability structures during an emergency response, including its implications for staff?*
- *How do we ensure that staff and stakeholders understand their roles and responsibilities for future emergencies, ensuring they are confident and competent to undertake the role?*
- *Should HSSG commission templates to ensure consistent recording of meetings, actions, decisions and risks across the Group's response?*
- *Should HSSG routine forums be used to strengthen coordination and ensure policy decisions are fully impacted across HSSG? For example, the Deputy Directors group or HSSG Policy Forum.*
- *Is it time for HSSG review its COVID reporting structures and consider reporting by exception to allow focussed discussions on most critical issues?*

6.4 Contingency Planning

Official Sensitive

- 6.4.1 Whilst HSSG's response has been flexible throughout the pandemic, the Group's contingency arrangements needs to be strengthened for a protracted emergency such as a pandemic.
- 6.4.2 Recognising that the Covid response needs to continue alongside planning for recovery, some felt there is no clear distinction between the two, with respondents noting that 'recovery' has multiple definitions across the Group. This could potentially lead to inconsistencies and inequality across the system.
- 6.4.3 It was noted that plans with the wider health and social care system were not as integrated as they could be leading to a potential confused landscape i.e. between health, social care, local authorities and Local Resilience Forums.
- 6.4.4 Engagement with external partners required a heavy reliance on individual contacts in organisations. These were often built up through professional and personal relationships as opposed to through structured processes. Without these relationships, it was felt that wider problems would have occurred.
- 6.4.5 The pandemic response uncovered some infrastructure gaps, which were not part of pre pandemic contingency planning, such as oxygen supplies.
- 6.4.6 HSSG is current engaged in both the UK Pandemic Diseases Review and UK Health Countermeasures Review, the outcomes of these reviews will need to be taken account of in H&SSG contingency plans and structure going forward.
- 6.4.7 Given the enduring nature of the pandemic, as time goes on it becomes more difficult to distinguish between contingency planning requirements and business as usual.

Points for Consideration:

- *How can HSSG best ensure the health and social care system has a functional capacity to delivery against further waves and future challenges?*
- *Does HSSG need to give a greater focus to the importance of contingency planning within HSSG and the health sector and how this can be joined up?*
- *How can HSSG develop proportionate contingency plans, including for a protracted response that are tested regularly with delivery partners?*
- *How can HSSG provide opportunities to validate contingency plans and planning assumptions across the system, including step up/down arrangements with stakeholders to ensure a coordinated and proactive response capability?*

- *What contingency arrangements does HSSG have in place now or need to have in place in readiness for the Autumn/Winter period?*
- *Should HSSG's Planning and Response Group's role and membership be reviewed to embrace broader emergency planning/civil contingencies risks for health and social care?*
- *What contingency planning role should any future NHS Executive function have and what would its relationship be HSSG and also social care?*

6.5. People and Skills

- 6.5.1 Whilst the standing up of HSSG sub groups were flexible and timely, it took a few weeks for some areas to receive the correct policy support needed.
- 6.5.2 Some HSSG staff found it a significant stretch to move into an entirely new business and policy area. There was little understanding of why they had been placed in particular areas and the expectation of them in that role.
- 6.5.3 Although there is merit in having a strategic and collective directorate approach to identifying, prioritising and recruiting into priority roles, some found this was a barrier to secure critical HSSG resourcing for their area.
- 6.5.4 Whilst the health and wellbeing messaging to HSSG staff was very strong and genuinely meant, in practice, with limited capacity, HSSG is still a much pressurised environment and staff feel they are not able to return to all of "normal" business.
- 6.5.5 The lack of specialist expertise and knowledge needed for the pandemic response meant that pressure was sometimes concentrated on specific individuals and teams and not necessarily spread across the group. It has also meant that certain individuals have worked tirelessly throughout the pandemic with little time to be able to rest and recuperate.
- 6.5.6 The pandemic has had a significant impact on health and social care workforce. Whilst the system has adapted to respond in the short term it was felt that there is a gap in long term contingency planning for workforce requirements.

Points for consideration:

- *How can HSSG ensure future response groups/structures have sufficient policy support?*
- *How can HSSG enable staff to feel more confident when moving into temporary roles?*
- *How can HSSG ensure that resourcing and recruitment is equitable across the group?*
- *How can HSSG ensure staff wellbeing is at the centre of HSSG approach going forward?*
- *How can we ensure that staff have sufficient opportunity to rest and refresh, over and above simply ensuring leave allocations are taken?*
- *How can HSSG ensure it has the skills needed for future emergency response arrangements?*
- *How can HSSG ensure workforce wellbeing and future workforce is embedded into contingency planning?*
- *What can HSSG do to assess and deal with the impacts on teams' resilience, some of which have been working beyond capacity for over 18 months?*
- *What can HSSG learn from other sectors such as the military to enable teams and individuals to be fully rested and prepared for future phases and demanding work programs?*

6.6 Communications and Engagement

- 6.6.1 With so many stakeholders involved in the response, it has been difficult to manage the one source of information.
- 6.6.2 There have been challenges in articulating the Wales messaging vs the UK messaging.
- 6.6.3 External stakeholders have incurred multiple requests for the same information from different Welsh Government departments. This has resulted in duplicating work and increasing pressure on already stretched teams.
- 6.6.4 HSSG did not have day to day systems in place to know 'who's who' which makes it difficult to build on for an emergency.

- 6.6.5 HSSG staff have found it difficult to find information internally and often have referred to external sources, for example, the media.
- 6.6.6 There have also been challenges when working at a four nation's level especially when key individuals have moved roles and new staff are less familiar with the four nation approach.

Points for Consideration:

- *How do we ensure we have one source of information for decision making, discussion and dissemination to stakeholders and is that possible?*
- *Noting the excellent communications campaigns, how can HSSG strengthen communication and engagement with stakeholders, including across the four nations?*
- *How do we ensure Welsh Government information requests to stakeholders are coordinated?*
- *What is the internal mechanism to ensure HSSG staff are regularly updated on the latest information, evidence and guidance issued?*
- *How does HSSG quickly commission or expedite overview reports and in-depth reviews to help us prioritise and focus in on what really matters?*
- *Should HSSG review its use of social media and consider whether a more traditional communications response to situations, both internally and externally, are needed in certain situations?*

7. OUTCOMES

Positive Outcomes

- 7.1. Although the level of response was unprecedented and the system faced extreme challenges, the response plans and mitigations put in place meant that the NHS in Wales and Social Care has not been overwhelmed.
- 7.2. The procurement of goods and equipment was highly praised, in particular, the fact the NHS Wales never ran out of PPE despite the global shortages.

- 7.3. The collaboration, both internally and externally, across the system enabled an effective response which allowed organisations to support each other and the people of Wales.
- 7.4. There has been a focus on health equity and reducing inequalities throughout the response with many areas of good practice, for example, the SSID has a newly formed equalities group and the covid workforce toolkit.
- 7.5. The resilience of staff and volunteers to continue to deliver high quality services despite the sustained nature of the pandemic.
- 7.6. The rapid development, dissemination and adoption of an Essential Services Framework and associated guidance.
- 7.7. The collaborative delivery of newly established programmes, such as the vaccination programme and Test, Trace, Protect, was seen as a huge success.
- 7.8. The ongoing flexibility and adaptability of the Technical Advisory Cell and the vital support it continued to give across the system.
- 7.9. The use of the Primary Care Recovery Oversight Group as a sub-group of the Planning & Response structure that provided regular updates on primary and community services, including long covid.
- 7.10. The establishment of the nosocomial group, commissioning evidence and providing advice on infection prevention and control.

Strategic Considerations:

- 7.11. Whilst the system continues to respond to the pandemic, the scale of Covid was a shock to most organisations and the ability to flex up resources to deal with it was a big challenge, beyond any testing scenarios that had been expected.
- 7.12. The nature of Essential Services and the need for parity with the COVID response has remained contested in some respects throughout the pandemic. There were also variations in the level of resource essential services received i.e. more focus on cancer vs cardiac services.
- 7.13. Although the response to covid has been remarkable, there will inevitably be unintended policy consequences for health and social care which will not always support equity of access i.e. issuing the local choices framework. This will need to be addressed as part of local recovery programmes.

- 7.14. The sustained pandemic response is impacting on staff ability to return to 'normal business'. In turn, this has implications on both the sustained response and day to day business as staff try to balance their time and focus.
- 7.15. There are many national risks and we may need to respond to another emergency at any time. HSSG's emergency planning arrangements and Directorate accountabilities need to reflect these risks building on our COVID response.

8. Recommendations

8.1 EDT Contingency Group is asked to agree the following recommendations and consider how they are best delivered.

Recommendations:

Decision Making

1. That HSSG maintain the current arrangements for escalation and decision making through to EDT Contingency Group for concurrent risks through this autumn and winter.
2. That the Planning and Response Group remain in place through autumn and winter, supported by the P&R Cell role of carrying out dynamic risk assessments, monitoring reporting and escalation arrangements and ensuring that strategic actions and decisions are followed up to completion.
3. Introduce structured consideration of the 5 harms (set out below) as part of strategic decision making process at EDT Contingency Group level and the Planning and Response Group/sub groups.

1. Harm directly arising from SARS-CoV2 infections;
2. Indirect COVID-19 harms due to surge pressures on the health and social care system and changes to healthcare activity, such as cancellation or postponement of elective surgeries and other non-urgent treatments (e.g. harm from cessation of screening services) and delayed management of long-term conditions.
3. Harms arising from population based health protection measures (e.g. lockdown) such as, educational harm, psychological harm and isolation from shielding and other measures.
4. Economic harms such as unemployment and reduced business income arising both from COVID-19 directly and population control measures, like lockdown.
5. Harms arising from the way COVID-19 has exacerbated existing, or introduced new, inequalities in our society.

Governance and Accountability

4. Set out a revised contingency structure chart of the current planning and response arrangements up to EDT Contingency Group that shows how this links to the regular business structure.
5. Confirm the role of the Information Hub in both the HSSG contingency structure and regular HSSG business processes.
6. Update and distribute a second addendum to the Health and Social Services Planning and Response service facing framework for autumn/winter period.

Contingency Planning

7. Develop resilient corporate HSSG contingency arrangements for both big bang and rising tide events that are supported by Directorate contingency arrangements.
8. Ensure that HSSG contingency arrangements are validated and staff have opportunities to understand roles and responsibilities so as to enable staff to feel confident and competent when carrying out emergency planning roles.
9. Ensure that HSSG contingency plans are visible to staff and understood by stakeholders.

People and skills

10. Ensure that staff wellbeing is at the centre of response arrangements and ensure HSSG contingency arrangements are not over reliant or put too much pressure on individuals.
11. Establish robust rota systems to mitigate staff burn out and include enhanced staffing plans for protracted responses.

Communications and Engagement

Recommendations:

12. Build on approaches used throughout the pandemic to disseminate key messages across HSSG i.e. MS Team Live Events, press conferences, AG weekly update.
13. Ensure that the business directory remains up to date to reflect people's new/ temporary roles.

Annex A

Questionnaire – Second Review of HSSG Covid Arrangements



HSSG Review of
Second Wave - Quest

Annex B

Anonymised Responses received from across HSSG



Anonymised
Responses - Second R