

Witness Name: Judith Paget

Statement No.:

Exhibits: 23

Dated: 17 May 2024

UK COVID-19 INQUIRY

SECOND WITNESS STATEMENT OF JUDITH PAGET

I, Judith Paget, will say as follows: -

Preface

1. This statement is given in my capacity as Chief Executive NHS Wales. I have previously provided a statement to the Inquiry with the reference M3-WGO-02.
2. The purpose of this statement is to assist the Inquiry to investigate how and to what extent the Welsh Government learnt lessons from the pandemic in order to inform the Inquiry's conclusions and recommendations for the future.
3. I provide this statement in response to outstanding requests made by the Chair of the UK Covid-19 Public Inquiry ("the Inquiry") under Rule 9 of the Inquiry Rules 2006 addressed to the Welsh Government Health and Social Services Group ("HSSG") and the Office of the Chief Medical Officer referenced M3-WGO-01, M3-WGO-02 and M3-CMO-01.
4. In order to fully address the Inquiry's request for evidence on the matters outlined this statement, which includes matters which pre-date my appointment as Chief Executive NHS Wales, I have needed to obtain information from policy officials within the Health and Social Services Group who have been instrumental in the production of these reports and/or taking forward any recommendations.

Background

5. I hold a Diploma in Management Studies and a Master of Science, Primary Care Policy and Management from the Health Services Management Centre at the University of Birmingham. I have worked for 43 years within NHS Wales. I began as a Clerical Officer

for Community Health Services in South Gwent in 1980, after which I held a number of management roles in hospitals and Health Authorities. I joined the Aneurin Bevan University Health Board in October 2009 as Director of Planning and Operations/Deputy Chief Executive, in September 2012 I was appointed as Chief Operating Officer/Deputy Chief Executive and in June 2014 I was promoted to Chief Executive.

6. As the Chief Executive at Aneurin Bevan University Health Board I was responsible for managing all aspects of the Health Board's activities, including improving population health and patient services, performance and strategic partnership working, all aspects of governance and staff leadership. Providing advice to the Health Board on all aspects of Board business and, as Accountable Officer, specifically on matters relating to probity, regularity and administration. I led Aneurin Bevan University Health Board's response to the Covid-19 pandemic until I left in October 2021.
7. I was appointed to the dual role of Interim Chief Executive NHS in Wales and Director General of the Health and Social Services Group in November 2021. I was made permanent in this role in June 2023.

Lesson learned exercises

8. The Inquiry has requested a chronological table of reviews, lessons learned exercises or similar produced or commissioned by the Welsh Government relating to any of the issues in the Provisional Outline of Scope for Module 3 since 1 March 2020. This can be found at **Annex A** to this statement.
9. In Annex A I have included both internal reviews, lessons learned exercises or similar that were commissioned by or on behalf of the Welsh Government and external reviews where the recommendations issued relate to the Welsh Government's response to the Covid-19 pandemic, including:
 - a. the methodology, conclusions and recommendations of those reviews, lessons learned exercises, or reports:
 - b. the Welsh Government's response to any conclusions, including (where relevant) any action taken, reflections on the response of the healthcare systems within Wales to the Covid-19 pandemic and/or the future plans of the Welsh Government relating to the response of healthcare systems to any future pandemic.

10. In preparing Annex A I have focused on and highlighted any recommendations to improve the response and resilience of the Welsh healthcare system in the event of a future pandemic. This has been assessed with a particular focus on the Provisional Outline of Scope for Module 3. Wherever possible, I have endeavored to provide an update on the implementation of any recommendations by the Welsh Government. In many instances the action prompted by reports and reviews triggers or inspires further developments which are ultimately subsumed within the HSSG's broader work and business as usual reporting.
11. Annex A does not include reports commissioned by or addressed to Health Boards or other non-governmental NHS bodies unless those reports include recommendations for the Welsh Government.

Review bodies

12. The internal or external reviews and lessons learned exercises listed in Annex include reports by a number of key organisations who have a role to play in holding the Welsh Government to account.

Senedd Cymru

13. The Senedd Cymru is the democratically elected body that represents the interests of Wales and its people. It makes laws for Wales, agrees Welsh taxes and holds the Welsh Government to account. Senedd committees carry out many functions, including Scrutinizing the expenditure and policies of the Welsh Government, holding Ministers to account and examining proposed legislation. Senedd committees, including the Health, Social Care & Sport Committee carried out a number of reviews in relation to the Covid-19 pandemic, between January 2020 and March 2022. Those relevant to the Provisional Outline Scope for Module 3 have been set out in Annex 1.

Audit Wales

14. Audit Wales is the trademark of two legal entities: the Auditor General for Wales and the Wales Audit Office. Each has its own particular powers and duties: the Auditor General audits and reports on Welsh public bodies and the Wales Audit Office provides staff and other resources for the Auditor General's work, and monitors and advises the Auditor General. The aim of Audit Wales is to assure the people of Wales that public money is being managed well, explain how public money is being used and how it meets people's needs and to inspire and empower the Welsh public sector to improve. Audit Wales has undertaken a number of Covid-19 related audits, across a number of public bodies in

Wales. Public bodies, including the Welsh Government consider and respond to the recommendations made by Audit Wales and these responses are usually included in the final version of the report.

Regulators and inspectors

15. Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales. Its purpose is to check people in Wales receive good quality healthcare. It aims to provide an independent view on the quality of care delivered by NHS and independent healthcare services across Wales. HIW inspects NHS services, and regulates independent healthcare providers against a range of standards, policies, guidance and regulations to highlight areas requiring improvement. Its remit covers a range of NHS settings including hospitals, GP surgeries, dental practices, mental health units and Community Mental Health Teams. In the independent sector, it regulates and inspects healthcare settings by registering a range of providers including independent hospitals and clinics, dental practices, mental health units, and hospices.

16. Alongside a mixture of onsite and offsite assurance, inspection and registration activities, HIW uses information about healthcare services to gain assurance in relation to the quality and safety of services provided to citizens in Wales. This includes:

- a. Listening to others
- b. Monitoring Incidents and notifications
- c. Examining safeguarding concerns and outcomes
- d. Monitoring compliance with legislation
- e. Actively engaging and sharing information with healthcare providers and partner agencies.

17. In addition, HIW is able to drive improvement through reporting and sharing of good practice.

Key changes to the HSSG and future plans

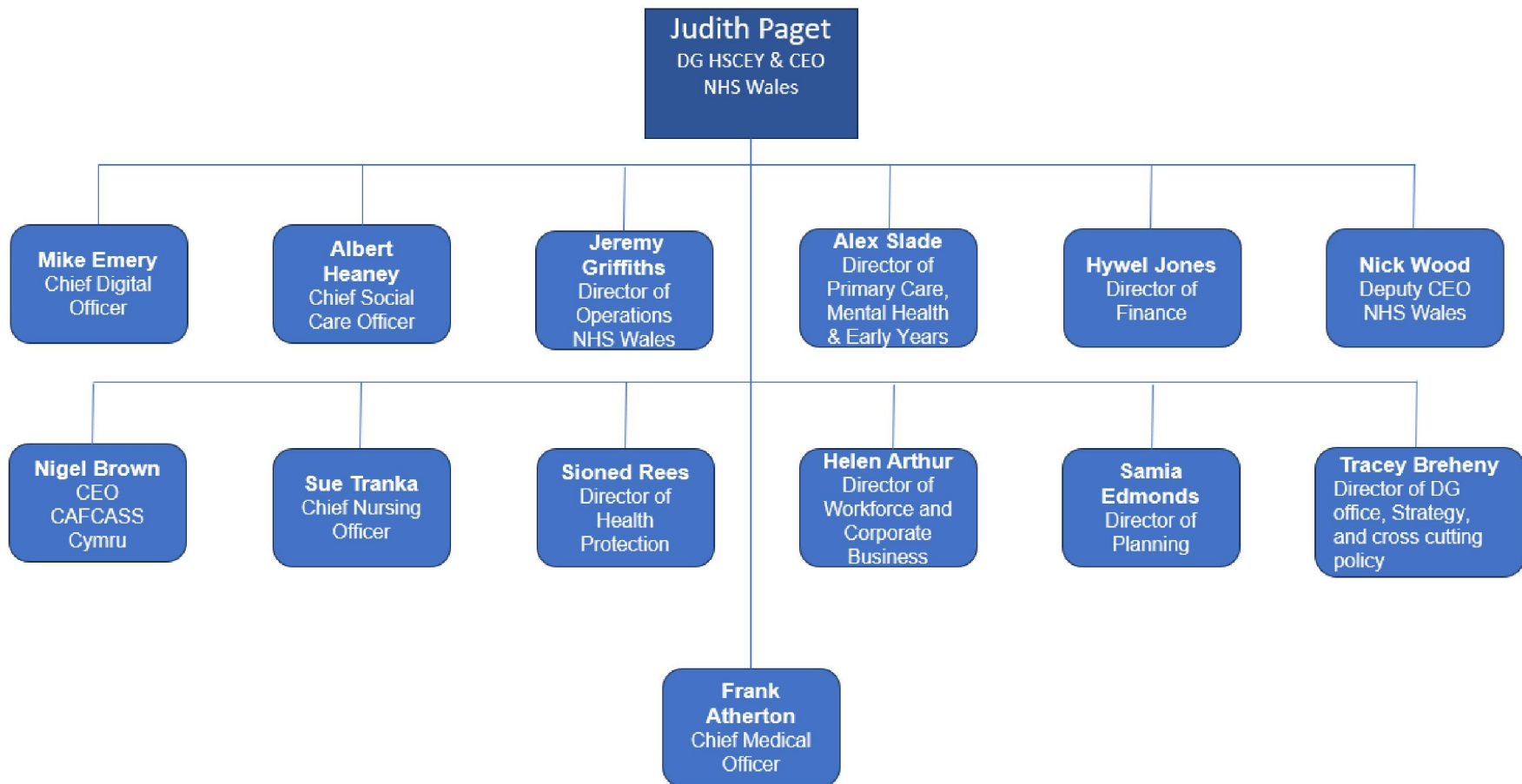
18. As requested by the Inquiry and as set out above, Annex A has focused on the reports, recommendations and actions which relate to or flow from the Welsh Government's response to the Covid-19 pandemic. However, the HSSG is constantly developing,

learning and seeking to improve. Therefore, I have summarised below the key changes to the HSSG which may be relevant to the Inquiry's work.

Structure of the HSSG

19. In 2022 the Welsh Government undertook a re-shape of the HSSG as detailed below which represents the current structure of the HSSG. The HSSG have now established a health protection directorate to enhance our future preparedness and embed science, evidence and advice. Following the appointment of the new First Minister and portfolio changes in March 2024, the title of the group was changed to Health, Social Care and Early Years Group and the current structure is provided below.

Structure of Health, Social Care and Early Years Group, May 2024



20. The roles and responsibilities of my senior team following the restructure are as follows:

- **Mike Emery, Chief Digital Officer** - Health and Social Care Digital, Data, Analytics and Technology Policy; National Innovation, Digital and Data Programmes; Life Sciences and Innovation Policy and national programmes; Health Sciences Policy; Enhanced/Integrated Care Community Model development and Policy; Foundational Economy; Value Based Care Policy and International Health (including EU) partnerships.
- **Albert Heaney, Chief Social Care Officer** - Social Care workforce; Social Care policy; Social Care performance; Integration; Neurodivergence; Learning Disability; Older Persons Rights; Safeguarding; Loneliness; Unpaid Carers; Dom Care; Improving outcomes for children; National care office; Looked after children; Pathways of care and Regulation & inspection policy in social care.
- **Jeremy Griffiths, Director of Operations NHS Wales** - NHS Performance; NHS Escalation & Intervention and NHS Operational Delivery
- **Alex Slade Director of Primary Care, Mental Health & Early Years** – General Medical Services; Mental Health; Substance Misuse; Suicide Prevention; Early Years – flying start; Supporting families; Dentistry; Optometry; Pharmacy; Allied Health Professionals and Hubs programme.
- **Hywel Jones, Director of Finance** - NHS Finance and HSCEY Finance
- **Nick Wood, Deputy CEO NHS Wales** - Planned Care; Urgent Emergency Care; Cancer improvement; NHS Planning; NHS performance and NHS Wales Executive lead.
- **Nigel Brown, CEO CAFCASS Cymru** – CAFCASS operations
- **Sue Tranka, Chief Nursing Officer** – Nurse Staffing Level Act; Nursing and Midwifery Professional Regulation; Nursing & midwifery workforce and education; Maternity and Neonatal; Women's Health; Children's Health; NHS Governance; Patient Experience; NHS Safeguarding; Quality Act- Duties; Clinical Conditions; Frailty and Long Covid; Neurological Conditions & Stroke; NICE guidance; Medical Device safety & Examiners (death certification); Human Tissue Authority legislation; NHS Complaints policy- Putting Things Right regulations; Llais; Patient Safety; Blood Infected & Thirlwall Inquires; Martha's Rule; Bereavement and palliative & End of Life care & Hospices; Pain and Musculoskeletal and fracture liaison; DNACPR; Population Health disease

burdens; Critical Care; NHS Blood and Transplant relationships; Major Trauma and Rare Diseases.

- **Sioned Rees, Director of Health Protection** – Vaccination; Scientific advice & Evidence; Pandemic preparedness and Health protection; Public Health improvement; Climate Change; Health & Care Research & Development; Environmental Public Health
- **Helen Arthur, Director of Workforce and Corporate Business** - HSCEY Workforce; NHS Workforce; Government Business; Communications and Change & Improvement.
- **Samia Edmonds, Director of Planning** - NHS Integrated Medium Term Plan; NHS Emergency Planning and NHS Planning.
- **Tracey Breheny, Director of DG Office, Strategy and Cross Cutting Policy** – A Healthier Wales strategy; Equalities; NHS Exec; Welsh Language; HSS Strategy; Workforce Strategy; International Relations and DG Office.
- **Frank Atherton, Chief Medical Officer** - Professional Medical Advisor

21. The health protection directorate works to protect the people of Wales from existing and emerging hazards through an agile, resilient, and collaborative health protection system that delivers on clear strategic priorities.

22. We are working with key partners (by which I mean Public Health Wales, local health boards and local authorities via the Directors of Public Protection Wales (DPPW)) to co-produce a health protection framework which will set out a number of strategic objectives which take on board learning from COVID-19 and recommendations from the 2023 Independent Review of the Health Protection System in Wales.

23. A key part of the work of the health protection directorate, together with the wider health protection system, is to identify, prevent, and mitigate the impact of infectious diseases and responds to existing and future threats to public health. All divisions within the health protection directorate aim to enhance future preparedness through work with partners within Wales and on a four nations level.

24. The health protection directorate are responsible for developing policy and strategy for all vaccination programmes in Wales, leading priority programmes such as work towards

meeting the World Health Organisation elimination targets, anti-microbial resistance, leading emergency planning and response policy (including pandemic preparedness) and providing health protection system oversight. All of the work of the health protection directorate is underpinned by an evidence-based approach to inform our planning and delivery, building on the expertise and support of the Science Evidence Advice (SEA) Division.

25. SEA, within the health protection directorate, has crystallised the work from the Technical Advisory Cell (TAC) to develop a specific health protection / policy modelling capacity within Welsh Government. There are now more effective routes and relationships to enable the procurement or commissioning of modelling work within the academic sector to ensure expertise and capacity can be increased in times of specific demand or need. In addition to the establishment of the Wales policy modelling group, strategic links with National groups, like SPI-M, have been enhanced.
26. Whilst establishing the NHS Wales Executive, the Welsh Government have included a function to support the operational preparedness of the NHS that works alongside the emergency planning team within the health protection directorate.
27. The remit letter for the NHS Executive 2024/2025 exhibited as **JPM3WGO03/01 – INQ000472112** included Expectation 15: NHS Emergency Planning, Resilience and Response which explained the Welsh Government's expectations:
 - a. Quality assurance - The NHS Executive will co-ordinate assurances from responders and support the review from an improvement perspective of any NHS Wales emergency plans for major incidents, specific national risks and high-profile events, deliver national countermeasures deployment plans. The NHS Executive will also publish an NHS Wales Annual Emergency Planning Report Survey.
 - b. Quality planning – The NHS Executive will support the Welsh Government in national operational planning and delivery to ensure the system is in a state of readiness. The NHS Executive will inform Welsh Government in the delivery of the provision of operational emergency planning guidance and setting of associated standards.
 - c. Quality improvement – The NHS Executive will seek to provide options for improving the way in which organisations undertake and report emergency planning, within the scope of the requirements of the Civil Contingencies Act

2004 and regulations made under this Act. The NHS Executive will ensure that the Duty of Quality and the 12 quality standards play an active part in the methodologies that are used and adopted.

Governance arrangements

28. The HSSG has undertaken a number of reviews of its governance arrangements. A review of the Chief Medical Officer Health Protection Advisory Group (HPAG) was carried out in 2023 in order to identify opportunities to improve integration, planning and delivery. The review reported in June 2023, exhibited as **JPM3WGO03/02 – INQ000472113**, with revised terms of reference and governance arrangements which were adopted in July 2023.

29. As a result of the HPAG governance review, three strategic sub-groups now report to HPAG:

- a. Environmental Public Health - to facilitate collaboration between Welsh Government and system partners with roles, responsibilities, and interests in environmental public health in Wales. In this context, environmental public health is defined as action *“to minimise exposures to, and resulting ill-health from, environmental hazards, and support the creation of healthy, fair and sustainable environments and communities”*.
- b. Communicable Disease - to facilitate collaboration between Welsh Government and system partners with roles, responsibilities and interests in communicable disease in Wales; and
- c. One Health – to facilitate collaboration between departments within Welsh Government and between system partners with roles, responsibilities and interests in ‘One Health’- human, animal, and environmental health - across Wales.

30. In addition to the three HPAG sub groups, HPAG also receives regular updates from the Wales Screening Committee, noting its role in prevention.

The Communicable Disease Outbreak Control Plan for Wales

31. The Communicable Disease Outbreak Control Plan for Wales, which provides a framework for managing communicable disease outbreaks with public health implications, has been

updated. A refreshed plan was published in January 2024 and an exercise to test the plan took place in March 2024.

32. The key features of that plan are as follows:

- a. 'The Plan' is currently and will remain a single plan for 'all communicable disease'.
- b. The core aspects of 'the Plan' have been used/tested post pandemic and remain generally 'fit for purpose'.
- c. The current format of the Plan, developed over time, contained a mixture of operational and strategic information, with some topic content, e.g., communication, described in multiple parts of the plan, which also resulted in unnecessary duplication. As such, the revised document has been restructured to remove duplication and make the document more accessible and easier to navigate. This includes retaining the 'core elements' of 'the Plan', the addition of algorithms for key aspects of response and the removal of operational detail and additional guidance from the main body of text to appendices or via links to web-based sources. The style of the document now facilitates the addition of new supporting guidance, between formal reviews, if required.
- d. The flow of 'the Plan' has been revised, to follow the order of key stages of outbreak management response from initial identification through to the end of an outbreak. This includes a dedicated section which describes all aspects of 'Communication'.
- e. Risk Assessment was not previously specifically referenced as a key component e.g., in deciding when to declare an outbreak. The reference to Risk Assessment in all stages of outbreak response has now been strengthened including revised wording (paragraph 1.6.5) for situations which should be considered and may influence 'outbreak declaration'.
- f. Reference to appropriate 'escalation' process including e.g., to Welsh Government have been strengthened. This includes the update and retention of specific narrative and links to Wales Civil Contingency arrangements (Part 7) but also includes other scenarios, (supported by algorithms) where e.g., Wales wide co-ordination maybe required (paragraph 1.10).

- g. Roles & Responsibilities. There was a specific focus on providing further clarity in this area, which has resulted in the following:
- i. Roles and Responsibilities of Outbreak Control Team (OCT) members during the initial response and management of any 'declared' outbreak, were agreed to be generally 'fit for purpose' and remain largely unchanged.
 - ii. Roles and responsibilities of partner organisations in outbreak management response have been aligned to and made consistent with the content of a 'Welsh Government summary document' describing the Roles and Responsibilities of organisations in the Health Protection system in Wales, which has been produced following a recommendation of the external review of the Health Protection system in Wales.
- h. Further clarity (and a supporting algorithm) has been included which address situations where 'an outbreak is not declared' and alternative management arrangements are established to respond to a communicable disease situation (paragraph 1.5). This acknowledges that whilst the 'same principles' are used to manage and control the communicable disease, the contribution of some partners e.g., LAs, to such situations, may vary to 'declared' outbreak response. However, communication and situation update reporting to all partner organisations (including LAs), for all communicable disease situations, remains as a minimum action and engagement requirement.
- i. Requirements relating to changes in legislation including following the UK leaving the EU and the recent introduction of the Health and Social (Quality and Engagement) (Wales) Act 2020 have been incorporated.
- j. 'The Plan' has been aligned with other existing Wales plans including for Civil Contingency response.
- k. Part 7 – Activating Civil Contingency arrangements in Wales has been reviewed and updated to ensure alignment with the existing, all hazard, Pan-Wales Response Plan. This includes in response to occurrences of a communicable disease scenario (which could include HCID or outbreak) originating elsewhere in the world, with a likelihood of impact on Wales and UK

resulting in e.g., the establishment of UK COBR and/or equivalent Wales infrastructure.

- I. Finally, to facilitate audit and continuous improvement, 'Standards for Outbreak Management' have been adopted.

Risk Management structures

33. HSSG officials now chair a monthly Emergency Planning & Risk Assurance Group which scrutinises National Security Risk Assessment (NSRA) risks (including pandemics and emerging major infectious diseases) which could have a significant public health impact, ensuring there is senior level accountability and mitigations are kept up to date. Escalation from this group is ultimately via the Welsh Government Risk and Preparedness Committee to the Executive Committee (ExCo) and to Ministers.
34. HSSG has set up a cross-government Pandemic Preparedness Board, ensuring we take on board lessons we've learned from Covid. The Pandemic Preparedness Board is co-chaired by Sioned Rees, Director of Health Protection, and Liz Lalley, Director of Risk, Resilience and Community Safety. Its members include representatives from the HSSG, Public Health Wales, Public Services and Welsh Language, COO, Economy, Treasury and Constitution and Climate Change and Rural Affairs.
35. The Pandemic Preparedness Board is responsible for:
 - a. Providing input to and oversight of development of a pandemic preparedness framework, which will involve consideration of cross-government impacts of pandemics and other significant disease outbreaks with cross-sectoral impacts. The framework will be overarching for Wales, linking to detailed plans from key partners, such as the NHS, Public Health Wales and Local Resilience Forums.
 - b. Coordinating an assessment of readiness across Welsh Government to stand up a large-scale response, at speed, to a pandemic or emerging infectious disease.
 - c. Committing to enhancing capabilities that contain and/or mitigate the impacts of pandemic and High Consequence Infectious Disease (HCID) hazards.
 - d. Facilitating collaborative working with UK Government (where appropriate); and managing the interdependencies between UK Government departments and Welsh Government departments.

- e. Clarification of roles and responsibilities within Welsh Government, particularly around decision making during a pandemic

36. The pandemic preparedness framework will address capabilities under 5 key themes:

- a. Surveillance and early warning
- b. Reducing transmission and minimising harm
- c. Reducing and responding to NHS, social care and wider service pressures
- d. Equalities/protecting the vulnerable
- e. Strengthening governance arrangements

37. NHS Wales Emergency Planning Network has produced strengthened guidance and enhanced training and exercising. In line with statutory NHS Wales planning processes, Health Boards continue to have surge plans in place to redeploy resources and scale up if needed. This now forms part of ongoing NHS organisational planning for e.g. winter.

38. We are working closely with UK and other devolved governments to ensure that where appropriate we are aligned with UK pandemic preparedness work and planning. This includes attending as observers the UK Pandemic Capability Board and updating the 2011 Flu Response Plan with a Respiratory Virus Response Plan. This work includes focused planning on safe and scalable care.

Closing Comments

39. As set out above, this statement isn't intended to set out every one of the actions taken by the HSSG since the pandemic to improve its service to the Welsh people, but to highlight the most important for and relevant to the Inquiry's work and future recommendations. I, and others in the HSSG, are watching the Inquiry's progress closely and to learn further lessons in order to continue this improvement.

40. I recognise that the Welsh Government response to any future pandemic not only depends on our emergency preparedness and planning response but also the resilience of our population health and wellbeing and the health and social care system. This will require on-going focus on the recovery of planned care, workforce planning and fostering more health equity to reduce vulnerability. A Healthier Wales: our Plan for Health and Social Care sets out a long-term future vision of a 'whole system approach to health and social care', which is focussed on health and wellbeing, and on preventing illness.

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

Judith Paget

Dated: 17 May 2024

Annex A

Report Recommendations/Lessons Learned addressed to the Welsh Government relevant to the scope of Module 3	Welsh Government response to the recommendations, actions and future plans (where relevant)
<p><u>03/06/2020- Welsh Interim Operational Review Report (JPM3WGO03/03 – INQ000128998)</u></p> <p>An interim operational review into the multi-agency response to Covid19 was commissioned on behalf of the Joined Emergency Services Group in Wales. Welsh Government officials from several divisions involved with the Covid-19 response were amongst 150 delegates who, provided anonymous answers to questions asked.</p> <p>The report provided analysis of the accounts given and identified 7 main themes:</p> <ol style="list-style-type: none"> 1) how the four nations approach to policies and guidance within the pandemic should be communicated to the public more clearly, 2) the focus on communities within Wales, 3) how the emergency management teams are working together, 4) the coordination and timing of decision making and strategy, 5) the challenges of planning and the benefit of increasing transparency both in decision making and in communicating, 6) learning, sharing and planning in real time through the elongated incident and the forward direction, 7) the resources, systems, policy and ways of working necessary to enable future activity. <p>The report made 17 recommendations based on those themes.</p>	
<p>3.1: The Welsh Government, NHS Wales and the LRFs must urgently review the alignment and awareness amongst partners of key roles and responsibilities of the multi-agency and NHS response structures to ensure the maximum integration of these to increase the coordinated enduring management of Covid-19 and other types of future major incidents.</p>	<p>A Lessons Management Project Board was set up to look at the recommendations that came from the review. The recommendations were collated with recommendations from debriefs conducted by the Local Resilience Forum areas in Wales and the correct owners were identified in a report by the project board dated 22 July 2020 which I exhibit at (JPM3WGO03/04 - INQ000187516)</p>
<p>5.2: Communication between LRFs, Welsh Government and Public Health Wales needs to be immediately enhanced to deliver effective, timely and bi-directional information sharing</p>	

in an ongoing public health emergency.	
<p><u>01/07/2020- Health, Social Care & Sport Committee – Inquiry into the impact of Covid-19 outbreak and its management on health and social care in Wales: Report 1 (JPM3WGO03/05 - INQ000349686)</u></p> <p>The Committee issued an open call for evidence and conducted a survey in order to better understand the challenges for those working on the frontline and those whose health or care needs have been directly or indirectly affected by Covid-19. The Committee invited views in writing and conducted a series of oral evidence gathering sessions.</p> <p>The Committee's conclusions included:</p> <ol style="list-style-type: none"> 1) The outbreak exposed serious weaknesses that existed in many areas, including production and acquisition arrangements for personal protective equipment, the set-up for testing, critical care capacity and the ability to protect older people living in care homes. 2) It was necessary to reduce reliance on overseas imports and to ensure that the design and fit of PPE was suitable for all those who needed to wear it, and those who are deaf or hearing impaired. It must also be regularly reviewed to ensure it is kept up-to-date and remains safe to use. 3) It was imperative not to continue to run the critical care system, and overall bed complement, so 'hot' in the future, with bed occupancy levels in excess of 85 per cent. Instead, there was a need to ensure that there continued to be additional capacity, in terms of staffing, beds and equipment, to respond to future spikes in demand. 4) The outbreak was a reminder of the need to re-establish the primacy of public health. 5) In social care, there continued to be a lack of joined up working with the NHS, and a pressing need for better integration of the two services as well as proper recognition for social care staff in their terms and conditions. 6) There was a need to support those who experienced trauma as a result of the outbreak, and those with ongoing mental health conditions. Many people will not have been able to access their routine services for some time and this will have significant implications for their ongoing health and wellbeing, and for the health service. <p>The report committee made 28 recommendations.</p> <p>The Minister for Health and Social Services provided a written response to the report and to the recommendations at exhibit JPM3WGO03/06 - INQ000198448.</p>	
<p>Recommendation 1. The Welsh Government must, as a matter of urgency:</p> <ul style="list-style-type: none"> ▪ publish a strategy for securing a resilient supply of PPE; ▪ stockpile appropriate PPE in sufficient quantities for any future outbreak; ▪ keep under review the PPE it has stockpiled to ensure that it remains of adequate quality and is fit for purpose, including that the design and fit is appropriate for all wearers and suitable for staff, patients or 	<p>The Minister for Health and Social Services 'accepted' or 'accepted in principle' the majority of the recommendations. Those that were not accepted or not wholly accepted fall outside the scope of Module 3.</p>

<p>carers who are deaf or hearing impaired;</p> <ul style="list-style-type: none"> ▪ publish a strategy for ensuring resilience of distribution arrangements for PPE; ▪ work with partners to ensure that guidance on PPE is kept up to date in the light of the most recent scientific advice, and communicate this advice clearly to staff. 	
<p>Recommendation 2. The Welsh Government must review its own systems to ensure the mechanisms are in place to enable manufacturers in Wales to respond quickly in supplying appropriate PPE in the event of any future outbreaks. This must include having procurement arrangements that are able to respond in a timely manner</p>	<p>On recommendations 1-3 the Minister's response noted that a strategic plan for PPE procurement for health and social care was being developed. This was shared with Ministers in February 2022 (MA-EM-4140-21 – exhibited as JPM3WGO03/07 - INQ000361786).</p>
<p>Recommendation 14. The Welsh Government should commission a focused and rapid review of the current arrangements for delivery of medicines to ensure they are robust, reliable, safe and sustainable, and able to meet both current demands and potential future pressures, especially during the winter months</p>	<p>The number of volunteers recruited to support the Volunteer Scheme and the capacity of the Royal Mail service exceeds current demand from pharmacies and dispensing doctors across Wales. A review of the COVID-19 medicines delivery arrangements was undertaken in consultation with stakeholders and participants to inform the need to respond to a further spike in the autumn or to local outbreaks of community transmission.</p> <p>Funding of up to £5.8m was made available within the Community Pharmacy Contractual Framework throughout 2020/21 to support arrangements for medicines delivery. Funding was not recurrent for subsequent years. There is currently contractual requirement for community pharmacies to provide a medicines delivery service.</p>
<p>Recommendation 16. The Welsh Government must ensure that there is clear guidance made available to those who are shielding about accessing routine healthcare services and how to do this safely</p>	<p>The Shielding Patient List closed on the 31st March 2022. From this date, there has not been direct communication to those who were on the Shielding Patient List. However, general guidance which is now for everyone to follow including those on the Shielding Patient List is regularly updated and linked to relevant information regarding booster vaccinations and antiviral treatments.</p>

01/08/2020- Equality, Local Government & Communities Committee report – Into sharp relief, Inequality and the pandemic (JPM3WGO03/08 - INQ000353436)

The Committee collected evidence in oral sessions and by inviting, and considering, written submissions from individuals and relevant groups.

The Committee summarised the evidence on the disproportionate effect that the pandemic had on some individuals and groups in Welsh society based on poverty, age, gender, ethnicity, as well as those with disabilities.

From March 2020 the Welsh Government took a number of measures to address the specific or unequal effects on certain groups of people. The evidence gathered demonstrated that this commitment to equality and human rights must move beyond the immediate situation and begin to plan for a fairer Wales. The pandemic shone an uncomfortable light on inequalities that already existed in our society.

There was a concerning lack of quality equality data, particularly in the NHS and without being able to identify people at higher risk of coronavirus due to their ethnicity, disability or health conditions, workplace risk assessments are likely to be less effective. The public sector equality duties lack enforcement powers, which will be all the more important in a time when inequalities are stark and widening.

A joint response to the report was signed by the Minister for Housing and Local Government, the Minister for Health and Social Services and the Minister for Education exhibited as **JPM3WGO03/09 - INQ000066490**.

Recommendation 2. The Welsh Government should take immediate action to improve the quality of recording of ethnicity and disability employment data across health and social care services.

The Welsh Government took steps to improve the quality of evidence on ethnicity and coronavirus mortality through the implementation of the e-form, including for healthcare workers. The Welsh Government also undertook to work with partners in the NHS and social care to encourage better recording of ethnicity and disability data in both staff records and wider health records.

The Welsh Government also understood that it went beyond data collection. There's a need to understand why citizens might not feel they want to provide this information to public services and why public services find it difficult to ensure good quality data is recorded. The Welsh Government will look at opportunities to get key messages out about the benefits of recording such data and for training to encourage NHS and local authority employees to record ethnicity data in every system, and encourage people to allow information to be recorded.

<p>Recommendation 3. The Welsh Government should improve data gathering and publication on coronavirus cases and health outcomes disaggregated by sex, ethnicity, disability and key worker status. This should include where necessary, identifying alternative methods of collection and new data sources.</p>	<p>The Welsh Government continues to expand the range of data gathered and published on Covid-19 and health outcomes. In June 2020 we published analysis on where the impact of coronavirus might have a disproportionate impact on ethnic minorities, including in employment, housing and deprivation. The Welsh Government pressed the Office for National Statistics to publish statistics for Wales on Covid-19 deaths by ethnic group and by occupation group and will continue to work with them to ensure that their mortality analysis helps us understand the outcomes for groups in Wales. The Welsh Government agree it is important to use new and alternative methods to understand Covid-19 and health outcomes by disaggregated characteristics. Analysis by Public Health Wales, which linked hospital data with death registrations helped show the impact of coronavirus on people with learning disabilities. This type of analysis demonstrates the new insight that can be gained from linking data. This is why the Welsh Government secured access to the 2011 Census to support ambitious linked data research agenda and pressed UK government departments to share administrative data that will help us understand the outcomes of different population groups.</p>
<p>Recommendation 24. The Welsh Government should keep under review the PPE it has stockpiled to ensure that it remains of adequate quality and is fit for purpose, including that the design and fit is appropriate for all wearers and suitable for staff, patients or carers who are deaf or hearing impaired [recommendation from the HSCS Committee]</p>	<p>NHS Wales Shared Services Partnership (NWSSP) are responsible for procuring and distributing PPE for the health and social care sectors in Wales. All PPE issued to health and social care settings by NWSSP will have been certified as safe to use. This process ensures that the PPE product meets the required certification, conformity, testing and manufacturing requirements and standards, providing the assurance that our frontline NHS and social care staff have the protection and confidence they need to undertake their vital roles. Should there be any issues, such as fit-test failures on certain products, NWSSP will seek to source alternatives to ensure that all staff have appropriate PPE.</p> <p>Extensive work was undertaken to drive activity at Four Nation level to develop and trial transparent PPE to ensure it was more inclusive. Supply of the PPE for trials was not progressed due to a lack of funding at DHSC level. On its own, Wales was unable to meet minimum order requirements from manufacturers.</p>

<p>Recommendation 37. The Welsh Government should appoint an accessibility lead within the Welsh Government to oversee the production of all key public health and other information in accessible formats</p>	<p>The Welsh Government ensured the presence of a British Sign Language (BSL) interpreter at each of our Covid-19 news conferences and ensured that large print and braille are available on request alongside other accessible formats on key products, such as the shielding letters from the Chief Medical Officer.</p> <p>We set up an Accessible Communication Group in June 2020 to discuss and overcome the barriers stopping people from accessing information. This Group includes a wide range of organisations, who have testified to the difficulties that those who are deaf or hard of hearing, blind or visually impaired, with learning difficulties or are autistic experience when trying to access clear and concise information during the coronavirus pandemic. The Group also includes organisations who represent refugees, children and the Gypsy, Roma Traveller community.</p> <p>Full detail of the work carried out by the Welsh Government in this regard was provided in the witness statement of Dr Andrew Goodall (M3-WGO-01).</p>
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25/09/20 A Review of the Health and Social Services Group Response Structure to Covid-19 (JPM3WGO03/10 - INQ000066465)

The review was conducted to identify learning from January to September 2020 to strengthen the H&SSG's Covid response in the immediate term, as well as informing emergency planning arrangements more generally for the future.

The following areas were considered out of scope for the 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-19 response;
- Evaluating the quality of expert scientific and medical advice; and
- Assessing individual responses by National Health Service (NHS) organisations or social services.

A survey was circulated to key individuals who were identified as directly involved in the Covid-19 response and views were also sought from all H&SSG staff.

The responses highlighted evidence of good practice including:

- Effective partnership working across Welsh Government and NHS partners;
- Significant use of technology - remote working for staff enabled an efficient response to emerging issues and digital platforms enhanced patient experience.
- Speedy initial response that has ensured that there are mechanisms/ structures now in place.

The review made 16 recommendations for the H&SSG across the following themes:

- Incident Response
- Policy Development
- Communication and Engagement
- People and Skills
- Governance and Accountability

The review was repeated in September 2021 exhibited as **JPM3WGO03/11 -**

INQ000022616.

Progress against the review recommendations has been overseen and discussed at the HSSG Executive Directors Team (EDT) Contingencies Group. A progress report exhibited as **JPM3WGO03/12 - INQ000066471** was produced in October 2022 and informal monitoring of progress against the recommendations took place through the EDT contingency meetings.

H&SSG to consider its contingency structure for resurgence of COVID-19/winter (page 3) and review and update the COVID-19 Planning & Response Framework accordingly in readiness for the next phase of the pandemic response, as well as providing a template for any future public health emergencies.	A Deputy Director with an emergency planning remit took up post in September 2022 and with the expectation that this role will transition into the NHS Executive. Work has commenced to design the Emergency Planning function within the NHS Executive.
Develop H&SSG emergency plans for the medium and longer term response to emergencies to ensure the Group is capable of sustaining its response.	<p>The Welsh Government acknowledged that longer term emergency planning was required to build on the close working relationship with NHS and Social Services.</p> <p>The EDT Contingency Group reviewed and developed its risk and preparedness plans that will align with the recommendations from reviews UK government are leading on including the pandemic plans and counter measures. This will also take into account the development of the NHS Executive and take on board the lessons learnt from our COVID experience. This will also involve development of exercises to test and enhance our planning and response.</p>
Consider the role that a NHS Executive function should have in our emergency response in providing a formal and resourced interface between H&SSG and NHS organisations.	See above, a Deputy Director with an emergency planning remit took up post in September 22 with the expectation that this role will transition into the NHS Executive. Work has commenced to design the Emergency Planning function within the NHS Executive.
Review the protocol with PHW and also the structure and staff resilience of the Public Health Division to deliver health protection and emergency planning functions.	A new health protection directorate has been established that builds on the resources and capability developed in the response to Covid to provide future resilience. This includes a division for Emergency Planning and Response. A review of the wider health protection system in Wales was commissioned to consider the protocol and roles and responsibilities across the system.

Clarify with DHSC the structure for 4 countries co-ordination of the response through the winter and for future national emergencies	Four Nation Emergency Planning RR meetings have been established, chaired by DHSC Emergency Preparedness Resilience and Response Director (December 2020). David Goulding attends for Wales.
Review H&SSG data and dashboard requirements and their purpose. Clarify the responsibilities of those involved including KAS, NWIS, PHW, Digital Cell, TAC and others	An Information Hub has been established to feed H&SSG information flows. The reporting and sign off process for TAC is now through EDT Contingency Group. KAS and TAC working closely together on data flows
Through the Planning and Response structure proper account is taken of the policy areas affected so that the accountabilities of the planning and response groups/cells and policy interests are clarified.	An addendum was developed for the Service Facing Framework and issued (January 2021) to take account of the EDT Contingency Group. A further review was undertaken in December 2021.
Establish a stakeholder group to review the significant challenges of managing information and dealing with enquiries so that improvements are made and there is a clarity of the process going forward through winter.	<p>The Welsh Government agreed to review arrangements and establish an agile 'information hub' to: support EDT through situational analysis including overview of policy planning and delivery, provide a contingency response linked to ECCW, and deliver briefing, correspondence, public and stakeholder enquiries.</p> <p>The Information hub was established and the Emergency Co-ordination Centre Wales stood down on 31/01/2021, replaced by the Planning and Briefing Cell. An Operations Director has been appointed.</p>
Consideration is given to the structure for engaging with stakeholders that has been at the core of our response to COVID thus far, through the next phase of COVID and in the longer term for routine business. The proposals for the creation of a NHS Executive should be integral to these considerations.	Programme arrangements are in place to oversee the establishment of the NHS Executive early 2023. Stakeholder engagement is being managed in the short term through Planning and Response Group. Further work is also on-going in ensuring the collaborative engagement developed as part of our Covid response is sustained and built into the health protection governance structures.
H&SSG Workforce and Corporate Business lead work with Directors to identify capability and capacity gaps in staffing and raise corporately into WG the staffing requirements of key elements of our response where these cannot be met from within the	This exercise was carried out and the results discussed at the main EDT meeting on 09/12/20

Group's resources by reprioritisation and redeployments.	
The leadership and co-ordination role of EDT in the COVID response and through winter should be more visible and understood across H&SSG. The delegated responsibilities of members of the Executive Director Team (EDT) should be set out and agreed.	The ED Contingency Group was established and weekly meetings scheduled.
EDT members should undergo some crisis management training commensurate with their accountabilities.	The training took place on 14/10/20.
H&SSG Directors should identify a senior member of staff to be part of a cross Directorate standing emergency planning group to ensure Directorates are sighted on national risks and can plan accordingly. This emergency planning group should be chaired by an SCS official.	A HSSG Directorates EP Group was proposed in the Group's Resilience Plan submitted to the Perm Sec and has been established. This will help Directors to be fully sighted on national risks and engaged in emergency preparedness activities.

01/10/20- Internal Audit report 351: 20/21 Schemes to Provide Medicines to the Shielded (JPM3WGO03/13 – INQ000022589)

The purpose of the audit review was to consider whether the schemes to provide medicines to the shielded were appropriately managed and controlled.

A key focus of the review was to determine whether the decisions taken and judgements made were appropriate given the level of information available at the time. The review sought to confirm whether the schemes were administered effectively and management had identified and managed risks to the delivery of outcomes.

The review was designed to confirm whether the intervention was appropriately approved, procurement and personal data processing arrangements were compliant legally, volunteers were adequately vetted and trained, ongoing monitoring arrangements were sufficient, including financial and scheme data, and arrangements were put in place to evaluate the success of the scheme.

The review found the schemes were successful, well received and met their objectives of providing additional support to vulnerable individuals in Wales. With shielding paused, the

<p>schemes were drawing to a close so, although the review raised a number of observations, there was no need to agree an action plan with management. However, the observations were accepted and, should there be a resurgence in Covid-19 which necessitated the reintroduction of the schemes, the observations would be acted on at that time.</p>	
<p>Observation 1: Should there be a reintroduction of the Prescription Delivery Scheme, CPS advice should be formally sought at the earliest opportunity and associated departure approval forms completed.</p>	<p>There was no subsequent need for a Prescription Delivery Scheme to be reintroduced to provide vulnerable people with access to medicines who were following advice to shield as a result of COVID19.</p>
<p>Observation 2: Should there be a reintroduction of the Prescription Delivery Scheme, award documentation should be issued at the start of the funding period. While there is no award letter in place the recipient may not carry out funded activities in line with intended terms, while the grant recipient will be delivering services at risk that payment may not be made.</p>	
<p>Observation 4: Should there be a reintroduction of the Prescription Delivery Scheme, consideration should be given to strengthening controls by requiring all volunteers return an agreement to positively confirm they have read and understood the training and</p>	

provide evidence of a current DBS check, where held.	
Observation 5: Should there be a reintroduction of the schemes, contract monitoring arrangements should be documented and agreed with suppliers from the outset, including escalation arrangements. A record of key decisions and actions from monitoring meetings should be retained (perhaps in a timeline format).	
Observation 6: Should there be a reintroduction of the Prescription Delivery Scheme, Volunteer Co-ordinators should be asked to submit progress reports in line with the award letter terms and conditions.	
Observation 7: Should there be a reintroduction of the Prescription Delivery Scheme, actual spend should be formally monitored against forecast spend.	
<u>22/01/21- HSS - PPE Procurement & Supply Group: PPE Lessons learned/Best practice (JPM3WGO03/14 – INQ000472023)</u>	
1) PPE PIPP Stockpile had not been intended to respond to coronavirus pandemic 2) Governance and finance frameworks designed as pandemic progressed – some duplication of effort across groups. 3) Two-way data and information sharing between policy, planners and frontline team is critical to ensure procurement meets demand and that there is confidence in the system. 4) Supply issues – as a result of huge increase in demand and lack of resilience in UK and global PPE contracts and supply chains.	
More flexible PPE stockpile needed to ensure we have resilience against any pandemic or supply issues.	This has been addressed in the 21/22 Procurement Plan prepared by the Welsh Government and the NWSSP
Logistics and distribution plans worked successfully for Wales.	

Stock rotation needs to be built into storage plans.	
Decision-making and controls framework needs to be agreed in advance as part of contingency planning.	
Terms of Reference should ensure clear RACI ('responsible, accountable, consulted and informed') between governance groups and teams.	
Needs to be regularly reviewed and tested.	
Accurate and timely data and information needed to forecast and track demand and supply across the system.	The Welsh Government continues to invest in improving data and modelling capability - NWSSP
Data quality needs to be maintained by frontline teams.	
Early involvement of procurement teams in policy changes.	
Sourcing and procuring at country level brought benefits for Wales and should be retained.	This has been addressed in the 21/22 Procurement Plan prepared by the Welsh Government and the NWSSP
Supply strategy needs to build in greater resilience.	
Welsh manufacturers have a role to play but PPE market may not be sustainable.	

01/04/21- Audit Office Report: Procuring and Supplying PPE for the Covid-19 Pandemic (JPM3WGO03/15 - INQ000066524)

The report focused on the national efforts to supply health and social care in Wales. These efforts were led by the Welsh Government, working with partners in the NHS Wales Shared Services Partnership (Shared Services) and local government. Shared Services took on an expanded role in securing PPE for the whole health and social care sector.

It did not review arrangements for local procurement of PPE by NHS and local government bodies, nor the logistical arrangements in place locally to distribute PPE directly to frontline staff. It did, however, reflected evidence collected by professional bodies about the views of front-line staff.

The overall conclusion was that "In collaboration with other public services, Shared Services overcame early challenges to provide health and care bodies with the PPE required by guidance without running out of stock at a national level. It is now in a far stronger position, with stockpiles of most PPE equipment and orders in train for those that are below 24 weeks. Some frontline staff have reported that they experienced shortages of PPE and some felt they should have had a higher level of PPE than required by guidance. The Welsh Government and Shared Services put in place good arrangements overall to procure PPE that helped manage risks and avoid some of the issues reported on in England.

R1 As part of a wider lessons learnt approach, the Welsh Government should work with other UK countries where possible to update plans for a pandemic stockpile to ensure that it is sufficiently flexible to meet the demands of a pandemic from different types of viruses.

The recommendations are primarily addressed to NHS Wales Shared Service Partnership, which is responsible for the procurement and supply of PPE but the Welsh Government gave this update in January 2022 exhibited as **JPM3WGO03/16 – INQ000472022**.

To ensure appropriate PPE is used in each setting, Wales follows the PPE requirements set out in the UK-wide Infection Prevention and Control (IPC) guidance. The IPC guidance is for the four UK nations and is based on a continuous review of the available evidence.

R2 In updating its own plans for responding to a future pandemic, the Welsh Government should collaborate with other public bodies to articulate a set of pan-public sector governance arrangements for planning, procuring and supplying PPE so that these do not need to be developed from scratch

Throughout the pandemic, via membership of the UK IPC group, Wales has played and continues to play an active part in the development and continual evaluation of the IPC guidance including the risk based requirement for PPE in health and social care settings. Wales, like all UK countries, has adhered to this guidance and will continue to do so.

NHS Wales Shared Service Partnership (NWSSP) are responsible for the procurement and supply of the required PPE items into health and social care settings and are supported by the NWSSP Surgical Materials Testing Laboratory (SMTL) in ensuring the PPE provided meets technical and quality standards.

R3 Shared Services should work with NHS and social care bodies to maintain an up-to date stock management information system that provides timely data on local and national stocks of PPE

NHS and social care provider organisations are responsible for the implementation of the guidance within individual health and social care settings. I would also like to take this opportunity to assure the Committee

<p>that can be quickly drawn upon in a future pandemic to support projections of demand and availability as well as providing a robust source of information for briefing stakeholders.</p>	<p>that the supply and distribution of high quality PPE to frontline health and social care workers continues to be a critical part of the Welsh Government's response to the ongoing COVID-19 pandemic. Since the start of the pandemic over 1.2 billion items of PPE having been issued. Of these, over 500m have been issued to social care. At no point has Wales run out of PPE at a national level.</p>
<p>R4 In updating the strategic approach to PPE, Shared Services and the Welsh Government should work together to develop a clear direction in terms of:</p> <ul style="list-style-type: none"> • a return to competitive procurement and an end to emergency exemptions. • fuller consideration of the wider criteria usually applied to procurement, such as sustainable development and policies on modern slavery. • the intentions and aspirations in relation to the domestic PPE market, including the balance between the potential benefits of resilience through local production capacity against the potentially increased costs compared to international manufacturers. • the size and nature of the pandemic stockpile it intends to hold, considering the benefits and costs of holding and maintaining stock and the timing of purchases given the ongoing disruptions to the PPE market. 	<p>The PPE position in Wales remains stable. Lessons learnt from the initial phase of the pandemic were reflected in NWSSP's PPE Winter Plan (September 2020) and in the current NWSSP Longer-term PPE Plan (October 2021). Key components of both plans are ensuring the ongoing procurement and supply of free PPE to health, social care and wider primary care settings. In addition, NWSSP have been asked to maintain a usable contingency stockpile of core PPE items of no less than 16 weeks supply (based on the issue rate at the height of the pandemic) to maintain preparedness.</p> <p>For items where this contingency level hasn't already been met or exceeded, secured orders are in progress and a new, fully compliant PPE framework is being established for core PPE items to ensure the ongoing resilience of supply chains.</p>
<p>R5 To increase confidence in stocks and supplies at the national level, Shared Services should work with the Welsh Government to publish details of the amount of stock it holds of each item alongside the regular publication of data on the numbers of items issued.</p>	
<p><u>01/06/21- HIW - COVID-19 National Review - How Healthcare services across Wales met the needs of people and maintained their safety during the pandemic (JPM3WGO03/17 - INQ000182583)</u></p>	

The report sets out the findings from the HIW COVID-19 themed national review. The purpose of the review was to understand how healthcare services across Wales met the needs of people and maintained their safety during the pandemic. It considered how services supported the physical and mental well-being of staff. The review drew on all of the HIW assurance activity since March 2020.

- 1) Environments of care- Overall, we found that good arrangements had been introduced throughout healthcare services to adapt the environment of care and to enable services to continue operating during the pandemic.
- 2) Infection Prevention and Control- HIW found a number of positive arrangements in place to strengthen IPC across the NHS and independent healthcare services, which included a strong focus on hand hygiene, cleanliness and the correct provision and use of Personal Protective Equipment (PPE). HIW found that, in general, processes had been implemented to help reduce the risk of nosocomial transmission and control the spread of the virus. HIW found a number of positive arrangements in place to strengthen IPC across the NHS and independent healthcare services, which included a strong focus on hand hygiene, cleanliness and the correct provision and use of Personal Protective Equipment (PPE). HIW found that, in general, processes had been implemented to help reduce the risk of nosocomial transmission and control the spread of the virus.
- 3) Workforce Governance Arrangements- Managers were very proud of their staff and arrangements were in place to support staff well-being. However, despite this, there were significant concerns regarding the impact of the pandemic on staff who worked during the first and second waves. In particular, staff working in hospitals may be suffering from stress and anxiety due to the unprecedented work pressures. Additional training had been provided for some staff during the pandemic, including for teams working within field hospitals. Positive steps had been taken to increase the frequency of communication with staff to ensure staff were aware of up to date COVID-19 guidance. Additional steps had been taken to support and protect staff during the pandemic, with employers in the vast majority of settings being proactive in implementing COVID-19 risk assessments. This included arrangements for deploying staff to alternative, lower risk, areas, should they be at high risk of developing complications if contracting the virus.

A key area to have emerged from our work is the need for healthcare services to continue to strengthen their infection prevention and control arrangements in order to mitigate the risk of any future outbreaks of COVID-19.

Healthcare services have had to adapt and introduce new models of care during the pandemic, for instance the establishment of field hospitals and mass vaccination centres, it remains important that services ensure that an 'active

During the Covid-19 pandemic the Nosocomial Transmission Group approved and updated IP and C guidance on many occasions. On the 13 December 2021 the CMO and DCMO issued a joint letter about the Implications of SARS-CoV-2 Omicron variant for nosocomial transmission of COVID-19 infection in hospitals and closed settings.

The Welsh Government continues to review and update IP and C guidance on an ongoing basis. In May 2023 the latest iteration of this guidance was issued by Public Health Wales

<p>offer' of Welsh language services is maintained alongside the introduction of these new models. Our work identified that, in some areas, more can be done to address this issue, as for many, accessing healthcare through their language of choice is often a matter of need.</p>	
<p>Services need to ensure arrangements are in place to support staff to deliver safe and effective care. It is clear that the pandemic has, and will continue to have, an impact on the well-being of staff who have worked tirelessly in highly pressured environments to maintain services for patients. As we continue along the path of recovery, the pressures and challenges facing healthcare services in addressing the backlog of patients awaiting treatment, means that services need to ensure arrangements are in place to support staff to deliver safe and effective care</p>	<p>All NHS organisations in Wales are committed to creating workplace cultures and environments where staff, our greatest asset, thrive despite facing difficult challenges.</p> <p>There are some excellent examples across Wales where system and policy changes have improved staff wellbeing in addition to investment in excellent prevention and support systems which are available when staff face difficulties. A targeted focus on the health and wellbeing of our NHS staff continues to be a priority. We are committed to ensuring that staff can access proactive, high-quality support at the time which they need it most, and are in constant dialogue with our health boards, trusts and the trade unions to understand how we can provide targeted funding and services to complement the local support available for the workforce.</p>

01/09/21- Internal Audit Report 376: Nosocomial Transmissions Group
(JPM3WGO03/18 - INQ000022598)

The scope and purpose of the audit was to review:

- actions taken by WG including the Nosocomial Transmission Group (NTG) in providing guidance to hospitals and other healthcare settings on Covid-19;
- monitoring mechanism in place to ensure the effective implementation of guidance provided; and
- the extent to which WG have learnt and disseminated lessons from other health departments both in the UK and internationally.

The report concluded

1) Nosocomial Transmission Group

- The team reviewed the NTG's terms of reference to ensure they were up to date, relevant and clearly defined the Group's key aims and objectives, which they were. We also reviewed a sample of NTG minutes from August 2020 to June 2021 to confirm the key topics covered in the meetings. All of the minutes reflected the scope of the NTGs agreed terms of reference, with the "UK Surveillance Data and Outbreaks" reports and "Strategic Overview" updates covered in the majority of meetings.
- The review also confirmed the attendance at each meeting ensured there was adequate and appropriate representation from within the Group's membership, as detailed in the terms of reference. Where named individuals could not attend, alternative representatives were in attendance.

2) Guidance

- Guidance was issued to NHS Wales throughout the pandemic by the WG. The guidance was regularly reviewed in light of the latest scientific advice, relevant, clear and concise. It had been issued to all Trusts and Health Boards in a timely manner.
- The review considered what further actions WG the might take to ensure the guidance issued is having the desired effect. It is primarily for the NHS, through its internal governance arrangements, to ensure guidance is implemented and complied with. However, the NTG will consider any intelligence gathered from the NHS about issues arising with the guidance and provide any additional advice that may be necessary. The NTG also routinely monitors rates of transmission, as discussed below, but not with the expectation there is a direct correlation between the guidance issued and lower infection rates.

3) Reporting and Monitoring

- The initial intention was for nosocomial infections to be reported through the established "serious incident reporting tool". However, Management identified the need to use a faster tool for reporting to keep pace with developments. Consequently, a bespoke form was designed and implemented by Autumn 2020 to gather the data required.
- The process in place to request, follow-up and query data submitted to the WG was reviewed and confirmed that all required data is captured. The monitoring spreadsheet used to record the data and the weekly reports produced were also reviewed. This information, along with other data such as information from Public Health Wales (PHW), has helped to provide a comprehensive national data set of Covid cases and deaths.

<p>Document Retention and Inquiry Readiness - Documentation such as guidance, reports and correspondence were readily available on request and had been retained within i-Share folders. However, additional work needs to be undertaken by the team to ensure all relevant documentation is retained and appropriate naming conventions are followed to assist with providing a clear audit trail detailing key decision and advice provided.</p> <p>Also, a number of staff had worked within the area during the pandemic and had been involved in a number of decisions undertaken. A timeline of staff involved along with the time periods would help provide clarity around who was responsible for decisions during the period. These actions would aid management in preparing for an inquiry in the future</p>	<p>The team will work on the housekeeping aspects of the iShare files and a timeline of staff resource during the period the NTG sat.</p>
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01/10/21- Internal Audit Report 388: NHS Workforce during Covid 19 (JPM3WGO03/19 - INQ000022603)

The scope of the audit covered review of:

- Policy and decision-making processes for retired workers returning to the NHS workforce during the Covid-19 pandemic.
- Policy and decision-making processes for students joining the NHS workforce during the Covid-19 pandemic.
- WG actions taken to ensure NHS staff well-being.

Excluded: Operational workforce management issues which are the responsibility of NHS Wales.

1) Retired Workers and Students

- Ministerial advice (MA) was prepared, setting out the rationale in relation to deploying students and returners to maximise the service contribution which can be made within the NHS. We reviewed the MA, including the financial implications, and confirmed the appropriate approvals (including review by the "Star Chamber" established to scrutinise pandemic expenditure) had been obtained. However, the MA process was amended for pandemic expenditure, requiring decisions with a financial aspect to be accompanied by a Covid-19 Funding Decision Template, to provide a risk assessment where the value of the

proposed intervention(s) exceeded £5m. No Funding Decision Template was fully completed and submitted in relation to this MA.

- The WG, NHS Wales Shared Service Partnership (NWSSP) and GP Wales worked together to develop a “Hub” to act as an end-to-end recruitment solution for the temporary workforce which was needed. The professional regulators provided WG with a list of individuals who had expressed an interest in assisting during the pandemic. These lists were shared with NWSSP, which directed individuals to the COVID Hub Wales. The Hub allows individuals to create their work profile and register their location and role preferences, allowing Trusts and LHBs to deploy as required.
- The MA confirmed that potential costs relating from deploying students and re-employing previous staff had been calculated. The WG maintains a spreadsheet detailing the amounts spent per month, the cumulative amount to date and the forecast to the end of the financial year by each NHS organisation in Wales.
- The scheme is still ongoing and the Workforce & Organisational Development (OD) Division has developed and maintained a series of timelines to document the actions taken in this area. They include key decisions and communications issued during the pandemic, to assist with any future inquiry. Whilst Internal Audit endorses the use of timelines as a mechanism to capture such information, it is vital these timelines are accurate and kept up-to-date. We identified some issues with the timelines we reviewed, such as timeliness and incorrect/incomplete information.

2) Samaritans Helpline

- Individual NHS organisations, along with Health Education Improvement Wales (HEIW), provide resources and tools to support staff mental health and well-being. Due to the unprecedented pressures associated with the pandemic, the WG agreed to fund a bespoke helpline delivered by the Samaritans specifically for health service and social care staff and volunteers involved in the Wales response to the Covid-19 pandemic. The helpline was publicised across NHS Wales through leaflets, internal messaging and other stakeholder engagements. A Samaritan’s helpline had also been established in other parts of the UK.
- We confirmed the funding (£111,104.00) was “drawn-down” from HSS Finance’s allocation from the Covid-19 reserve, following an internal bidding exercise. A case was made to award grant funding to the Samaritans as they could deliver the service at the required pace. We confirmed the Grant Offer Letter included monitoring requirements and details of the grant and had been signed, dated and returned to WG.
- The monitoring requirements are clearly outlined within the Grant Offer Letter. However, due to the anonymous nature of the helpline, it has not always been possible to capture details to support the monitoring process. There are regular meetings between the WG and the Samaritans and additional monitoring arrangements have been discussed.

All required documentation must be completed and signed off by an appropriate officer to ensure public money has been distributed with the appropriate oversight and authorisation.	We recognise that this was an oversight due to staff pressures at the height of the pandemic. The oversight has now been corrected and the appropriate templates completed.
It is important to ensure up to date, comprehensive and accurate timelines are maintained to evidence the decision making and approval process.	We recognise the importance of keeping up to date and accurate timelines. Due to the immense pressure staff have been under during the pandemic there have been some minor inaccuracies in the timelines. These will be corrected. Should any further action be taken in respect of deployment of students or temporary registrants these will be added to the timelines.

Key decisions and actions arising from the monitoring meetings may be overlooked and / or not acted upon without document evidence being retained.	Due to the pace required in decision making during the initial phases of the pandemic, staff were under considerable pressure and we acknowledge that a formal note of meetings was not taken. We will rectify this and ensure a formal note is taken of future meetings.
Lack of an opportunity to reflect on the schemes and record good practice and challenges encountered might mean the WG misses the chance to identify practices which could be beneficial in future waves of Covid or in other emergencies.	We recognise the importance of undertaking lessons learnt exercises. We commit to undertaking these lesson learnt exercises as soon as time allows.

01/10/21- Audit Wales: Taking Care of the Carers? How NHS bodies supported staff wellbeing during the COVID-19 pandemic (JPM3WGO03/20 - INQ000214239)

This report was the second of two publications by Audit Wales which drew on the findings of their structured assessment work, and more recent evidence gathering to highlight key themes, identify future opportunities, and share learning both within the NHS and across the public sector in Wales more widely.

The first report (Doing it differently, doing it right? exhibited as **JPM3WGO03/21 – INQ000214222**) focused exclusively on the actions of NHS bodies. This second was primarily focused on the actions of the NHS bodies in Wales but made two recommendations for the Welsh Government.

The report drew on the findings of our structured assessment work, it was also informed by additional evidence gathered from each NHS body as well as information received from the Welsh Government, the British Medical Association (BMA), and the Royal College of Nursing (RCN) in Wales. Furthermore, as the report drew largely on the findings of our structured assessment work, Audit Wales didn't engage directly with NHS staff but referenced the findings from surveys undertaken by BMA Wales and others to provide insights into staff experiences during the pandemic.

8 recommendations were made in total.

<p>R7 The Welsh Government should undertake an evaluation of the national staff wellbeing services and programmes it commissioned during the pandemic in order to assess their impact and cost-effectiveness. In doing so, the Welsh Government should consider which other national services and programmes should be commissioned (either separately or jointly with NHS bodies) to ensure staff continue to be supported throughout the recovery period and beyond.</p>	<p>In April 2020, the Workforce Health and Wellbeing Sub-group was established, as a Sub-group of the Covid-19 Workforce Deployment and Wellbeing Planning Response Group (Workforce Cell).</p> <p>The Sub-group included representation from NHS Wales, HEIW, Welsh Government, Trade Union and Social Care. The Health and Wellbeing Sub-group also acted as an expert forum for the identification of appropriate and informed courses of action based on workforce intelligence from several sources.</p> <p>The Sub-group quickly identified areas which merited investment and recommended evidence based and validated tools that would underpin local NHS employer health and wellbeing resources namely:</p> <ul style="list-style-type: none"> - Extension of the existing Health for Health Professionals (HHP) service to include all healthcare professionals - Dedicated Samaritans helpline for the NHS and Social Care workforce - All-Wales Workforce Wellbeing Conversation Guide for health and social care <p>All three interventions were taken forward and investment made by Welsh Government. Data and user evaluation have provided useful metrics and data analysis as evaluation of performance, user experience and service impact were built into all three all-Wales resources.</p> <p>The National NHS Health and Wellbeing Network, has evolved from the COVID-19 Health and Wellbeing Sub-group to include representation from the Social Care Wales Health and Wellbeing group. The network continues to provide oversight and guidance to support the health and wellbeing of staff and a NHS Wales Health and Wellbeing Best Practice Guide will be launched 22 April 2024.</p>
<p>R8 The Welsh Government should undertake a full evaluation of the All-Wales COVID-19 Workforce Risk Assessment Tool to identify the key lessons that can be learnt in terms of its development, roll-out, and effectiveness. In doing so, the Welsh Government should engage with staff at higher risk from COVID-19 to understand their experiences of using the</p>	<p>The evidence-based Risk Assessment Tool for the NHS workforce and the wider public sector was made available 26 May 2020 and targeted directly at health and social care workers. By July 2020 80% of care service providers (care homes and domiciliary support) were aware of the tool. Most also reported that managing staff in high risk groups was relatively easy since this involved a small number of staff.</p> <p>In July 2020 an independent evaluation found that the Tool was well received by employees.</p> <p>To date there have been seven versions of the Tool. The</p>

<p>Risk Assessment Tool, particularly in terms of the extent to which it helped them understand their level of risk and to facilitate a conversation with their managers about the steps that should be taken to support and safeguard them during the pandemic.</p>	<p>Tool is a live resource and is subject to ongoing review as the evidence base builds and we learn from implementation. All emerging evidence about Covid-19 impact and practical implications of implementing the tool will continue to be reviewed by the Risk Assessment Subgroup.</p>
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01/04/22- Health & Social Care Committee report – Waiting well? The impact of the waiting times backlog on people in Wales (JPM3WGO03/22 - INQ000066519)

This Senedd Committee report focused on the impact of the waiting times backlog on people who are waiting, including:

- The services in place for people who are waiting for diagnostics and treatment, particularly pain management support.
- Access to psychological therapies and emotional support for those who may be experiencing anxiety or distress as a result of long waiting times.
- The contribution the third sector can make in providing peer support and information to patients waiting on an NHS waiting list.
- The effectiveness of messaging and engagement with the public about the demands on the service and the importance of seeking care promptly.
- The extent to which inequalities exist in the elective backlog, with deprived areas facing disproportionately large waiting lists per head of population compared to least deprived areas.
- Plans to fully restore planned NHS care in Wales.

In producing the report, interviews and focus groups were held with people waiting for diagnosis or treatment, or caring for people who are. Evidence was also gathered in writing and by holding oral evidence sessions with stakeholders, including the Minister and the Chief Executive of NHS Wales.

On 30 May 2022, the Minister for Health and Social Services wrote to the Committee Chair addressing each of the recommendations. This letter is exhibited as **JPM3WGO03/23 - INQ000066520**.

<p>Recommendation 18. The Minister for Health and Social Services and Digital Health and Care Wales should work with health and social care services, including primary and community services, to ensure that all health and social services have appropriate access to shared patient records.</p>	<p>The National Data Resource (NDR) will provide the digital architecture to underpin a single national health and care record. Digital Health and Care Wales (DHCW) is delivering the NDR programme with NHS Wales stakeholders and local government representatives, such as Social Care Wales, which has recently developed a memorandum of understanding with the NDR programme and DHCW to recognise their strategic relationship. The NDR is key to the provision of quality data to those directly involved in the health and care of the people of Wales, and will allow the interoperability required between systems to ensure data can be shared across organisational and system boundaries.</p> <p>The Welsh Community Care Information System (WCCIS) was set up as a single community care digital platform across Health Boards and Local Authorities in Wales to make sharing of data between health and social care organisations more efficient. WCCIS is currently adopted by 15 Local Authorities and 2 Health Boards, with a further 3 Health Boards in the planning/onboarding stage.</p> <p>The WCCIS National Programme Team, hosted by DHCW, is engaging with organisations to challenge adopting organisations to increase the usage and spread of the service, and increase the number of modules they have adopted. The NPT is also re engaging with all non-adopting organisations and challenge the historic decisions to not adopt WCCIS based on latest information, levels of functionality and integration.</p> <p>Welsh Government remains firmly committed to the goal of a joined up health and care system, allowing the sharing of patient/service user records between health and social care organisations and across geographic borders within Wales. Planned integration between WCCIS and the “GP2C” (General Practitioner to Care) will be available within the next six to nine months – this will allow record sharing from GP systems into WCCIS, and vice versa. A similar timeline was attached to WCCIS integrating to the Welsh Clinical Portal.</p> <p>The Welsh Patient Administration System (WPAS) integration is underway and is expected to be available in within the next 12 months. These three integrations will allow wider record sharing across a substantially larger number of care settings i.e. records from social care feeding into GP and hospital systems, together with reciprocal flows of information.</p>
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	<p>Another example of where digital records are being shared is the Welsh Nursing Care Record, which has digitised the way that nurses undertake and record assessments of patients. This multi award winning project has captured over 950,000 inpatient nursing notes in the last year, almost 600,000 digital risk assessments and over 21,000 inpatients have been digitally assessed through the tool. Over 15,000 assessments have been shared between health boards (where patients have moved between settings in different health boards), as well as being digitally available within the health board that captured them. There are typically around 100,000 nursing notes captured digitally within WNCR each month, a figure which is growing as the rollout continues.</p>
<p>Recommendation 19. The Minister for Health and Social Services and Digital Health and Care Wales should outline the approach that is being taken to ensure that ICT systems used within health and social care services are compatible in order to facilitate effective communication and information sharing</p>	<p>Welsh Government's draft Digital and Data Strategy for Health and Care advocates for once for Wales platforms wherever these are suitable. Where a once for Wales platform is not the most advantageous approach, the underlying dataset must be a single dataset covering all of Wales. NHS Wales' WISB (Welsh Information Standards Board, https://dhcw.nhs.wales/information-services/information-standards/data-standards/information-standards-assurance/welsh-information-standards-board/?msclkid=e82e43e7d14211ecb4cad7c04bc1967e) is the custodian of the Information Standards Assurance Process and oversees the definition and application of technical standards for interoperability between platforms, which are typically based on industry standard open architecture and open data standards.</p> <p>The National Data Repository, mentioned in point 18 above, is the central data source for all patient records; therefore platforms do not have to communicate with the dozens of other platforms, but only with the NDR to access (and feed into) the centralised dataset. Welsh Government has a number of processes and controls that allow it to block the procurement of solutions which are non-compliant with defined standards, though early engagement from the Digital Policy and Delivery team with health boards, trusts and DHCW often ensures that the correct compliant approach is taken forwards. Where DHCW or other health boards/trusts request funding from the Digital Priorities Investment Fund, there are a number of conditions attached to funding which allow further controls on how technical solutions interface with other platforms.</p>

<p>Recommendation 25. The Minister for Health and Social Services should set out what consideration she has given to the twelve recommendations made in December 2021 by the Academy of Medical Royal Colleges ('A dozen things the NHS could do tomorrow to help the medical workforce crisis') to alleviate the medical workforce crisis in the short term, and what actions have been taken by the Welsh Government or the NHS in Wales as a result.</p>	<p>We welcome the Academy's 12 solutions to support the medical workforce across the UK. A number of these areas are already being taken forward by the Welsh Government in partnership with employers and trade unions. We will give careful consideration to any solutions where work is not already underway.</p>
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