

Vaughan Gething MS

Minister for Health and Social Services

18 March 2021

Dear Minister

Further to your attendance at the Health, Social Care and Sport Committee's meeting on 3 March, I am writing to highlight key themes which have emerged from the final phase of our inquiry into the impact of the COVID-19 pandemic, and the response to it, on health and social care in Wales.

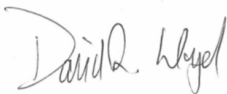
As you are aware, following the outbreak of COVID-19 in Wales in spring 2020, the Committee decided to suspend all other work and focus on the impact of the pandemic, and its management, on health and social care in Wales. During the past twelve months, we have taken evidence on a wide range of issues and produced three reports, covering issues such as PPE, testing, mental health and wellbeing, and the impact on the social care sector and unpaid carers.

Our most recent scrutiny has focused on matters including the vaccination programme, testing, the impact of the pandemic on waiting times, and long COVID. While the limited time left to us before the end of this Senedd has prevented us from producing a report on these matters, the attached annex highlights key themes emerging from the evidence we have heard.

I would like to thank you, your Ministerial colleagues and your officials for the positive way in which you have engaged with us throughout the pandemic. We recognise the considerable pressure that you and your colleagues have been under, and we are grateful to you for the written and oral evidence you have provided which has enabled us to continue to carry out our constructive scrutiny and oversight role. We have particularly appreciated the weekly Ministerial briefings, as these have helped us stay up-to-date in the rapidly changing context of the public health emergency.

While we are very pleased that the situation in Wales is improving, we are not yet out of the woods. I am sure that our successor committee in the Sixth Senedd will wish to continue to work constructively with the next Welsh Government as Wales moves towards recovery.

Yours sincerely



Dr Dai Lloyd MS

Chair, Health, Social Care and Sport Committee



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Overview

We are very pleased that the position across Wales with regard to infections has continued to improve, with a definite downward trend in infection rates. Public compliance with ongoing restrictions and lockdown measures, combined with improvements in understanding and treatments for COVID-19 and the rollout of the vaccine, are all helping to suppress the virus.

However, there is no room for complacency. Our health services remain under pressure, and the virus and its direct and indirect harms will be with us for a long time to come. While the vaccination programme is giving us all hope, there is still much uncertainty surrounding the pandemic, particularly with the emergence of new variants.

We strongly agree with the five points identified by the Chief Medical Officer as key strands of the approach to dealing successfully with the next stages of the pandemic:

1. Vaccinating people as quickly as we can.
2. Easing out of the lockdown slowly and cautiously.
3. Monitoring and reacting to any changes.
4. Being aware of variants and keeping cases down.
5. Maintaining public confidence and public compliance with the residual measures.

Recommendation 1. In taking decisions about the easing of restrictions, the Welsh Government should balance the potential impact on the transmission of the virus against the potential benefits of any easing for different groups and communities. In particular, the Welsh Government should prioritise activities that will have the greatest impact on the mental and physical health, and emotional wellbeing of those who have been hardest hit by the pandemic. This should include prioritising getting children and young people back into face-to-face learning in schools and other educational settings.

Public confidence and communications

The Welsh public has played a tremendous role in helping to suppress the virus by adhering to the restrictions, but so much still depends on them. It is therefore vital that the Welsh Government maintains public confidence in its approach. Achieving this will require clarity for the public about why particular decisions are being taken, and ongoing transparency about the data and advice upon which decisions are based.

Recommendation 2. The Welsh Government and Public Health Wales should maintain a clear focus on communication. This should include working with partners and networks across Wales to ensure that people can access clear information from trusted sources, and proactively combatting the misinformation circulating in our communities



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Vaccination programme

Vaccine uptake and confidence

First, we would like to commend the Welsh Government and everyone involved in the vaccination programme for their massive effort in developing and delivering a successful programme at pace.

However, there is still much to do to ensure that everyone in Wales is offered the vaccine in line with the JCVI priority groups, including building vaccine confidence among people who may be reporting 'vaccine hesitancy' or who have rejected having a vaccine. There are big differences in uptake between ethnic groups. Data published by the Office for National Statistics also shows that there are higher reported levels of vaccine hesitancy in the black ethnic group. There are similar findings in respect of people living in more deprived areas. These groups also have higher rates of mortality from COVID-19, giving rise to concerns that, in the event of a third wave, these people are going to be at a very high risk.

We therefore welcome the Welsh Government's 'no-one left behind' approach to the vaccination programme.

Recommendation 3. The Welsh Government should continue to communicate proactively with people from groups or communities with lower levels of vaccine uptake and confidence, particularly where such groups may also be more vulnerable to harm from COVID-19.

The ongoing vaccine rollout

Moving forward, there will be an important role for primary care, particularly GPs and community pharmacy, in helping to deliver the vaccination programme. This applies not just to the remainder of the initial vaccine rollout, but also to the delivery of any boosters that may be required to address new variants, or to any further regular vaccinations, should the COVID-19 vaccine prove to be similar to the flu vaccine. In addition, many of the same staff that are currently supporting the vaccination programme, will also be required to facilitate the return to normal services.

As restrictions begin to be eased, facilities currently being utilised as mass vaccine centres may begin to return to their normal use. As a result, more vaccines will need to be delivered in smaller, community settings. Pharmacies will be particularly key in reaching the working population as the programme moves beyond Group 6.

Finally, we were told that while community pharmacists would be happy to support the vaccination rollout on weekends or out-of-hours, they are unable to attend mass vaccination centres during working hours, as they are required by law to be on their premises.

Recommendation 4. The Welsh Government should work with GPs, community pharmacies and other primary care providers to ensure they have sufficient capacity and resources to facilitate the ongoing delivery of the vaccination programme alongside the delivery of their usual services.



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Resourcing

We welcome the announcement in the Welsh Government's final budget 2021-22 of an additional £380m for the first six months of 2021-22, which will include funding for the continued rollout of the vaccination programme. However, during our scrutiny of the draft budget, the Minister told us that there was significant uncertainty in respect of the potential costs associated with COVID-19 vaccination, in part because it is not yet clear whether the current vaccines provide long-term protection against the virus or whether further vaccination programmes will be required. Vaccination programmes are not cheap to deliver but they are a necessity. The resources available must therefore be kept under review to ensure we continue to meet the need for vaccination, particularly if the programme has to be delivered annually or even on a more frequent basis.

Recommendation 5. The Welsh Government must keep the resourcing of the vaccination rollout, including facilities and staffing as well as the vaccine itself, under review, and explore options to allocate further funding during the 2021-22 financial year if required.

Testing and contact tracing

Testing strategy and mass testing pilots

The Welsh Government's revised COVID-19 testing strategy includes five strands: Test to diagnose; Test to safeguard; Test to find; Test to maintain; and Test to enable. We support this strategy, and believe that its implementation will become increasingly important as lockdown restrictions begin to be eased.

Delivering the Welsh Government testing strategy will require access to adequate laboratory capacity, including the ongoing availability of the Lighthouse Laboratory in Newport. The successful delivery of the strategy will also require sufficient resourcing and availability of tests, and, most importantly, public confidence and cooperation. People will need to understand when and how to get tested—including the different roles played by Lateral Flow Tests (LFT) and Polymerase Chain Reaction (PCR) tests—and the limitations of what testing alone can achieve. As Steve Moore, Chief Executive of Hywel Dda UHB told us:

"...all of these different testing tools are imperfect in different ways and therefore we need to use them with care and consideration [...] so they aren't seen as a panacea, but they are seen, actually, as an important weapon at our disposal and a way in which we can help to control this pandemic into the medium term".

We heard from Cwm Taf Morgannwg UHB that the interim evaluation of the asymptomatic testing pilots in Merthyr Tydfil and Cynon showed high levels of public acceptance and indications that whole area testing did serve to suppress infections. This is very positive, and it will be important for the learning from these pilots in respect of the role of mass LFT testing to be applied elsewhere.

Recommendation 6. We note that the evaluations of the asymptomatic mass testing pilots were published on 15 March 2021. The Welsh Government must now ensure that any learning is applied across Wales during the implementation of its COVID-testing strategy.



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Recommendation 7. The Welsh Government must provide clear, simple and accessible information to the public about the different types of testing (both in terms of the five strands of the testing strategy and LFT/PCR), how and when the public should be accessing different types of testing, and what action they should take following either positive or negative test results.

Test, Trace, Protect (TTP) and self-isolation

According to the World Health Organisation (WHO), contact tracing is most effective if the time between a case's symptom onset and quarantine of at least 80 per cent of their contacts does not exceed three days. We agree that contacts should be traced as quickly as possible, as this will prevent unnecessary delays in people being advised to self-isolate. In our first report into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales, we highlighted the importance of public buy-in to contact tracing in order to ensure its success.

During autumn 2020, we heard from Professor Devi Sridar about some of the most successful examples of contact tracing programmes. In New York city, for example, the self-isolation rate in the first phase of the pandemic was around 98 per cent. She attributed part of that success to the way in which people were supported, both financially and emotionally, to self-isolate. It was therefore disappointing that research commissioned from Swansea University by the Senedd's Research Service found that only 8 per cent of survey respondents in Wales had been informed about the self-isolation support scheme when contacted by TTP contact tracers.

The Minister noted that the research had been undertaken during December 2020, when the TTP service had been under considerable pressure, but acknowledged that the Welsh Government had held further discussions with the researchers to identify potential improvements. Jo-Anne Daniels, Director, Test, Trace, Protect for the Welsh Government, added that the contact tracing scripts had recently been updated to ensure that the new self-isolation support scheme and payment associated with it was now mentioned. As a result, if the contact tracer followed the script (which she said that "most of them do very effectively") people would know, when asked to self-isolate, that support is available to them.

We know that without adequate financial support, people may be tempted to ignore symptoms and advice, and attend work. It is therefore vital that **everyone** contacted by TTP contact tracers is made aware of the support available and that this does not depend on whether or not the script has been followed properly. We therefore welcome the inclusion in the Welsh Government's final budget 2021-22 of £60m for contact tracing to support recruitment and workforce planning, and recommend that this is also utilised for ongoing training of contact tracing staff.

Recommendation 8. The Welsh Government should regularly monitor and review the information being given out by contact tracing staff. This should be accompanied by an ongoing training programme to ensure consistent messaging in relation to the support available for those having to self-isolate.



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Recommendation 9. The Welsh Government should evaluate the rates of self-isolation compliance, with a view to understanding the potential barriers to self-isolation and whether any further action is required to address them.

Waiting times

The pandemic has placed enormous pressures on the health service, and significantly increased waiting times for non-COVID-19 services. In the past, strategies for addressing excessive waiting times have included drawing on NHS capacity in England or on the private sector. However, these options are now less likely to be available, given the pressures that are being experienced across the whole UK.

We were also told that while health professionals are keen to get services moving as quickly as possible, it would be unrealistic to expect staff to begin working flat out as soon as pressures on health services from the pandemic have eased; a period of rest and reflection will be required as staff recover from the trauma and pressure they have experienced.

The scale of the backlog

We heard from health boards the difficulty of assessing the full scale of demand and backlog, as levels of demand are likely to have been suppressed by the pandemic. As Wales moves towards recovery, it is reasonable to expect that this demand will resurface, creating additional pressures on our health services which may be above pre-COVID levels.

As of December 2020, 538,861 people in Wales were waiting for hospital treatment, of whom 226,138 had been waiting for more than 36 weeks. In addition to the reported waiting lists, we also heard concern about the level of 'hidden' demand. This includes for example:

- People who may have experienced symptoms but who have not approached the health service, for example because of concerns about infection, or who have otherwise not been referred for treatment.
- People who have chronic mental or physical health conditions, but who may not have been able to access their usual services. Demand on health services may increase as people begin to access services once more. Some people's needs may also have become more acute or complex as a result of not receiving their usual services during the pandemic.
- People who are already on waiting lists, but whose conditions have deteriorated while they have been waiting, and whose cases may now be more complex or who may need an enhanced level of 'prehabilitation' or other services before they are fit enough or clinically able to receive surgery or other treatment.

Health boards told us that the additional capacity provided by the field hospitals to date had enabled them to rehabilitate patients and manage the extended lengths of stay often necessary for COVID patients. There will be an increased need for rehabilitation for some time to come; meeting this need will require the availability of sufficient resources, both in terms of facilities and staffing.



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We welcome the commitment from Welsh Government to producing a recovery plan for waiting times by the end of March 2021, and the indications from health boards and the Welsh Government of the intention to provide services at local, regional and national levels as appropriate to support the recovery. However, we must avoid the risk of any part of Wales being left behind (especially as the assessments from health boards about the potential time it will take to address backlogs vary significantly).

Recommendation 10. The Welsh Government's NHS recovery plan must be detailed and specific, and contain measurable milestones and any planned service changes, so that people know what to expect, and the Welsh Government can be held to account.

Communication with patients

We heard from the Board of Community Health Councils that communication with patients is a particular area of concern. It highlighted the need for clear communication, easy access to advice, support and information, appropriate and active involvement of patients in decisions about their own care, equitable reintroduction of services across Wales, and addressing the anxieties of people concerned about waiting times and accessing care but who may be reluctant to seek help. While communicating with everybody on the waiting list is a significant undertaking, people are naturally concerned that they have been waiting a considerable without hearing anything and do not know when or if they need to chase things up for themselves.

We recognise the challenges inherent in communicating well with large numbers of people, some of whom will be in pain or distress, and some of whom may see their own waiting times increasing if other people are assessed as being in greater clinical need. It is therefore important to find ways to keep in contact with patients, and to support them during this period to avoid deterioration in their conditions where possible.

Ways that health boards have adopted to do this so far include: individual virtual conversations with patients, particularly those who are considered to be at greatest clinical risk; 4-weekly reviews of cancer patients by specialist nurses; establishing a single point of contact for orthopaedic patients to seek advice or support; and efforts to enable and support increased patient involvement in their care, including opportunities for patient self-reporting of symptoms and more control over their follow-up care.

Recommendation 11. The Welsh Government should work with health boards to facilitate the sharing of good practice on communicating with and supporting patients who are waiting for hospital treatment.

Service transformation

The experience of the pandemic has demonstrated the need for resilience within our health services. The pandemic has exacerbated waiting times considerably, and we acknowledge that it will take time and resource to return to the pre-pandemic position. However, we believe that there are opportunities through service transformation, appropriate resourcing, joint working, and a focus on preventative health, early interventions and primary care, to improve access for people across Wales to the health services they need, and to ensure that our health services are in a better position to



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respond to any future systemic shocks.

We have heard from health professionals and health boards that there is a real appetite for service transformation, including learning from and embedding the new ways of working and new models of service delivery adopted during the pandemic. Examples raised with us by health boards have included joint working between health boards at local, regional and national levels; greater use of virtual care delivery; more patient-led care and patient group working; increased use of virtual multi-disciplinary teams and integrated working across primary and secondary care; a greater focus on primary care; and the development of alternative care pathways.

However, health boards and health professionals also highlighted barriers that could hinder the pace or extent of service transformation, including levels of digital awareness and digital exclusion; service capacity, including diagnostic services; any lack of flexibility in the care environment; and the extent to which innovation is scaled up and rolled out following pilots. Other matters raised with us include the need to maintain separate flows of COVID and non-COVID work, and the need to look critically at who does what in the delivery of care for chronic conditions.

We welcome the appetite and enthusiasm for service transformation, which we believe will be necessary not only to address the waiting time backlog, but also to build resilience. However, the concerns raised with us about the potential barriers to transformation reflect those that we have raised consistently throughout the Fifth Senedd about whether there is a clear strategic vision guiding service transformation, and the extent to which health services have been able to mainstream their service transformation activity, particularly given the demand and cost pressures on them and the continuing failure of some health boards to break even.

Steve Moore, Chief Executive of Hywel Dda UHB summarised this issue, telling us that:

"...one of the things that I think has characterised our response to the pandemic is we've done things at speed, at scale. Actually, one of the challenges going forward is: how do we nail that and make it comprehensive, make it consistent across all patient groups?; [...] the trick is not to allow ourselves to fall back into what we were doing previously".

With the additional pressures on health services and the health workforce as a result of the pandemic, we continue to have concerns about whether there is sufficient capacity within the system to drive transformation at the pace and scale required, and how this transformation will be driven and led.

Recommendation 12. The Welsh Government should set out how its NHS recovery plan will align with and build on existing service transformation, how learning from successful schemes will be mainstreamed, and how the extent and impact of service transformation will be monitored and evaluated to ensure that it is delivering against the Welsh Government's priorities.



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Long COVID

People who experience acute COVID-19, particularly those who are hospitalised, may require ongoing rehabilitation services as part of their recovery. However, as Professor Danny Altmann of Imperial College London told us, as acute infections begin to be controlled via the vaccine rollout, the bigger impact and pressure on health services might actually come from long COVID.

We held an evidence session on long COVID on 10 March 2021 to explore key issues relating to long COVID with people with first-hand experience of the condition, academics and health professionals.

Awareness, impact and understanding

Long COVID is a new and complex condition that needs to be taken seriously. Not enough is yet known about the prevalence of long COVID and the risk factors, or the effect of the vaccine on long COVID. Current estimates are that 20 per cent of all people who had tested positive for COVID-19 exhibit symptoms for five weeks or longer and 10 per cent exhibit symptoms for a period of twelve weeks or longer. Current research also suggests that long COVID seems to affect women and young people more than men, although it is not yet clear whether this reflects differences in the prevalence of the condition, a greater hesitancy among men to approach their GPs, or other factors. This is particularly concerning as children and young people are not part of the vaccination programme.

Long COVID Wales is calling for long COVID to be treated as an occupational disease, which would make frontline workers who develop long COVID eligible for regular compensation payments. The Royal College of GPs told us that there needs to be more understanding among employers about the condition, and its effect on people's ability to work or their need for reasonable adjustments.

Symptoms

People with lived experience of long COVID described a range of symptoms, occurring and re-occurring at different times, and the significant impact on their day-to-day activities and their family lives. We heard concerns that some people's symptoms had initially been dismissed by GPs; members of Long COVID Wales suggested that this was the experience of the majority of the group's members. Dr Mair Hopkin of the Royal College of GPs acknowledged this was probably the case early on during the pandemic, but said that there was now a greater awareness and understanding of long COVID among GPs. She also said that GPs needed greater clarity on where to refer people with long COVID, and highlighted difficulties relating to health boards having different pathways and varying levels of provision.

Accessibility of multidisciplinary services

We were told that there is a need for specialist, multidisciplinary services that are easily accessible, with a pooling of minds and resources to develop new long COVID services and treatments. These specialist services could help to develop a greater understanding of the condition and the services needed rather than referring people to existing services, which already have long waiting lists.

Many people with long COVID are suffering with fatigue and cognitive impairment and therefore need one place to go rather than trying to fit into existing services. However, we heard differing views from Long COVID Wales and the health professionals about whether or not these specialist services are best delivered by multidisciplinary specialist long COVID clinics. We also



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heard that these services need to be separately funded and resourced, and not an add-on to already overstretched rehabilitation services.

The needs of people with long COVID may not align with existing health services and structures, therefore there needs to be a better understanding of the symptoms in order to develop services to treat people. However, while understanding of the condition is still emerging, it is vital that people are supported through their diagnosis, treatment and recovery and that the right resources are available to deliver the rehabilitation and allied health services they will need.

Self-management

We were told that the NHS Wales Recovery app is an important tool in self-management and we were pleased to hear that Long COVID Wales is involved in helping to develop a long COVID section for the app. However, the app should be in addition to healthcare services not in place of them, particularly as people with brain fog symptoms find using digital resources difficult, and others may not have digital skills or access to suitable digital technology or reliable internet connectivity.

Public messaging and communication

Finally, we believe there is a need for public messaging to increase awareness of long COVID, especially as lockdown restrictions are eased and the vaccine is rolled out. There is a danger that once people have been vaccinated, they will consider that the harm to them and their families from COVID has been minimised. While the vaccine will reduce the risk of serious harm or death from acute COVID, we believe that more needs to be done to ensure that people understand that long COVID is a nasty and long-term condition that could affect them or their children.

Recommendation 13. The Welsh Government's NHS recovery plan should include actions and resources for further research into long COVID and for ensuring that people and communities across Wales have consistent and equitable access to the services they need for long COVID diagnosis, treatment, recovery and rehabilitation in a range of settings.

Recommendation 14. The Welsh Government should engage in a public awareness campaign to ensure the risks, impact and long term implications of long COVID are fully understood by the public, especially as the vaccine rollout continues and lockdown restrictions begin to be eased.

Health inequalities

The pandemic has exposed and magnified health inequalities, including those linked to ethnicity, age, gender and levels of deprivation. Such inequalities will have directly affected people's experience of the pandemic. For example, where health inequalities have contributed to greater prevalence of chronic conditions, this may in turn have left people more vulnerable to the direct and indirect harms of COVID-19. The result is, tragically, that the greatest harms of the pandemic have been experienced by groups and communities that were already disproportionately disadvantaged.

The inequalities exposed by the pandemic are not new. However, they have received greater prominence in the last twelve months. For example, it is very welcome that the vaccination



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uptake data published by Public Health Wales is broken down by priority group, age, sex, ethnicity and deprivation quintile. While the data highlights stark and worrying differences in vaccine uptake between people from different ethnic backgrounds and people who live in wealthier and poorer areas of Wales, the regular publication of such data enables these issues to be identified and quantified. It also facilitates the development and implementation of targeted interventions.

The Welsh Government's close working with community leaders to understand and address the barriers and concerns that might limit vaccine uptake has been, and will continue to be, an important factor in tackling misinformation, building confidence and ensuring that everyone can access the protection offered by the COVID-19 vaccines. We believe that building and maintaining positive relationships with communities across Wales to better understand their needs and find ways of overcoming any barriers could also help in tackling other health inequalities. To this end, we must all ensure that as Wales moves towards recovery we do not lose sight of the need to work with communities to ensure that everyone across Wales has fair and timely access to the preventative and reactive health and social care they need to live healthily and maximise their wellbeing.

The Welsh Government's NHS recovery plan must, therefore, recognise and reflect the need for tailored approaches to meet the needs of different communities and patient cohorts. This should include learning from the targeted interventions developed and implemented through the vaccination programme to try to close the gaps in vaccine uptake and vaccine confidence between different communities, and proactively embedding such learning within the design of other public health initiatives.

Recommendation 15. The Welsh Government should ensure its COVID-19 NHS recovery plan includes an ongoing emphasis on identifying and addressing health inequalities through targeted and tailored interventions, transparent data publication, collaborative working with stakeholders and communities, and effective communication and engagement that builds public confidence across Wales.

Workforce

We would like to place on record our sincere gratitude to the health and social care workforce for the commitment, courage and dedication they have shown throughout the pandemic.

We know that staff are exhausted and need time to rest and recover from the pressures and trauma they have experienced. This will inevitably have an impact on staffing levels. It is also likely that a large number of staff will be lost to the service, for example as a result of sickness absence, retirees who returned only to support the pandemic effort, or people whose preferred career path may have changed. People who have been on long-term deployment during the pandemic will need to return to their usual department or specialty, and may need support in refreshing their skills.

We have heard from health professionals, health boards and the Minister about both the opportunities and the need for service transformation. Delivering this transformation will require



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staff resource, but it may also require the development of new skills within our health workforce. For example, Cwm Taf Morgannwg UHB suggested that therapists could play a role in assessing orthopaedic referrals; upskilling biomedical scientists to undertake increased sample-cutting; and using Community Wellbeing Co-ordinators to support individuals in accessing services relating to healthy lifestyle choices. Existing staff will need to be supported in the development of such new skills.

In addition to supporting and developing the existing workforce, our health services will need to train and recruit new staff. We heard from the Royal College of Surgeons in particular that the suspension of many elective health services during the pandemic has had a significant impact on training, with implications for the retention and progress of trainee surgeons. Similarly, the Royal College of Physicians told us that where medical students had had to join the workforce early, they had not been allowed to rotate from one job to another, so had spent an entire year with one team in one specialty, which had an impact on the breadth of their experience.

While the publication in October 2020 of the Health Education and Improvement Wales and Social Care Wales workforce strategy is welcome, we are not yet persuaded that there is enough clarity about how the Welsh Government will ensure that there is sufficient staff capacity across the health service to respond to the ongoing challenges of the pandemic, the need to address the growing waiting times backlog and the need to ensure that staff who have borne the brunt of the pandemic frontline have the respite they need and deserve. To this end, we believe that the overarching workforce strategy should be underpinned by a detailed health and social care workforce plan.

Recommendation 16. The Welsh Government should provide assurances that the health and social care workforce strategy, and any subsequent detailed workforce plan, will ensure that the workforce has the capacity, resilience and the appropriate skills mix to respond to the ongoing pandemic, and deliver service recovery and transformation.

