CIM1R08 Welsh NHS Confederation

Senedd Cymru | Welsh Parliament

Pwyllgor Diben Arbennig Ymchwiliad COVID-19 Cymru | Wales COVID-19 Inquiry Special Purpose Committee

Adroddiad Modiwl 1 Ymchwiliad Covid-19 y DU | UK Covid-19 Inquiry Module 1 Report

Ymateb gan: Conffederasiwn GIG Cymru | Evidence from: Welsh NHS Confederation

	The Welsh NHS Confederation response to the Wales COVID-19 Inquiry Special Purpose Committee - UK-Covid Inquiry Module 1 Report
Contact	Haleema Khan, Policy, and Public Affairs Officer, Welsh NHS Confederation ███████████████████████
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Introduction

1. The Welsh NHS Confederation welcomes the opportunity to respond to the Wales COVID-19 Inquiry Special Purpose Committee consultation on the UK Covid Inquiry Module 1 Report.

2. The Welsh NHS Confederation represents the seven Local Health Boards, three NHS Trusts (Velindre University NHS Trust, Welsh Ambulance Services University NHS Trust, and Public Health Wales NHS Trust), and two Special Health Authorities (Digital Health and Care Wales and Health Education and Improvement Wales). The twelve organisations make up our membership. We also host NHS Wales Employers.

The Welsh NHS Confederation's role during the pandemic

3. Due to all Welsh NHS bodies being members of the Welsh NHS Confederation, the Welsh NHS Confederation provided corporate and secretariat support to a number of NHS Wales Executive Director Peer Group meetings prior to the pandemic and during the pandemic. These meetings included Nurse Directors, Public Health Directors, Medical Directors, Assistant Medical Directors and Workforce and Organisational Development Directors. In addition, we provided secretariat support to the NHS Chairs and Vice Chairs meetings and the Chief Executive meetings with the Welsh Government officials, taking a high-level note and sharing it with the Welsh Government and the Chief Executives.

4. These meetings were arranged by the Welsh NHS Confederation on behalf of Peer Group chairs and high levels notes were taken to share with meeting participants. The Welsh NHS Confederation, while in attendance at meetings as an observer, were not involved in any operational matters or decisions made by Welsh Government or our members, the NHS bodies.

5. In addition to supporting members, we work closely with our partners in other parts of the health and care system to ensure we can provide a 'whole system' perspective. We work

with members of our Health and Wellbeing Alliance, which include Royal Colleges, third sector and social care organisations, to provide a system perspective to the Welsh Government and Members of the Senedd.

Views regarding the report's recommendations

Our response to the Committee has been informed by information received from Heads of Emergency Preparedness, Resilience and Response within NHS organisations in Wales. The response considers each recommendation and where there are potential gaps in the recommendations.

Recommendation 1

Members agree with a simplification of the civil emergency preparedness and resilience systems. This could improve overall responsiveness and efficiency of the civil emergency preparedness and resilience systems. The simplification of preparedness mean that decision-making could be potentially more efficient, and resources could be deployed quickly in times of crisis. This could possibly reduce any confusion and delays. Furthermore, members agree that the simplification of resilience could allow for a less complexed and more agile system.

Recommendation 2

Members agree with a new approach to risk assessment. This could help anticipate a wider range of potential threats and allow for identifying any vulnerabilities in the system. This could allow for a better understanding and preparation for several types of crises, beyond pandemics.

Recommendation 3

Members agree with a new UK-wide approach to the development of strategy. This could enable a more coordinated and integrated approach to strategy development, ensuring that lessons identified from past events are incorporated into future planning. To ensure there is better alignment in approach in recommendation three, members suggest that addressing inequalities and vulnerabilities is important to understand how different communities are affected by crises. Moreover, members emphasise that better alignment in approach to resilience and recovery and collaboration is key. Collaboration is one of the statutory duties included in the Civil Contingency Act, 2004.

Recommendation 4

Members agree with improving systems of data collection and sharing in advance of future pandemics, and the commissioning of a wider range of research projects. Members suggest that to facilitate better systems of data collection, the aim should be to gather and disseminate critical information ahead of potential pandemics or other emergencies, fostering better preparedness and response. Also, this could aid commissioning of research. Timely, accurate data is critical for effective crisis management and allows for the ability to quickly adapt to changing situations.

Recommendation 5

Members agree with holding a UK-wide pandemic response exercise at least every three years and that the outcomes of these exercises are published. This could help stimulate potential scenarios to test and refine the nation's response capabilities, with the results being published to maintain transparency and accountability. This is linked at UK, Wales, regional and local levels. It could also help identify gaps in response and enhances the system's overall resilience.

Recommendation 6

Members agree with bringing external expertise from outside government and the Civil Service. Members suggest Red Teams for more creative or critical thinking, also to potentially avoid biases or blind spots in policy.

Recommendation 7

Members agree with the publication of regular reports on the system of civil emergency preparedness and resilience. Our members believe that this recommendation intends for more transparency and accountability through regular reporting and monitoring.

Recommendation 8

Members agree with the creation of a single, independent statutory body for responsibility for whole system preparedness and response. This recommends the establishment of an independent body dedicated to overseeing the entire Emergency preparedness, resilience, and response (EPRR) system which members highlighted may add strength to EPRR as a body. Also, members emphasised that this allows for oversight and the need to understand the value of this in addition to the architecture that is already in place.

Other potential gaps for the committee to consider

Localised Preparedness

Members agree that there are gaps in localised preparedness. Our members suggest that it is important to not lose sight that there will be local issues that need addressing and that oversight is not limited to a national scale.

Resource Allocation and Funding

Our members have stated that there are gaps in resource allocation and funding for preparedness. Our members have highlighted this recommendation does not identify how resource and funding allocation will be made in the future.

Psychosocial and Public Health Resilience

Members agree that there are gaps in psychosocial and public health resilience. There has been an emphasis from our member on the wider preparedness, particularly regarding mental health and social cohesion to be considered.

Integration with Global Efforts

Members suggested that there are gaps in this recommendation. Our members have stated the need for alignment with international frameworks (such as the WHO) when it comes to integration with global efforts.

Resource requirements to close gaps

Our members have emphasis resources requirements to close gaps. Members have suggested adequate staffing of EPRR equipped with the right skills and knowledge, dedicated funding to deliver on statutory duties and investment in securing data infrastructure.

Knowledge and Expertise

Our members have identified gaps in the knowledge and expertise recommendation. Members have highlighted the importance of bringing in experts from academia as well as from multi-agency fora.

Evaluation

On evaluation, members have suggested that it is important to conduct independent evaluations after each national pandemic exercise or critical incidents.

Public and Stakeholder Reporting

Regarding public and stakeholder reporting, members have highlighted the need to have regular publication of reports on the state of EPRR preparedness.

Feedback to: Resilience and Community

On Feedback to: Resilience and Community, members have emphasised establishing feedback links for those in resilience and the communities.

Independent Oversight

Regarding independent oversight, members have highlighted that it is crucial for ongoing monitoring to ensure that recommendations are followed, and that there is a mechanism for accountability. For example, regular publication of reports on EPRR (Recommendation 7) is an essential component in Civil Contingencies and ensures transparency and accountability at Board level.

Moreover, our members have stated that addressing these recommendations could build further to be a highly resilient and well-prepared system that can respond swiftly and effectively to future crises.