Llywodraeth Cymru
Welsh Government

The Welsh Government's response to the UK Covid-19 Inquiry Module 3 Report

September 2026

Impact of Covid-19 pandemic on healthcare systems across the UK

Contents

Ministerial Foreword

The Rt Hon Baroness Hallett DBE, Chair of the UK Covid-19 Inquiry, published her third report and recommendations on Thursday, 19 March 2026. The report covered Module 3, which examined the impact of the Covid-19 pandemic on healthcare systems, patients and healthcare workers across the United Kingdom. It also considered the governmental and societal response to the pandemic, including healthcare governance, primary care, NHS backlogs, vaccination programmes, and the diagnosis and support of those living with Long Covid.

The Covid-19 pandemic affected every community in Wales, and many people continue to live with its consequences. We begin by expressing our deepest condolences to everyone who lost a loved one during the pandemic. We also offer our sincere sympathy to all those whose health, and wellbeing were harmed. No words can undo the pain and grief experienced by bereaved families, and we recognise that for many, the impact continues.

We welcome the Inquiry's work and recognise the importance of its findings for Wales. It provides an important opportunity to listen, reflect and learn from the experiences of those affected by the pandemic. As a new Welsh Government, we will approach this work with openness, care, and a clear determination to act on the lessons identified. We are committed to ensuring that this learning leads to practical change, strengthening preparedness, resilience and public confidence, and reducing the risk of mistakes being repeated in any future public health emergency.

We are deeply grateful to everyone who supported Wales's response to the pandemic, including NHS staff, social care workers, volunteers, public servants and many others who stepped forward during one of the most challenging periods in recent history.

We recognise the extraordinary burden placed on those delivering care and public services. Staff worked in unfamiliar and often highly pressured environments, making difficult decisions, coping with uncertainty, managing personal anxieties, and supporting people and families through illness, isolation and loss. The emotional and psychological impact of this period was profound and, for many, continues to be felt today.

We recognise not only the contribution that individuals made, but also the personal sacrifices they endured. Their courage, compassion, dedication and unwavering commitment to the people of Wales will remain a defining legacy of the pandemic response.

The Inquiry's findings are serious and must be considered with care. They highlight important lessons for all governments and public services in preparing for future emergencies. They also show the extreme pressure placed on healthcare systems across the UK during the pandemic, and the significant impact this had on patients, their families and the workforce.

The report shows that future pandemic preparedness depends on strengthening the resilience of health and care services, including NHS capacity, primary and community care, and action to reduce the underlying causes of ill health. Lessons include the need to support the health and care workforce, ensure infection prevention and control advice reflects the best available evidence, improve the use of data and digital systems, maintain capacity across urgent, emergency and hospital services, and ensure that people with long-term conditions, mental health needs and those most at risk are not left behind.

The Welsh Government accepts the importance of these lessons and is committed to acting on them. This response sets out what has changed, where further work is needed, and how we will work with partners to ensure Wales is better prepared for future public health emergencies. It also reflects our commitment to continue listening, learning and being open about progress as this work is taken forward.

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Introduction

Health and public health policy are devolved matters, meaning, in Wales, decisions about health and public health are made by the Welsh Government. This includes setting national policy for the NHS in Wales, deciding overall funding, setting priorities for the health service and overall accountability arrangements for NHS services in Wales. Accordingly, the development of policy and other measures to respond to the Inquiry's recommendations will take place within the context of Welsh policy and Welsh legislative frameworks, informed by relevant statutory duties and obligations, including those relating to equality, human rights, rights of the child and wellbeing.

This document sets out the Welsh Government's response to each of the ten recommendations for Module 3 made by the Inquiry, alongside the work already underway to strengthen preparedness, improve the delivery of health and care services, and ensure Wales is better prepared for future emergencies. Delivery milestones are provided in the Table of Actions section of this response.

We have worked collaboratively with our partners in developing this response and agreeing how the recommendations will be implemented. Our ambition is not only to learn from the experiences of the pandemic and strengthen the resilience of health and care services, but ultimately to improve the health, experiences and outcomes of the people of Wales through more responsive, equitable and person-centred care.

The Welsh Government has agreed to provide progress updates against module recommendations to the Inquiry every six months, in May and November. The first update on this module will be included in the May 2027 report.

1. Infection prevention and control

Recommendation 1: Ensure that decision-making on infection prevention and control is underpinned by clear structures and a cautious approach to transmission risk

The UK government must ensure that there is a body (equivalent to the UK Infection Prevention and Control Cell) in place ready to be convened at the outset of any future pandemic, to consider and draft infection prevention and control guidance for healthcare settings. This body must:

- have clear lines of responsibility and a clear, pre-defined role and remit during a pandemic
- have multidisciplinary membership, including experts in the science of viral transmission as well as those with clinical expertise
- ensure that its guidance accounts for the risk of all plausible routes of transmission until sufficient evidence emerges to rule out specific routes
- ensure that guidance clearly explains the underlying rationale for the precautions recommended.

Separately, the Department of Health and Social Care, NHS National Services Scotland, Public Health Wales and the Public Health Agency (Northern Ireland) should review the national infection prevention and control manuals and any future guidance to ensure that the approach to identifying risk of transmission is not confined solely to specific procedures. Emphasis should be placed on a combination of risk factors, such as rates of transmissibility, environment, setting and procedure.

1.1 The Welsh Government agrees that, in any future emergency or pandemic, decisions about infection prevention and control must be based on clear responsibilities and decision making, expert advice, and a cautious approach to risk. The Welsh Government also recognises that, in a future pandemic, guidance should consider all possible ways an infection might spread until there is enough evidence to rule any of them out.

1.2 The Welsh Government and Public Health Wales are participating in a UK-wide work programme to review current UK infection prevention and control arrangements. This work will help ensure that future pandemic advisory structures have clear roles, are accountable, and include the right range of expert advice.

1.3 In Wales, we will ensure that future guidance takes account of uncertainty at the start of a new and emerging infectious disease outbreak and will consider all possible ways an infection might spread until the evidence becomes clearer. Guidance will also explain why particular precautions are recommended, so they can be applied consistently across health and care settings.

1.4 Wales has adopted the *National Infection Prevention and Control Manual*, developed by NHS Scotland. Public Health Wales will continue to work with UK partners to review guidance so that future assessments of transmission risk consider the wider context, including how easily the infection spreads, environment, the type of care setting and the care being provided.

1.5 Alongside the four-nations work, the Welsh Government is strengthening national leadership, and oversight for infection prevention and control in Wales. The recently published Infection Prevention and Control Quality Statement sets out how infection prevention and control should be improved across health and care settings in Wales. It supports a preventative, evidence-based approach to reducing avoidable harm and improving health outcomes. It also supports the long-term, preventative approach set out in the Well-being of Future Generations (Wales) Act 2015.

1.6 The revised *Healthcare Associated Infection Code of Practice* supports implementation of the quality standards; it sets out the basic infection prevention and control standards that NHS organisations in Wales are expected to meet. Health boards and trusts are expected, as part of the code of practice, to complete a gap analysis against the Infection Prevention and Control Quality Statement. NHS organisations in Wales will need to show patients, staff and visitors that they are meeting these standards. Their progress will continue to be checked through local assurance arrangements, with oversight from the Welsh Government and Healthcare Inspectorate Wales.

1.7 To support strengthened accountability and oversight, health boards and trusts will appoint a Director of Infection Prevention and Control by summer 2027, with clear executive reporting arrangements. An All-Wales assurance framework will also be developed to help organisations check whether they are meeting infection prevention and control requirements, identify where improvement is needed, and support oversight by governance boards.

2. Visiting restrictions

Recommendation 2: Guidance for visiting restrictions

The UK government, Scottish Government, Welsh Government and Northern Ireland Executive should publish guidance for the implementation of visiting restrictions in hospitals in the event of a future pandemic. The guidance should identify the circumstances in which visiting restrictions should be introduced, escalated, decreased and removed alongside the measures and exemptions at each level. The guidance should be led by the following core principles:

- Measures applied should be the least restrictive possible, both in terms of severity and the length of time for which they apply.
- Restrictions should be decided upon and applied at the most local level.
- Unless restrictions are applied at a specified level, trusts and health boards should take decisions on the severity of restrictions based on local risk assessments.
- Communications with the public must clearly explain the measures in place and the reasons why restrictions apply.

The guidance should be reviewed every three years in line with the Inquiry's Module 1 Report (Recommendation 4).

2.1 Visiting guidance is a devolved responsibility. However, the Welsh Government is committed to working with the UK Government and devolved Governments to develop shared principles where it will be helpful.

2.2 The Welsh Government will make sure future guidance considers people's rights, wellbeing and care needs, whilst also keeping people safe from infection. The Welsh Government agrees with the Inquiry that any restrictions on visiting should be based on evidence, local circumstances, risk, reviewed regularly and kept in place only for as long as needed.

2.3 In Wales, we will build on existing visiting guidance and learning from the pandemic to develop a clearer national approach that supports consistent decision-making, while allowing decisions to reflect local circumstances, pressure on services and levels of risk.

2.4 The Welsh Government recognises the valuable contribution that people with lived experience can make to the development of future policy and guidance. As we develop our future approach, we will actively seek opportunities to engage with patients, families, carers and representative organisations, including through Llais, the independent statutory body established to ensure the voices of people across Wales influence the planning, delivery and improvement of health and social care services at local, regional and national levels.

2.5 We are committed to ensuring that the experiences, perspectives, and insights of those directly affected by visiting restrictions are heard and meaningfully considered. Through ongoing engagement and co-production, these experiences will help inform, shape, and strengthen future policy, guidance, and decision-making, ensuring our approach reflects the needs and priorities of the people and communities we serve.

2.6 The future approach will be guided by the principle that access to family members, carers and those who provide essential support continues, wherever it is safe and practical. For many people, these relationships are not simply a social benefit, but an essential component of compassionate, safe and effective care. Particular consideration will be given to individuals who may be more highly affected by restrictions on contact because they rely on the support of family members, carers or advocates to maintain their wellbeing, communication, understanding, orientation, decision-making or engagement with care. This may include people who are nearing the end of life, as well as those with significant cognitive, communication or care needs meaning that the presence of a trusted individual forms an important part of their care and support. We will also ensure that these principles are applied consistently across the NHS in Wales, but are also considered in care settings, recognising that people experience care across organisational boundaries.

2.7 The Welsh Government recognises that some UK nations have introduced, or are considering, legislative approaches to support visiting rights and responsibilities. In Wales, our priority is to establish a clear set of principles and a national approach that support consistent, compassionate and proportionate decisions during future public health emergencies or pandemics.

2.8 This work will support a compassionate, proportionate and person-centred approach to visiting during future pandemics, while also helping to protect public health and keep patients, staff and visitors safe.

3. Fit-testing capacity

Recommendation 3: Better preparation for fit-testing

The UK government, Scottish Government, Welsh Government and Northern Ireland Executive should work with employers, including health boards and trusts, to review the availability of qualified fit testers and take steps to increase the number of fit testers accordingly. Availability should be reviewed every three years in line with the Inquiry's Module 1 Report (Recommendation 4).

The Health and Safety Executive and the Health and Safety Executive for Northern Ireland should update their guidance to employers to emphasise the need to ensure that sufficient fit-testing capacity is available.

3.1 The Welsh Government recognises the importance of having enough trained fit testers and suitable protective masks available as part of day-to-day planning and emergency preparedness. The Welsh Government will continue to work with health and social care providers to strengthen workforce safety in this area.

3.2 The Covid-19 pandemic showed how important it is for staff to have reliable access to fit testing, trained fit testers and suitable protective masks. This applies across health and social care settings, including NHS organisations, primary care, adult social care, care homes and other settings where staff may need to use respiratory protective equipment.

3.3 A core priority is to ensure that Respiratory Protective Equipment (RPE) and Filtering Face Piece 3 (FFP3) fit-testing resilience is maintained across health and social care settings as part of business-as-usual arrangements and emergency preparedness planning. The Welsh Government will work with NHS organisations in Wales and Social Care Wales to assess the current fit-testing capabilities and requirements.

3.4 Public Health Wales has worked with partners across the UK to develop a respiratory protective equipment challenges framework. The framework identifies key challenges and proposes a national approach to strengthening compliance and improve how well systems prepare for, cope with, and recover from emergencies. This includes preparing for serious infectious diseases, planning for periods of high demand, and making fit testing part of routine practice.

3.5 The framework will help organisations across Wales to undertake risk assessments to manage seasonal respiratory viral infections, including influenza, Covid-19 and other illnesses that spread through infectious particles in the air.

3.6 Implementation of the framework will therefore support a joined-up approach, across NHS organisations in Wales, local authorities, Social Care Wales, care home providers and domiciliary care providers.

4. Identifying individuals at high risk during a pandemic

Recommendation 4: Improve data systems to identify individuals at high risk during a pandemic

The UK government, Scottish Government, Welsh Government and Northern Ireland Executive must ensure that health data and digital systems have the capability to identify individuals at high risk of morbidity or mortality from a pandemic disease quickly and accurately in a future pandemic. This should include action to improve health data systems and patient record-keeping by:

- improving patient data by enabling more granular diagnostic coding
- ensuring that care records are compatible across primary and secondary care
- enabling secure data-sharing and linkage across multiple health datasets and systems for identifying individuals at high risk.

4.1 The Welsh Government recognises the importance of ensuring that health data and digital systems can quickly and accurately identify people who may be at higher risk of serious illness or death during a future pandemic. However, we also acknowledge that without knowing the exact nature of any future health emergency or pandemic, it is impossible to determine that data systems will identify all those at high risk in all circumstances.

4.2 The Welsh Government is working to improve digital systems across the NHS in Wales. This includes better links between primary and secondary care, more consistent patient records, and safer ways to share information across health services. Work has started on a refreshed Digital and Data Strategy for health and care in Wales. This will set out long-term direction for improving digital services and making better use of data. The work will be phased and carefully prioritised within available resources.

4.3 The Welsh Government is also working to improve how health data can be shared safely and used appropriately. A Data Use and Sharing Group, has been set up to look at where better data sharing could support patient care and public health. This includes identifying people who may be at higher risk during a public health emergency or pandemic and improving links between health and social care data. This group will make recommendations as to policy and legislative areas to support improved data sharing.

4.4 Work is already underway to make health records more detailed and consistent across Wales. By adopting *National Clinical Coding Standards — 'Once for Wales'* data consistency, Wales has established standardised coding standards across all care settings. This means patient records can capture diagnoses and risk factors more consistently, helping clinicians and public health teams identify people who may be at higher risk.

4.5 The Welsh Government is taking forward work to ensure that the legal framework for information sharing supports safe, effective and joined-up patient care. This includes reviewing current arrangements and our legislative position, learning from developments elsewhere in the UK and working with the UK Government on issues of shared interest. Any future approach must maintain appropriate safeguards for patient confidentiality while providing services with clear legal frameworks for sharing information where necessary and appropriate.

4.6 We will provide a more detailed update on this recommendation in May 2027 once work on the Digital and Data Strategy for health and care in Wales has had time to progress.

5. Upscaling of urgent and emergency care capacity

Recommendation 5: Prepare to scale up urgent and emergency care capacity

The UK government, Scottish Government, Welsh Government and Northern Ireland Executive, in conjunction with organisations responsible for delivering services, should plan for surge capacity in urgent and emergency care during a pandemic.

Plans must ensure that there is sufficient workforce capacity and the ability to surge, including the number and type of staff required, recruitment and training provision.

This should be completed as part of the whole-system civil emergency strategy recommended in the Inquiry's Module 1 Report (Recommendation 4). Plans should be published and subject to review every three years.

5.1 The Welsh Government agrees with the Inquiry that urgent and emergency care services must be able to respond quickly and effectively to increased demand during a future public health emergency or pandemic.

5.2 The ability to scale up urgent and emergency care depends on many parts of the health and care system working well together. This includes primary and community care, NHS 111 Wales, ambulance services, emergency departments, hospital flow, and timely discharge from hospital.

5.3 Since the pandemic, considerable work has been undertaken to strengthen urgent and emergency care in Wales. A key part of this has been delivery of the Six Goals for Urgent and Emergency Care — policy and programme (2021-2026). The six Goals were designed to shift the system from reactive, hospital-centric care to a proactive, whole-system model-improving resilience by addressing demand, patient flow and outcomes across the entire pathway. The programme has focused on improving access, reducing avoidable hospital attendance, supporting rapid response in the community, access to hospital care when needed and enabling people to leave hospital safely and promptly when able.

5.4 NHS organisations in Wales are already required to develop annual plans to prepare for times when demand is expected to increase, such as winter and periods of extreme pressure.

5.5 For winter 2026/27, planning has begun. It will focus on making sure organisations are ready, responsibilities are clear, and plans are tested against different levels of demand. The NHS in Wales's approach to winter planning, and urgent and emergency care surge planning, will be reviewed and strengthened each year.

5.6 Winter plans for 2026/27 will be based on two demand scenarios: the most likely level of demand and an extreme pressure scenario. This approach is intended to help organisations plan consistently across Wales and show what action they would take if pressure on services increases. Health boards are expected to work closely with local authorities through Regional Partnership Boards when developing their winter plans.

5.7 More broadly, NHS organisations in Wales will move from this traditional planning model focused on planning for winter pressures to, planning throughout the year. This reflects the changing pressures on health and social care services, including heatwaves, severe cold and wider environmental impacts rather than a single, predictable winter peak.

5.8 This approach will help organisations and services across the NHS in Wales to understand pressures in real-time and respond more flexibly when demand increases or services are disrupted. This year-round planning approach will take bed capacity and workforce availability into account and supports a more realistic understanding of system vulnerability, and places greater emphasis on prevention, and maintain safe care for patients throughout the year.

5.9 As planning for urgent and emergency care is closely linked to wider hospital capacity planning it is recommended that the response to this recommendation is read alongside the response to Recommendation 6.

6. Hospital capacity

Recommendation 6: Prepare for and test the ability to scale up hospital capacity

The UK government, Scottish Government, Welsh Government and Northern Ireland Executive should work with trusts and health boards to ensure that pandemic plans include practical steps to rapidly scale up hospital capacity to treat acutely unwell patients. This should include critical care services that can deliver multiple levels and types of organ support. It should also cover necessary equipment, supplies, space and staff, including redeployment and training.

All trusts and health boards must keep an easily accessible, up-to-date record of the information needed to implement these plans in the hospital sites they operate. This should include technical aspects of critical care expansion such as power, ventilation, oxygen and waste management systems.

Plans for expanding capacity should be published, subject to review every three years and tested as part of the pandemic response exercises recommended in the Inquiry's Module 1 Report (Recommendation 6).

6.1 The Welsh Government agrees with the Inquiry that it is important that hospitals must be able and ready to increase capacity quickly when needed. The Welsh Government will build on the arrangements established during the Covid-19 pandemic, and use the lessons learned since then to improve future planning.

6.2 The Welsh Government recognises that hospital capacity is not just about the number of beds available. It is also about having trained staff, equipment, medicines, supplies, suitable spaces, oxygen and ventilation, digital systems, infection prevention and control measures and the ability to keep essential services.

6.3 The NHS in Wales already has national guidance to guide health boards to increase critical care capacity during a sudden rise in demand. The All-Wales Critical Care Escalation Guidance for the Management of Large Unplanned Increases in Demand was updated in 2023 to reflect learning from the Covid-19 pandemic. It asks health boards to plan for increased critical care capacity for adults, children and babies (neonates), with capacity including trained staff, beds, and equipment.

6.4 Mutual aid arrangements are also in place between health boards in Wales and the NHS in England so they can support each other when services are under pressure.

6.5 Health boards are required to review critical care capacity plans and local surge plans at least annually and have senior executive sign off. This helps the NHS in Wales learn and improve, keep organisations ready, and provide assurance that services can respond to a future pandemic or other major emergency.

6.6 The ability to increase adult critical care capacity was tested in 2024, and the ability to increase children's critical care capacity was tested in 2025 as part of Exercise Pegasus. Exercise Pegasus also provided an opportunity to test planning assumptions for wider pandemic capacity, including highly communicable infectious disease capacity and general hospital capacity.

6.7 Recent public health outbreaks, including Mpox in 2025 and Hantavirus in 2026 also led to a review of the clinical pathways and actions cards. These are documents that help staff know what to do during an outbreak for new and emerging infections. As a result, the NHS in Wales retested its capacity to care for patients with serious infectious diseases. A readiness assessment has also been commissioned and will be carried out by the NHS Wales Shared Services Partnership.

6.8 The next phase of work will focus on developing plans to increase general hospital capacity. These plans will be developed on an 'all-threat' basis, meaning that they are ready to respond to a range of risks and scenarios, including future pandemics.

6.9 Guidance will be issued to NHS organisations in Wales to support surge planning. This will recognise that plans to surge capacity must be supported by underpinning workforce plans.

6.10 This work will also include reviewing and updating the Essential Services Framework. This Framework provides guidance to organisations on which services must continue during an emergency response such as a pandemic.

7. Allocation of intensive care resources

Recommendation 7: A framework to guide the allocation of intensive care resources in the extreme event of saturation

The UK government and devolved administrations should publish a UK-wide framework setting out ethical and operational principles to guide the allocation of adult intensive care resources in the extreme event that they are saturated during a pandemic.

That framework must:

- be informed by comprehensive engagement with the public and developed in conjunction with professionals across healthcare, law and ethics, as well as with regulators of healthcare professionals
- set out clearly established triggers for its use, based at least in part on a UK-wide system that measures critical care capacity strain and facilitates mutual aid (such as the CRITCON tool used in England)
- establish clinicians' legal and professional duties in applying the framework, which should be clearly explained to clinicians through guidance
- be regularly reviewed with reference to contemporary patient data during a pandemic, and any future use of it must be evaluated and reported on publicly.

A plan and timeline for completing this work should be published within six months of this Report.

Application of the framework should be tested as part of the pandemic response exercises recommended in the Inquiry's Module 1 Report (Recommendation 6).

7.1 The Welsh Government recognises the importance of having clear ethical and operational principles to guide decision-making in the extreme situation that adult intensive care services become saturated during a pandemic. Any framework would need to support clinicians, protect patients' rights, promote fair and consistent decisions and maintain public confidence.

7.2 At the start of the Covid-19 pandemic, the NHS in Wales used the 2017 *All-Wales Critical Care Escalation Guidance*. This guidance, set out how intensive care units should respond to increasing pressure. However, it did not set out how decisions should be made if demand became greater than the intensive care resources available.

7.3 During the first wave of the pandemic, modelling suggested that demand for critical care in Wales could exceed available capacity, even with extra arrangements in place. This helped inform the introduction of non-pharmaceutical interventions such as social distancing measures to reduce transmission, hospital admissions and pressure on critical care services. As these interventions proved to be effective, demand reduced and later modelling suggested that intensive care services were unlikely to become saturated. Work which had begun to guide the allocation of critical care resources for the most extreme circumstances was paused. Experience over later waves of the pandemic reinforced this position, demonstrating that national interventions could effectively control transmission while health boards increased critical care capacity.

7.4 In 2023, the *All-Wales Critical Care Escalation Guidance* was updated to reflect learning from the pandemic. The updated guidance aims to avoid the need for triage by resource. This refers to the allocation or withholding of critical care treatment primarily because of shortages of beds, staffing, equipment or other healthcare resources, rather than according to a patient's clinical need or expected benefit from treatment. The updated All-Wales Critical Care Escalation Guidance seeks to avoid the need for such resource-based triage by strengthening escalation processes, mutual aid arrangements and surge capacity, enabling patients to continue to be prioritised based on clinical need wherever possible. It also includes a clearer definition of critical care pressure levels, known as 'CRITCON'.

7.5 The Welsh Government alongside NHS in Wales advisers are committed to working at a UK-wide level to develop a framework for the prioritisation of critical care resources in the extreme event of the service becoming saturated.

7.6 This work will improve clarity, consistency and preparedness for the most extreme situations. The focus will remain on preventing services from becoming saturated through effective planning, early escalation and services supporting each other when under pressure.

8. Recording and publishing healthcare worker deaths

Recommendation 8: Systematically recording and publishing healthcare worker deaths

The UK government, Scottish Government, Welsh Government and Northern Ireland Executive should work with their respective public health agencies and healthcare employers to develop nation-specific mechanisms to collect, analyse and publish data systematically on the deaths of healthcare workers in the event of a pandemic outbreak.

The UK Statistics Authority should work with data providers to ensure that the data are comparable across the four nations of the UK.

8.1 The Welsh Government agrees with the Inquiry's recommendation that, in the event of a future pandemic, there should be a clear way to record, analyse and publish information about the deaths of healthcare workers. This would help us understand how a pandemic has affected the workforce. It would also help public services take action to protect staff and be open with the public.

8.2 During the Covid-19 pandemic, information about healthcare worker deaths came from several sources, including Public Health Wales, and other NHS organisations in Wales, and Office for National Statistics. These sources provided important intelligence, but they were designed for different purposes and each had limitations. Some information was available quickly but was not complete. Other information was more reliable for later analysis but was not available quickly enough to support urgent decisions.

8.3 The Welsh Government's view is that no single existing data source is likely to meet all the needs of this recommendation. During a pandemic, data may be needed quickly to help protect staff, operational planning and urgent decision making. Over time, more detailed analysis may be needed to understand patterns by role, setting, areas and population groups. This means Wales may need to use more than one source of information.

8.4 There are significant practical and ethical issues to resolve. Any approach would need to be accurate, timely, and clear about who it includes. It should consider healthcare workers outside directly employed NHS roles, including primary care, community services and independent providers where relevant. It would also need to avoid implying that a death was caused by occupational exposure where that cannot be established. Any published information would need to be handled sensitively, with appropriate context, recognising the impact on families, colleagues and the wider workforce.

8.5 The Welsh Government will therefore take a proportionate, staged approach to implementation. It will work with the UK Government, the other devolved governments, the UK Statistics Authority, the Office for National Statistics, Public Health Wales, the NHS in Wales and relevant employers to identify the most appropriate approach for Wales and to support comparability across the UK as far as is possible.

8.6 The Welsh Government will ask the Office for National Statistics to include occupation routinely in mortality analysis for Wales during a future pandemic, where data quality allows. This will support better understanding of impacts on healthcare workers and other occupational groups.

8.7 Preparatory work will also need to consider the legal, information governance and operational arrangements that would allow any mechanism to be activated quickly in a future pandemic. This includes considering whether data sharing powers or notices would be required, how data quality would be assured, and how outputs would be communicated clearly and responsibly. The aim is not simply to create a publication, but to ensure that information is available in a form that can support decisions, protect the workforce and maintain public trust.

9. A standardised process for advance care planning across the UK

Recommendation 9: A standardised process for advance care planning across the UK

The UK government, Scottish Government, Welsh Government and Northern Ireland Executive, working with trusts and health boards, should establish and promote one standardised process across the UK (such as ReSPECT, the Recommended Summary Plan for Emergency Care and Treatment) for clinicians to ascertain and record their patients' wishes and preferences for future care and treatment in order to inform individualised decision-making, including Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) notices.

9.1 The Welsh Government supports the need to improve advance care planning. People should be supported to have clear and meaningful conversations about what matters to them. These conversations should help clinicians make decisions with patients and families.

9.2 Advance care planning can include decisions about whether cardiopulmonary resuscitation, often called CPR, should be attempted if a person's heart or breathing stops. A Do Not Attempt Cardiopulmonary Resuscitation decision, known as DNACPR, is a serious clinical decision. It must be made properly, discussed sensitively, and clearly recorded.

9.3 The Welsh Government is committed to protecting people's rights, and making sure these decisions are made properly, and avoiding inappropriate use of Do Not Attempt Cardiopulmonary Resuscitation 'DNACPR' decisions.

9.4 However, the Welsh Government does not support introducing a single, standardised process across the UK currently. Different approaches are already in place across the four nations, reflecting differences in law, policy, health services and current practice.

9.5 Wales already has established arrangements for advance and future care planning. It is the Welsh Government's view that introducing a single UK-wide model could disrupt those arrangements and may create confusion for patients, families and professionals. The Welsh Government's priority is to strengthen the approach already in place in Wales.

9.6 In Wales, advance care planning is supported through the *Advance and Future Care Planning Framework*, which is already used across the NHS in Wales. This approach supports person-centred discussions and the clear recording of preferences. It has been designed to reflect Welsh legal requirements and support decisions made jointly between clinicians, patients and families.

9.7 The challenges during the pandemic were not solely due to the absence of a standardised form. They were also about how conversations were held, how confident staff felt in having those conversations, and how information was recorded, shared and accessed across different care settings. The Welsh Government believes addressing these challenges — particularly through improved training, support and guidance for staff, is essential to improving patient experience and outcomes and is likely to have greater impact than switching to an alternative delivery mechanism.

9.8 The Welsh Government recognises, however, that there are benefits to greater alignment across the UK. We are therefore open to working with the UK Government and devolved governments to identify specific areas where a four-nation approach could add value. This may include shared principles, examples of best practice, workforce development, and better ways of sharing information when people receive care in more than one part of the UK.

9.9 In Wales, the Welsh Government will continue to build on our existing Advance and Future Care Planning framework. This will include reviewing and strengthening guidance, training and supporting materials. It will also continue to explore opportunities to improve how advance care planning information is recorded and shared safely across settings.

9.10 The Welsh Government's approach is to strengthen and improve existing systems in Wales, while working collaboratively across the UK to promote shared understanding and continuous improvement, rather than introducing a single uniform process.

10. Psychological and emotional support for healthcare workers

Recommendation 10: Psychological and emotional support for healthcare workers

The UK government, Scottish Government, Welsh Government and Northern Ireland Executive, working with healthcare employers and professional bodies, should put in place plans to deliver effective support for healthcare workers at scale from the outset of a pandemic. Plans should cover the nature and level of support that will be provided during and after a pandemic.

All four governments should develop a programme of peer support visits that can, from the outset of a pandemic, be targeted towards areas of acute hospitals under considerable strain. The purpose of the visits should be to support front-line staff, collect insights on the pressures that healthcare workers are facing and understand what further support they might need.

10.1 The Welsh Government recognises the importance of ensuring that healthcare workers can access effective psychological and emotional support during and after a pandemic. Supporting the wellbeing and psychological safety of staff remains a priority for the Welsh Government and existing work in Wales provides a strong foundation that aligns with the intent of this recommendation.

10.2 Wales already has services and guidance in place to support staff. During the Covid-19 pandemic, Wales introduced a range of support for staff wellbeing, including a bespoke, confidential wellbeing support line for NHS staff, social care workers and volunteers on the frontline. This model showed the importance of making support easy to access, confidential and available quickly when pressure on services increases.

10.3 Wales also developed a workforce risk assessment tool in partnership with employers and trade unions. This helped staff and organisations consider whether a person may be at higher risk of serious illness from Covid-19. As well as looking at government guidance, research and evidence, the risk assessment tool looked at factors such as age, sex, ethnicity, health conditions and Body Mass Index. A similar approach could be adapted for a future pandemic, based on the latest evidence about the disease involved.

10.4 Since the pandemic, the Welsh Government has continued to strengthen its approach to workforce wellbeing. The *Health Education and Improvement Wales, Health and Wellbeing Framework (Best Practice Guide for NHS Wales)* sets out what NHS organisations in Wales should do to support staff consistently across Wales.

10.5 The Welsh Government has asked all NHS organisations in Wales to explain how they have reviewed the wellbeing support available to staff. This includes what impact the support has had, examples of good practice, areas where support could be improved, and what further action is being taken.

10.6 The Welsh Government has identified ways to scale up support quickly in a future pandemic. This work will help ensure staff can access support from the start of a public health emergency and continue to receive support during recovery.

10.7 The Welsh Government is committed to learning from the findings of Professor Kevin Fong's observational visits to Critical Care settings. His findings, provide valuable insight into pressures faced by frontline staff and the kind of support they needed at the time.

Table of Actions

Action	By When
Recommendation 1	
Health boards and trusts to complete a gap analysis against the Infection Prevention and Control Quality Statement.	Autumn 2026
Health boards and trusts to demonstrate implementation of the revised HCAI Code of Practice and associated governance requirements.	Winter 2026
Establish Director of Infection Prevention and Control (DIPC) roles and associated executive reporting arrangements across all health boards and trusts.	Summer 2027
Develop and implement an All-Wales Infection Prevention and Control Assurance Framework.	Winter 2026/27
Recommendation 2	
Work with the UK Government and devolved Governments to agree a set of national principles for each nation adoption and refinement.	Autumn 2026
Review existing Wales visiting guidance, identify lessons learned from implementation during and since the Covid-19 pandemic and embrace all-nation principles.	Winter 2026/27
Provide an updated position on visiting principles and guidance for health and care settings, including arrangements for escalation and de-escalation during future pandemics.	Spring 2027
Consider lessons from other UK nations and assess whether a principles-based framework provides sufficient consistency, assurance and accountability, or whether legislative options should be explored further as a next stage.	Winter 2027
Recommendation 3	
Finalise and approve the national Respiratory Protective Equipment (RPE) Framework and implementation plan.	Autumn 2026
NHS organisations in Wales to assess current fit-testing capability, including availability of qualified fit testers, workforce requirements, equipment needs and procurement arrangements.	Spring 2027
Work with Social Care Wales, local authorities and social care providers to assess fit-testing capability, capacity and access to respiratory protective equipment across adult social care settings, including care homes and domiciliary care services.	Summer 2027

Action	By When
Develop plans to address identified gaps in fit-testing capacity across health and social care sectors, including mutual aid arrangements, regional collaboration and support arrangements for social care providers where appropriate.	Summer 2027
Ensure Welsh pandemic preparedness arrangements include capability for surge fit testing across the NHS in Wales, primary care and adult social care settings, including regional support arrangements where appropriate.	Spring 2027
Ensure access to an appropriate range of respiratory protective equipment capable of meeting the needs of a diverse health and social care workforce.	Autumn 2027
Explore options for a digital record of fit-testing status and associated FFP3 requirements to improve workforce mobility, deployment, record management and procurement planning across health and social care settings, where feasible.	Autumn 2027
Recommendation 4	
Establish a community of practice to support consistent use of data standards, share best practice and improve how systems connect across the NHS in Wales.	TBD
Develop a shared standards library to give teams clear guidance and resources to apply data standards consistently across the system.	TBD
Develop National Target Architecture.	TBD
Implement the Digital Health Protection Programme.	November 2027
Recommendation 5	
Develop National winter preparedness assurance templates.	June 2026
Health Board and Trust winter plans to be developed.	July — August 2026
Health Boards and Trusts test plans against the two demand scenarios: • Scenario 1: Most likely demand • Scenario 2: Extreme pressure and surge.	September 2026
Final Board-approved NHS in Wales plans and assurance templates to be submitted.	September 2026
NHS Wales Performance & Improvement works with Health Boards and Trusts to monitor delivery of winter plans.	October 2026 to March 2027

Action	By When
Debrief and lessons learned.	May 2027
Revise approach for winter 2027/28.	June 2027
Recommendation 6	
Winter critical care surge plans to be developed for 2026/27.	September 2026
General Surge Capacity Planning Guidance to be developed.	October 2026
Guidance on the maintenance of essential services to be developed.	March 2027
Health Boards to develop all-threat hospital capacity surge plans.	June 2027
Assessment of High Consequence Infectious Disease capacity and identification of surge options.	June 2027
Recommendation 7	
Harmonise 'CRITCON' definitions, update surge guidance language and reporting arrangements.	September 2026
Collaborate on a UK-wide basis to develop a framework for the prioritisation of critical care resources in the extreme event of the service becoming overwhelmed.	TBD
Test the draft framework with NHS organisations in Wales.	TBD
Agree final UK-wide framework and amend surge guidance accordingly.	TBD
Communicate revised guidance reflecting the new framework, supported by the NHS Performance and Improvement team.	TBD
Recommendation 8	
Ask the Office for National Statistics to include occupation routinely in mortality analysis for Wales during a future pandemic.	September 2026
Agree on a cross-UK basis the priority use cases for data on healthcare worker deaths, to ensure any solution meets the required purpose.	September 2026
Work with ONS to explore feasibility of NHS in Wales HR workforce data linkage with death registrations — scope data governance requirements.	July 2027
Work with ONS to explore feasibility of NHS in Wales HR workforce data linkage with death registrations — understand technical solution.	July 2027

Action	By When
Work with ONS to explore feasibility of NHS in Wales HR workforce data linkage with death registrations — identify gaps in solution.	TBD
Rapid surveillance plans to be established under the Wales Pandemic Mosaic Surveillance Framework that include recording of occupation.	31 March 2027
Rapid surveillance infrastructure in place to record occupation data.	TBD
Recommendation 9	
Review (biennially), audit and strengthening of guidance, training and supporting materials.	Autumn 2026
Recommendation 10	
Evaluation to begin of local wellbeing support with NHS organisations to begin.	July 2026
Collate and review responses from NHS organisations in Wales to identify common themes, impact, good practice, areas for improvement, and planned actions to strengthen wellbeing support.	September 2026
Review and draw on findings from Professor Kevin Fong's observational visits to Critical Care to inform understanding of frontline experience and system pressures during the pandemic.	April 2027