



# WORKING TO ACHIEVE A HEALTHIER FUTURE FOR WALES





# CONTENTS

Foreword – Jan Williams	4
Foreword – Tracey Cooper	6
Our year in numbers	10
Introduction	12
Developing our revised in-year plan	13
Health Protection response to Covid-19	16
Population health outcomes	22
Continuation and reactivation of essential services	26
Organisational learning, knowledge and our COVID-19 narrative	34
Organisational recovery	40
Our people	42
Delivering our priorities	46
Working with our partners	52
Conclusion and looking forward	54

Some of the photographs in this document were taken before the COVID-19 pandemic and so may not reflect the restrictions at the time.



# FOREWORD

## JAN WILLIAMS

In my foreword for our 2019-2020 annual report, I expressed my pride at the way in which our organisation had acted very early on in response to COVID-19, a pandemic of the kind not seen for a century.

I paid tribute to the swift response of our experts in health protection and microbiology services and to the willingness of staff across the organisation to step into new roles and adopt different ways of working. I said that I was confident that, in the 2020-2021 annual report, whatever the course of the pandemic and its implications I would once again be expressing my sense of pride and privilege in being the chair of this outstanding organisation and its exceptionally talented staff who are dedicated and committed to protecting the health of the people of Wales.

COVID-19 has caused heartache and seen millions of lives lost across the world, including in Wales, and has had a devastating effect on us all. The year has called on everyone working in Public Health Wales to really dig deep, and the response has been truly remarkable. People have worked selflessly and tirelessly to provide leadership, and we have come into our own as the national public health institute for Wales. Our achievements include producing plans and guidance, providing expert advice on disease, surveillance data and analysis, setting up much-needed helplines for the public and professionals and constantly updating our website to provide relevant information. We have also helped Wales keep ahead by developing an international horizon scanning system, where we research, evaluate and analyse international evidence to help guide policy and support Wales' ongoing response to the COVID-19 pandemic. This has contributed significantly to vaccine research and helped introduced the Wales COVID-19 vaccination programme.

Along the way, we have become world leaders in genomic sequencing, taken on a more data-science approach to using and presenting information, and led change, innovation and improvement at a pace never seen before. We opened laboratories in weeks rather than months and, in six to eight weeks, transformed laboratory turnaround times across the nation.



**Our Screening Division kept three of the national screening programmes going throughout the year - a phenomenal achievement.**

The fact that we have secured further investment to expand our COVID-19 testing and our health-protection service is also further evidence of the value placed on our leadership role.

Throughout the year, we have maintained good governance (arrangements for overseeing what we do) and received a positive opinion from our external auditors (an independent body that monitors our spending and performance during the year) at the end of what has been the most challenging year – a fitting tribute to Huw George's inspirational leadership of an expert finance team.



I am grateful to my colleagues on the Board who were always prepared to give far more of their time throughout the year, as they met more frequently in response to COVID-19. They worked together throughout, effectively balancing monitoring and support during particularly challenging times.

I owe particular thanks to the chairs, members, lead executives and all those who have supported the Audit and Corporate Governance Committee (ACGC) and Quality, Safety and Improvement Committee (QSIC).

Both committees have met more often and taken on a 'heavy lifting' role on behalf of the full Board. Kate Eden, as vice chair and QSIC chair, and Dyfed Edwards, as ACGC chair, have been by my side throughout the year and offered me their wise advice – I thank them both.

Executive colleagues have yet again shown their command of their leadership role and responsibilities, and Tracey Cooper, our Chief Executive, has led the team and the organisation with her usual energy, passion and commitment. Effective leadership is never needed more than in an emergency, and there can be no more serious emergency than that resulting from a global pandemic. Tracey has shown strength, resilience and total sense of purpose throughout this exceptional year, and Wales' good fortune continues in having her as one of its senior public servants.

**COVID-19 has yet to run its course and we continue to respond to it, while also restarting services and beginning what will be a 'new' recovery, using all the innovations made in the last year.**

I am humbled and privileged to have been appointed for a second term as the chair of Public Health Wales and I look forward to commenting next year on our further development as the national public health institute for Wales and our key role in responding to the wider harm to society resulting from COVID-19.

**Jan Williams OBE**  
Chair  
Public Health Wales

# FOREWORD

## TRACEY COOPER

It is my pleasure to introduce our annual report for 2020-2021. As the national public health institute in Wales, our vision is 'Working to achieve a healthier future for Wales'.

This year has been an exceptional one in the context of a global pandemic, and I am so very proud to share with you the exceptional work that all of our staff have done right across the organisation to protect the people of Wales at such a challenging time.

In this annual report we set out the changes and effect that the pandemic has had on our organisation and our work. We, the NHS in Wales and our local-authority colleagues have all faced unprecedented and increasing pressure in planning and providing services to meet the needs of those who are affected by the pandemic and to keep up with how to best protect and support our population.

The nature of our response to COVID-19 has developed significantly during this time, and coincided with the UK leaving the European Union.

Our role in response to the pandemic is to provide leadership and specialist advice on public health. Since the end of February 2020 our highest priority has been to put all of our resources to good use. We have also provided analysis and expert advice on disease to support the response to local outbreaks. We have had to adapt, and have moved our people elsewhere throughout the organisation in order to respond at a scale and pace which has involved new training, new experiences and new challenges for many of our staff, who have acted in the most professional and committed way through the year.

Our exceptional response to COVID-19 has also meant we have had to assess how we deliver plans we have previously agreed. It has challenged us to consider not only the immediate action we need to take to respond to the current pandemic, but also the longer-term direct and indirect public-health implications on the people of Wales. As a result, we have developed a revised in-year Operational Plan that sets out the priority areas and specific action that we will take during the next year.

Our staff have made many extraordinary achievements and carried out a wide range of activities throughout the year, and the following examples only begin to touch the surface. These include setting up a National Contact Centre and National Health Protection Centre to provide expert and fast specialist health-protection advice for issues arising from regional Test Trace Protect (TTP) teams, and a telephone advice line for professional enquiries in Wales. We also developed the Public Health Protection Response Plan that underpinned the Welsh Government's Test Trace Protect Strategy. Also, our Communicable Disease Surveillance Centre (CDSC) and the staff we moved into it from other parts of the organisation quickly put in place surveillance and information on disease to support the pandemic – the scale of which is far bigger than anything previously experienced.

Our Pathogen Genomics Unit (PenGU) has been working with key partners to sequence and analyse every available coronavirus sample from patients in Wales.



We have become a global leader in COVID-19 genomics, having sequenced and shared more COVID-19 genomes than any other country in the world except the United States and England.

The Public Health Protection Response Plan recognised that measures to contain and control COVID-19, and the ill health it causes, can have significant unintended, possibly harmful effects on people’s immediate and longer-term health and well-being. So it was vital that we understood these possible harmful effects as early as possible, and that we monitored their development, looked at relevant evidence and solutions for Wales, and helped guide policies and decisions to manage harm and keep it to a minimum wherever possible.

Our World Health Organization Collaborating Centre has used our strong international links and partnerships to set up an international horizon scanning system for COVID-related issues, providing up-to-date policy summaries, intelligence and insights into other developments worldwide.

Our Research and Evaluation Division has worked so speedily and flexibly over the last year it has resulted in some significant opportunities, such as our leadership role in vaccine research which led to the timely setting up of vaccination studies in Wales. We also launched a Research and Evaluation team as part of our response, with the team acting as a single point of contact to link with and prioritise research opportunities across the whole organisation.

**The long-term response to the pandemic requires a safe and effective vaccine to be available for all who need it. Our Vaccine Prevention Disease Programme team has provided extensive expert advice, guidance and support to the Welsh Government and our partners and we have been actively involved in the research into COVID-19 vaccines.**

In August 2020, the Minister for Health and Social Services approved a business case to allow us to increase the number of staff and invest in equipment so that we could meet the increased demand on the laboratories from the pandemic. This provided rapid turnaround times and more testing for COVID-19, and allowed us to expand the service to include rapid hospital testing as well as support for outbreaks. The Minister also approved a business case in February 2021 to expand our main health-protection service in order to add further skills to our response now and in the future.

During the pandemic, we have stopped and restarted some of our programmes and services using new ways of working. Most of our screening programmes were stopped temporarily on 19 March 2020, apart from our Newborn Hearing and Bloodspot Screening Programmes and our Antenatal Screening Programme. Our staff were exceptional in keeping these going throughout the pandemic. We reinstated the rest of our programmes in phases from the end of June 2020 and they have continued ever since.

The Screening Division laboratory in Magden Park, Llantrisant has kept its UKAS accreditation to ISO 15189:2012 and the team has continued to manage and deliver a high-quality laboratory service throughout the pandemic. Providing the screening programmes throughout the second wave of the pandemic has been challenging, but all programmes have continued thanks to the commitment of our staff and the public. We have also continued to deliver essential vaccination and immunisation services during the pandemic.

Since the Health Protection (Coronavirus Restrictions) (Wales) Regulations 2020 came into force on 7 April 2020, we have been making sure our buildings meet regulations and that our staff and those people who use our services are safe. Due to the nature of our work in screening and microbiology services, we have made additional arrangements to make sure staff and the public remain safe and that services can continue to operate.

We could not have achieved all we have this year, and moved everyone and everything to respond to the pandemic, without the passion and dedication of our amazing staff and our Board. Our Chair and non-executive directors have been exceptional in their support and wisdom as we have made our way through the year, and our executive team, strategic directors and incident directors have been faultless in leading the organisation and Wales through the last year – thank you all.

Finally, our people in Public Health Wales have worked above and beyond to keep the people of Wales safe, for which I will be forever grateful. Our staff from right across the organisation have been, and continue to be, truly remarkable in their passion, commitment and professionalism, and Wales is extremely lucky to have them at this critical time.

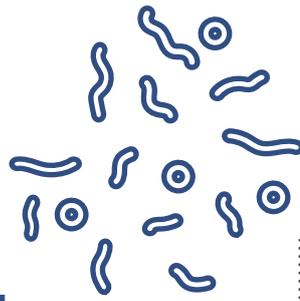
**Dr Tracey Cooper**  
Chief Executive  
Public Health Wales



**Many times during the pandemic we have found ourselves asking our people to do new things and rapidly add to their skills to deal with previously unknown activities, all because we were the only national body able to step into these areas to support the people of Wales and our partners. This further demonstrates the exceptional leadership, dedication and commitment that our staff have shown to protect Wales at all costs.**



# OUR YEAR IN NUMBERS



Over  
**2,100**

staff protecting the public during the COVID-19 pandemic

Around  
**1 million**

non-COVID-19 and 1 million COVID-19 samples processed by our microbiology laboratories



**20**

internal COVID-19 vaccination sessions across three locations

**42 days**

- advertised and shortlisted from nearly **500 applicants**, with over **300 interviewed** for **160 posts** to support our microbiology service



Over  
**£1m**

investment secured to take action on obesity and to prevent diabetes



Delivered a **balanced budget** in 2020-2021



Answered over  
**40,000**

calls since the National Contact Centre was established

Around  
**50**

staff involved in the COVID-19 Daily Surveillance team, 7 days a week



Over  
**1,000**

pieces of equipment loaned to staff to support homeworking

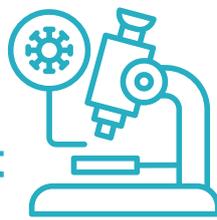


**Help Me Quit** referrals from the website increased from 4,162 to 5,950, with **60%** accepting support

Over **120**  
staff recruited to support our health-protection response



Set up at **3**  
regional laboratories to work 24 hours a day, 7 days a week



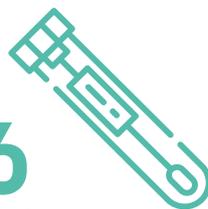
**622,000**  
screening invitations, with 394,000 people screened



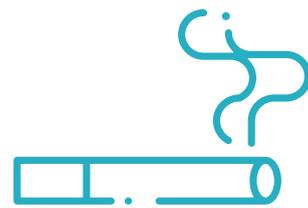
Involved in **23**  
COVID-19 research activities over the last 12 months



Created **6**  
'hot' labs and 1 large new lab to support rapid COVID testing



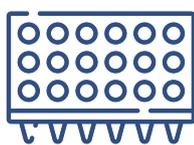
Over **11,000**  
smokers joined Help Me Quit services



**72**  
complaints and 12 serious incidents reported in 2020-2021



Over **3,700**  
samples sequenced a week during peak COVID-19 (compared with 200 pre-COVID-19)



Around **1,400**  
staff given their first dose by the end of March 2021 (62%), with over 930 fully vaccinated (42%)

Attended the Senedd Health, Social Care and Sport Committee on 4 occasions and the Public Accounts Committee once



# INTRODUCTION

The coronavirus (COVID-19) pandemic has had a huge effect on society, including on the health and well-being of people and on the global economy.



As the national public health institute for Wales, we launched an unprecedented response to the pandemic in early 2020 to protect people's health. We did this by supporting the policy set by the First Minister of Wales to lead Wales out of the pandemic and deliver the Welsh Government's 'Test Trace Protect' Strategy. The nature of our response, and that of our partners, has developed significantly during this time and has coincided with the UK's exit from the European Union.

The pandemic has been our highest priority, and we have had to use all of our resources to respond to it. Alongside this, we also began work around the longer-term direct and indirect public-health implications on the people of Wales.

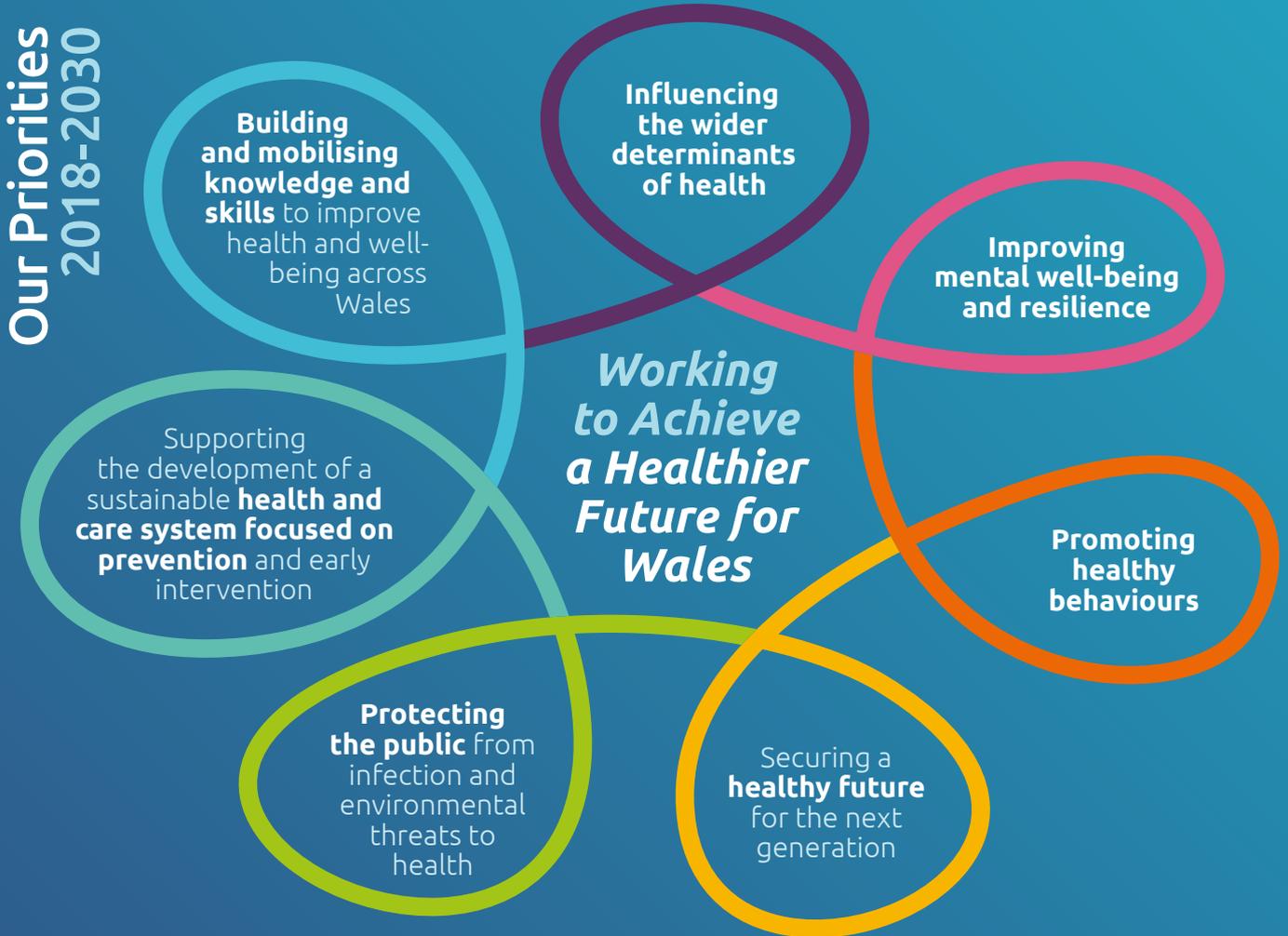
This was reflected in our revised in-year Operational Plan 2020-2021, which our Board approved in October 2020.

Our progress so far is a result of the tremendous efforts and commitment shown by our staff, particularly over the last year as we have worked tirelessly in response to the pandemic. Staff have been moved around the organisation to support our response, which has allowed us to use a range of public-health, improvement, leadership and management skills. We recognise the effect that this has had, both personally and professionally, and we want to make sure we continue to prioritise and support our staff's well-being, welfare and resilience.

# DEVELOPING OUR REVISED IN-YEAR PLAN

Our exceptional response to COVID-19 has meant we have had to assess how to deliver plans we have previously agreed. It has challenged us to consider not only the immediate action we need to take to respond to the current pandemic, but also the longer-term implications for the people of Wales. We have also considered other key issues that will affect people's health, particularly Brexit.

In doing so, we have been guided by our long-term strategy 'Working to Achieve a Healthier Future for Wales', as shown in the graphic below, and the work we began before the pandemic to agree a few of the main public-health outcomes that will affect our future work.





## Did you know?

### **Mobilising knowledge is making information accessible and easy to use**

Influencing the wider determinants of health: The wider determinants of health are social, economic and environmental factors that influence health, well-being and inequalities. By influencing how national and local policies and strategies relating to these determinants are designed and put in place, we will improve people's well-being and reduce inequalities in health.



The main determinants of health and well-being are our family, our friends and communities, the quality and security of our housing, our level of education and skills, availability of good work, money and resources, and our surroundings.

The graphic shows our priority areas and key services as set out in our revised in-year Operational Plan, and gives more information on the significant work we have done in each priority area in the sections of the document that follow.

# Our Operational Plan 2020-2021



# HEALTH-PROTECTION RESPONSE TO COVID-19

## Our role

Our role in responding to the COVID-19 pandemic is to provide leadership and specialist advice on public-health approaches and action. We are responsible for co-ordinating contact tracing, advising on sampling and testing, and carrying out laboratory analysis and genomic sequencing of tests. We are also responsible for monitoring people's health and providing expert health-protection advice.

Our analysis and expert advice also supports the response to local outbreaks of COVID-19.

## What we did

At the beginning of the pandemic, our staff were moved quickly into action and we gave them training to help them carry out their new roles.

We set up a National Contact Centre to provide expert, prompt and specialist health-protection advice for issues raised by the regional Test Trace Protect (TTP) teams. We also set up a telephone advice line for enquiries from health professionals in Wales, and a national health-protection response team and then changed the structure of the Health Protection Response team to provide a specialist regional response and manage increases in and outbreaks of COVID-19 across Wales. This meant we could support our leaders, provide improved advice on clusters and cases of COVID-19, and deliver a service that met the individual needs of specific areas.

The pandemic highlighted the need to strengthen the national health-protection system to make sure it can withstand future demand to serve the people of Wales. We received ministerial approval for extra investment in our microbiology services (see the Microbiology services section below for more information).

We also received approval for investment of a further £6.147 million in our health-protection service (including for monitoring health protection and communicable diseases). This money will help to significantly strengthen specialist health-protection services in Wales. It allows us to recruit in a number of key roles, which will allow staff who moved from other parts of the organisation during the pandemic to return to their usual roles. This in turn will help us to restart most of our main public-health services during 2021-2022, depending on whether there is any significant renewal of the pandemic.

## Monitoring how disease spreads in our population

We continuously monitor how often and where disease and death happen due to communicable diseases (infections that can be transmitted from human to human or from animals, food, water or the environment to humans). We also monitor the risk of those infections.

This monitoring shows us which infections are the most important causes of illness, disability and death, so that we can decide how to control and prevent them. It also shows which groups of people are most affected (for example, children or elderly people, males or females, people living in particular areas of the country).

The need for timely monitoring and information to support our response to the pandemic has gone far beyond anything we have previously experienced. Our Communicable Disease Surveillance Centre (CDSC) has also kept other essential surveillance (monitoring) schemes running, reprioritising, reducing or improving them as appropriate, and has taken resources from elsewhere in the organisation and put them into the surveillance team where needed.

CDSC staff have developed and launched new surveillance systems and played a main role in developing procedures and systems to support a range of responses to COVID-19. These include rapid monitoring of deaths in hospitals, contact-tracing data systems, developing Tarian (our communicable disease case-management system), convalescent plasma and sero-surveillance studies, monitoring variants and mutations of concern and supporting a COVID-19 vaccine trial.

## Did you know?

Sero-surveillance is testing blood from the general population for antibodies of a specific virus.



To achieve this, we used resources from other parts of the organisation to meet the ever-increasing demand. We have also received funding to add to the resources within the CDSC as part of health protection.

As part of our health-protection role we have provided specialist advice and support to a wide variety of partners and other response services, including NHS Wales, local authorities, emergency services, the criminal justice system, education, social care and voluntary services. During each phase of our response to the pandemic, we have continued to provide specialist public-health advice to the Welsh Government, in particular the Chief Medical Officer.

Our **Pathogen Genomics Unit (PenGU)** has been working with key partners to sequence and analyse every available coronavirus sample from patients in Wales. We've become a global leader in COVID-19 genomics, having sequenced and shared more coronavirus genomes than any other country in the world except the United States and England. The service has been sequencing around 2,000 samples a week following initial investment by the Welsh Government. This is groundbreaking work, and we were so pleased to receive such positive media coverage.

"The genomic information of any living organism can tell us an awful lot about that particular pathogen or individual - for us it's the coronavirus. We can look and interrogate the virus at a very granular level to discover what its secrets may be. We can look to see if we can develop better diagnostic tests, for example, because diagnostic tests are very much based on what the sequence is. If there's a change in the sequence it could affect your ability to detect the virus effectively."

(Dr Sally Corden, Head of PenGU)

## Did you know?

Genomic sequencing is a laboratory technique used to identify your DNA (your unique genetic code present in nearly every cell of your body).





# COVID-19 vaccination programme

The long-term response to the COVID-19 pandemic requires a safe and effective vaccine to be available for all who need it. Rapid progress has been made in researching a large number of potential COVID-19 vaccines and preparations for manufacture. Wales has taken part in this research, leading part of the Oxford AstraZeneca COVID-19 vaccine phase III trial based in Wales.

Since May 2020 we have been involved in leading the national planning for delivering the COVID-19 vaccine programme in Wales. The vaccination programme was launched on 8 December 2020 using the Pfizer BioNTech COVID-19 vaccine – the first COVID-19 vaccine to be authorised by a regulator anywhere in the world. The Oxford AstraZeneca vaccine has been used in the programme from 4 January 2021. Around 1.4 million people had received one dose of vaccine by the end of March 2021, with approximately 400,000 fully vaccinated.

**The programme is large-scale and ambitious, and eventually aims to offer a COVID-19 vaccine to everyone aged 16 and over in Wales.**

We have supported the programme by providing leadership, expertise and advice to the Welsh Government, information resources for health and social care workers, surveillance, training, a patient group direction (PGD) through the Vaccine Preventable Disease Programme (VPDP), and through our communications team providing marketing and publications. Our Observatory Evidence Service also quickly produced reviews of evidence on mass-vaccination programmes. Finance colleagues have supported us with budget and financial planning. The NHS Wales Informatics Service (now Digital Health and Care Wales) has developed the Welsh Immunisation System (WIS) for vaccine invitations and managing vaccination data.

Our VPDP and the Communicable Disease Surveillance Centre have developed reports, including on vaccine uptake and program outputs. Daily situation reports, which include vaccination safety outcomes, are provided to programme leaders. We now publish surveillance information every Thursday on our COVID-19 report at:



<https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/RapidCOVID-19virology-Public/Headlinesummary>

We have also developed a web page to share key messages with the public, which includes an area for professionals involved in vaccination who are not employed by the NHS and cannot access the VPDP intranet page for resources:



<https://phw.nhs.wales/topics/immunisation-and-vaccines/covid-19-vaccination-information>

The VPDP team produced information for the public and professionals, surveillance and other reports, training materials, guidance and other documents (including patient group directions (PGDs)) for health boards and trusts to use in time for the launch of the vaccine. Health boards are responsible for organising the vaccination and managing the programme.



**Mae Brechu yn achub bywydau**  
**Vaccination saves lives**



## Contact tracing

Contact tracing is a tried and tested method of controlling the spread of infectious diseases. It also helps prevent disease and understand how diseases are passed from person to person. The National Contact Tracing Service was set up at the beginning of June.

We provide national co-ordination, expert advice and support on contact-tracing methods and priorities. This includes setting standards and guidance for all of Wales on how contact tracing should be run.

By having a thorough health-surveillance system in place, we can also identify which contacts and settings have the highest risk of transmitting the disease, which in turn helps us direct our contact-tracing and testing efforts. Contact tracing is being delivered regionally by health boards and local authorities working in partnership with other public services to use teams who understand their local communities and situations. Contact tracing needs large numbers of people. The teams are managed locally and co-ordinated regionally, and use a national operating framework developed by us.

## Staff COVID-19 vaccination

By end of March

**62%**

of our workforce had been given their first dose of the COVID-19 vaccination

By end of March

**88%**

of front-line workers had been given their first dose of the COVID-19 vaccination



We developed a staff COVID-19 vaccination report to help monitor how many of our staff were having the vaccine, with particular emphasis on key priority groups during the early stage of vaccinating. We are continuing to take action to improve our understanding of uptake levels.

Figures reported at the end of March showed that 1,390 members of staff (62% of our workforce) had been given their first dose, with over 930 fully vaccinated (42%). In terms of our front-line workers, 851 had been given their first dose (88%) with 741 front-line workers fully vaccinated (76%). The figures do not include all staff who had been vaccinated in England.

# POPULATION HEALTH OUTCOMES

The COVID-19 pandemic has had a huge effect on people across the world, as well as in Wales. Both the virus and measures to control it are causing wide-ranging harm, such as ill health and reduced well-being, and significant social and economic negative effects.

It has also worsened existing health inequalities and affected some groups, such as black, Asian and minority ethnic (BAME) communities, more than others. It is vital that we fully understand the wider effects of COVID-19, including the consequences of our actions to control how it is transmitted.

As we move forward we need to use this understanding to support policy decisions and efforts across the organisation and wider health services, prevent future harm to health, help the population recover from the effects of the pandemic, spot and support opportunities, and contribute to a continued improvement in health and fewer inequalities. To support Test Trace Protect, we have contributed to policy options to achieve the best possible balance between measures to control the virus and its possible negative effects. Through monitoring to understand broader health trends in health and well-being and learning through various channels, we focused on the following four areas of information.

**1** A national public engagement survey to understand the wider effects of COVID-19 measures across Wales and in certain groups of people and to see how people are keeping to advice

**2** International horizon scanning, where we research, evaluate and analyse international evidence to help guide policy and support Wales' ongoing response to the COVID-19 pandemic. This has helped build strong links with international agencies and partners, in order to develop insight and learning from other countries

**3** COVID-19 health impact assessments to encourage a 'whole of government' and 'whole of society' approach to planning the recovery from the pandemic and interventions to support that recovery

**4** Developing a report of broader health trends in health and well-being



### Case study: National public engagement survey and international horizon scanning

The Public Health Protection Response Plan, which we developed in May 2020, recognised that measures to contain and control COVID-19, and the ill health it causes, can have significant unintended and possibly harmful effects on people's immediate and longer-term health and well-being. So it is critical we understand these effects as early as possible, monitor their development, look at relevant evidence and solutions for Wales, and guide policy and decision-making to reduce harm (or keep it to a minimum) wherever possible.

During the pandemic, the World Health Organization Collaborating Centre (WHO CC) on Investment for Health and Wellbeing has been researching, evaluating and analysing international evidence to help guide policy and support Wales' ongoing response to the COVID-19 pandemic. We carried out a national public engagement survey to better understand how the public accept and keep to COVID-19 prevention measures, to monitor the broader effects of the pandemic on physical and mental health, and to provide insight into how different population groups and communities (for example, age groups, deprivation levels, BAME communities and people with chronic health conditions) were affected. The survey results continue to help us, the Welsh Government and our other key stakeholders when making decisions.

The story of COVID-19 is one of a worldwide pandemic that needs globally co-ordinated and informed responses. WHO CC has used our strong international links and partnerships to set up an international horizon scanning system for COVID-19 related issues – providing up-to-date policy summaries, intelligence and insights into other developments worldwide. We work closely with the WHO Regional Office for Europe, gaining first-hand access to the latest global and European learning related to the wider effects of COVID-19 on people's health and well-being, equality, community and society and the economy. Our International

Health Team has been helping to share and use international learning and experience from a range of European and global networks and organisations, and jointly with England, Scotland, Northern Ireland and the Republic of Ireland. These international systems and networks have already made sure that our thinking and responses are routinely guided by international learning and will continue to be as we manage the wider public-health effects of COVID-19 through to recovery.

The survey and international horizon scanning were made possible by using staff from across the WHOCC directorate and the wider organisation, and by commissioning work to make the most of the expertise available through partnerships. All of these things helped our work to continue to be supported and delivered. We share regular reports on all of our work with key stakeholders across Wales and internationally. These reports cover our survey, international horizon scanning and other topics, including health impact assessments, COVID-related issues connecting health and criminal justice, and well-being issues arising from a changing economic outlook. We will continue to look at issues, including COVID-19 testing, preventing infection during the easing of lockdown, recovering health systems, reopening schools and colleges, and the effect on employment and the economy.

Our work is an important reminder that the effects of COVID-19 on public health are far wider than the disease itself and will last far longer than the pandemic. We are delighted to have worked with colleagues across Public Health Wales and other organisations when delivering this work and look forward to continuing to work together over the next 12 months.

The work of the Research and Evaluation Division supports our research. Their research and evaluation work programme has focused on getting the insight and evidence needed to better understand the direct and indirect effect of COVID-19 on health in Wales. They have achieved this through the following three priorities.

**1** Understanding how efficient and effective our contribution to Test Trace Protect is

**2** Producing new information on the indirect effect of COVID-19 on health and communities

**3** Supporting us to contribute to the international knowledge on COVID-19 through research



## Our Chair said...

“The work of our **Research and Evaluation Division** acts as a central function to support research across Public Health Wales. Working so nimbly and flexibly over the last year has resulted in some significant opportunities. Our strategic leadership role in vaccine research led to the timely set-up of vaccination studies in Wales; we launched a Research and Evaluation team as part of the Enhanced Response, with the team acting as a single point of contact to link with and prioritise research opportunities across the whole organisation; and Public Health Wales’ involvement, over the last 12 months, in 23 COVID-19 research activities, nine with Public Health Wales’ funding and 14 externally funded.

“Of those 23 studies, Public Health Wales is the lead investigator in 13 and collaborators in the remaining 10. An impressive achievement in the most challenging circumstances!

“The work of the Research and Evaluation Division demonstrates how we are discharging Public Health Wales’ role as the national public health institute for Wales. At the forefront of key public health research and thinking related to COVID-19, we are equipping our partners and decision makers with the information they need to shape the health of the people of Wales.”

# CONTINUING & RESTARTING ESSENTIAL SERVICES

Since the pandemic began, our main focus has been the national and regional response to it. As the pandemic has developed, we have formally agreed to restart, or 'scale up', some key public-health activities and services that we had to stop earlier in 2020.

This included identifying and managing the risk of pausing and restarting services. Despite some significant challenges, we have made good progress. In particular, we have restarted:

- all essential services to their previous target level, except for the National Exercise Referral Scheme – see below for more information; and
- our priority services, although some have struggled to maintain their levels. There has been growing outside pressure to reinstate services further in some areas, which has so far not been possible.

Meeting the needs of our workforce, while continuing to reinstate our main public-health activities and improving leadership and the services we have to provide by law, has been challenging through the year.

We have had to put on hold, or only partly restart, some significant programmes of work that we would normally be expected to provide. Throughout, we have tried to keep the Welsh Government and our other main stakeholders fully updated of our current position, and try to return staff to our main business if possible.

Due to continuing uncertainty about the future of the pandemic and not knowing what a 'new normal' will look like for public health, our plans and assumptions will continue to change. Our ability to 'restart' as an organisation will depend on how effective the national COVID-19 vaccine programme is, the effect of new variants, whether the public continue to keep to guidance and if we can quickly recruit the extra staff we need to help our response. We will have to stay vigilant and make sure that we review the situation throughout the year.



## Screening

During the early stages of the pandemic, the Welsh Government agreed with our recommendation to temporarily stop some of our screening programmes. This was in response to the Government's announcement to suspend non-urgent outpatient appointments, surgery and other procedures so that staff and resources could be redirected to support our response to the pandemic.

This affected some screening programmes (Breast Test Wales, Cervical Screening Wales, Bowel Screening Wales, Diabetic Eye Screening Wales and Wales Abdominal Aortic Aneurysm Screening). The Newborn Hearing Screening, Newborn Bloodspot Screening and the Antenatal Screening programmes continued and did not stop at any point.

As the numbers of COVID-19 cases began to reduce, we started to make plans to reinstate the screening programmes. We set out the conditions needed to do this and used risk assessments to prioritise patients and reintroduce the programmes in phases so that we could offer screening safely.

We have continued to offer the programmes since they were reinstated. However, we have reduced the number of people offered screening in each clinic to make sure we keep to Covid safety rules. We have a limited number of clinics, fewer staff, limits on cervical screening and restrictions on providing colonoscopies, and have reduced the number of people invited to our Diabetic Eye Screening programme.

Running the screening programmes throughout the second wave of the pandemic has been challenging, but all programmes have continued with the amazing efforts of our staff and the public. The next urgent challenge is to develop our recovery plan for the programmes for 2021-2022, bearing in mind that we are restricted due to the COVID-19 safety procedures we have had to put in place.

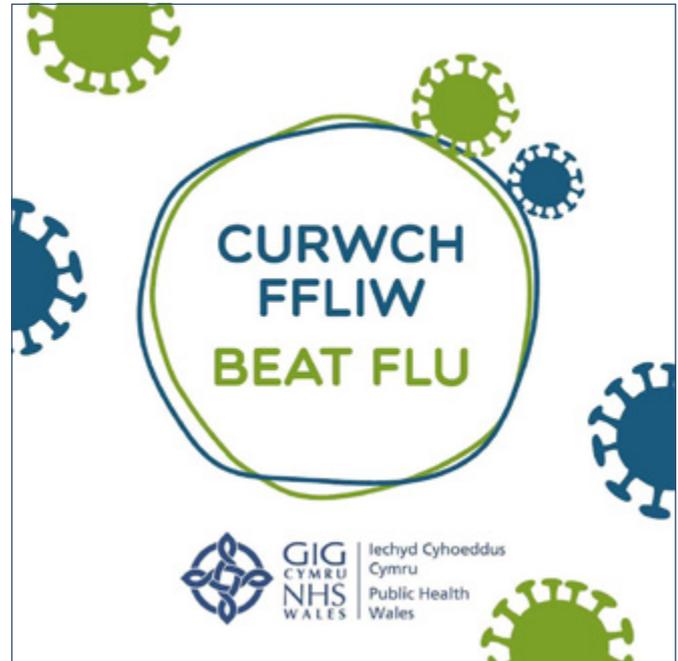
## Did you know?

The Screening Division laboratory in Magden Park, Llantrisant has maintained their UKAS accreditation to ISO 15189:2012. The team has continued to manage and deliver a high-quality laboratory service throughout the coronavirus pandemic. The assessment recognised that the pausing and restarting of the programmes were well managed, and clearly recorded and communicated. During their online 'visit', the assessment team did not find any major weakness that was a cause for concern. They also recognised a greater level of understanding of what we need to do to meet ISO standards, which showed the service had continued to improve.

Overall, they concluded that despite the challenges presented by COVID-19, the service continues to be delivered by competent staff, in line with accreditation requirements.

This is a huge achievement in maintaining such high standards while also supporting COVID testing and doing so with such professionalism and quality.





## Vaccination and immunisation

We have continued to provide essential vaccination and immunisation services during the pandemic. We have had to adapt how we deliver the service, but have continued to routinely monitor the flu vaccination programme and other diseases preventable by vaccine, and how many children are vaccinated as part of the main children's programmes.

### Childhood immunisation

Despite the pandemic, the latest available figures for routine childhood vaccinations remained high. For children in Wales aged one, the uptake of all routine immunisations stayed above 95%, apart from rotavirus. 95.2% of children had the three doses of the '6 in 1' vaccine (this was 95% or higher in five of the seven health boards and in 15 of the 22 local-authority areas). The percentage of children who received two doses of the MMR vaccine by the age of five also stayed the same, at 92.1% (slightly below the 95% target). As well as the usual support and leadership, our VPDP team continued to monitor any effect COVID-19 and national restrictions had on the uptake or timing of vaccinations in children up to five years old.

## Flu vaccination

Our VPDP team lead on planning, delivering and evaluating the national part of the NHS annual flu vaccination programme for Wales. Wales achieved the highest flu vaccine uptake ever in 2020-2021, with over 1 million adults and children having received a flu vaccine this winter. The flu vaccination programme was the largest ever this year. The Welsh Government obtained over 400,000 extra flu vaccines, and from 1 December 2020 extended the programme to everyone aged 50 to 64.

Provisional figures for 2020-2021 showed that 76.5% of people aged 65 and over had the flu vaccine, compared with 69.4% the previous year. 51% of those aged under 65 who are on a clinical at-risk list had the vaccine – also higher than at the end of the 2019-2020 season. The uptake of flu immunisation in children aged two and three also increased from 50.7% to 56.3%, and in primary school children from 68.7% to 72.4%. Flu vaccine uptake in NHS Wales staff who have direct contact with patients was 65.2%, up from 58.7% the previous year. Over 10,000 women across Wales have also been immunised. We also ran a successful flu vaccination campaign for our staff, with over 63% of our front-line staff vaccinated.



## Microbiology services

The COVID-19 pandemic has needed an unprecedented response from our microbiology service. While we have kept our non-COVID-19 business going (but at a reduced level), we have had to rapidly introduce and increase testing for COVID-19 and provide a clinical service to manage patients with COVID-19.

At the beginning of the pandemic, infectious-disease doctors would travel to people's homes, wearing personal protective equipment, and take swabs from people with symptoms. A courier service then took these swabs to the University Hospital Wales microbiology laboratory for testing. As the pandemic took hold, NHS Wales put in place different swabbing options, and these swabs came to our laboratories for testing. At first, the test was only available through the Welsh Specialist Virology Centre, but with increasing availability of commercial tests, this gradually changed.

Orders were placed very early on in the pandemic but the global supply chain of both equipment and test reagents continues to be a significant challenge.

### Did you know?

A reagent is a substance or mixture for use in chemical analysis or other reactions.

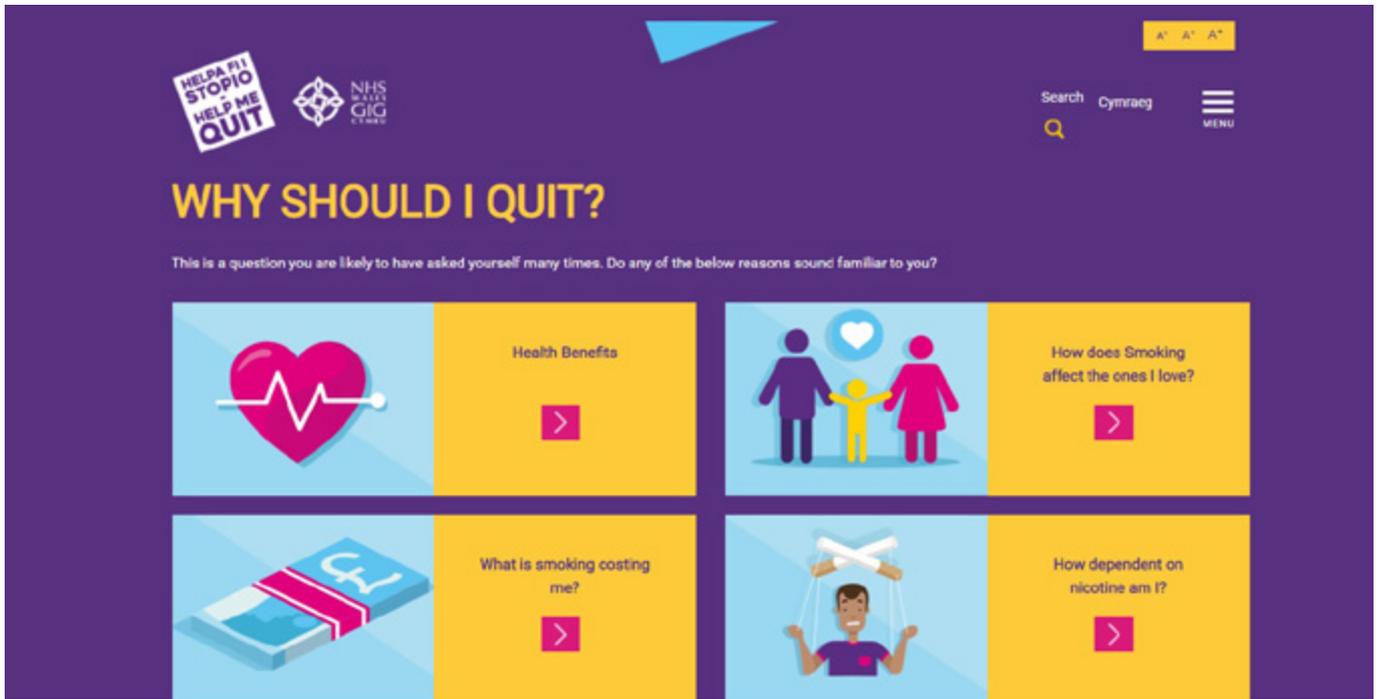


We put a business case to the Welsh Government to increase our testing for COVID-19 and allow us to expand our service to include rapid hospital testing as well as support for outbreaks. This was approved in August 2020 and we immediately began to recruit over 160 staff. The business case had the following goals, that we met by the agreed deadlines.

- ✓ To provide a round-the-clock testing service for COVID-19 at our three regional laboratories by 31 October 2020
- ✓ To set up six new 'hot labs' by 30 November 2020

Also, a business case for a new laboratory on the Imperial Park 5 site in Newport was approved and this was opened by 7 December 2020.

We then had to 'fine tune' how this system worked and how it would improve the turnaround times (TAT) for COVID-19 testing. For rapid flow tests we have a target TAT of less than four hours, which we have consistently achieved (usually less than two hours). For tests which take longer to process (non-rapid swabs), we have a target TAT of 12 hours or less. At the beginning of January 2021, only 30% of samples were processed in the laboratory within 12 hours, but by the end of the month this rose to 80%. Our aim is to maintain this performance and improve through close working between the microbiology service and Improvement Cymru, who have supported the microbiology service by finding ways of improving our COVID-19 testing.



## Help Me Quit

The Help Me Quit (HMQ) national telephone service was launched in October 2019. It was aimed at smokers who could not access community services in person. The importance of this service has increased as face-to-face services were suspended and staff were moved to support the response to the pandemic.

As HMQ is an essential service, working in Capital Quarter during lockdown was a strange experience for the team. Like the COVID-19 contact centre, staff experienced significant changes, with limited public transport, an all-but-deserted office building and city centre, and near-empty roads.

The hub quickly adjusted to managing a much-changed service. We moved other staff from the division to HMQ to cover the increase in demand. These staff were trained to the same standard as regular telephone support advisors.

Relationships with service leads in each health board area were strengthened as we reacted to their needs in constantly changing circumstances.

Social media helped keep demand for HMQ services steady throughout the pandemic, with small peaks of interest coinciding with news reporting of how COVID-19 can affect smokers. An encouraging number of smokers contacted the service after being recommended by a friend or colleague and October 2020 saw

year-on-year growth in the number of smokers accepting support. It is a credit to the HMQ team across Wales that throughout the pandemic the average waiting time for new clients has been significantly below the 14-day target.

From 23 March 2020 to 31 January 2021:

- self-referrals to HMQ through the internet increased from 4,162 to 5,950, and 60% of these accepted support compared with 45% the previous year;
- referrals from health professionals reduced significantly from 6,884 to 2,683, reflecting the fact that front-line staff were moved to roles to respond to the pandemic;
- the national telephone support service helped 17% of smokers, reflecting the reduction in face-to-face services at the time; and
- in spite of the pandemic, the number of smokers joining HMQ services stayed relatively stable, at 11,004 new clients compared with 11,547 the previous year.

As with many services, some of the new ways of working that were taken on board during the pandemic will stay in place long term so that HMQ continues to meet the needs of smokers who want to stop.



# Safeguarding

The National Safeguarding Team (NST) works closely with the Welsh Government, health boards and NHS trusts to improve safeguarding across NHS Wales. The team work together to recognise common issues, find solutions and meet safeguarding standards to better protect children and adults at risk.

We have continued to provide safeguarding leadership to stakeholders through a reduced NHS Wales Safeguarding Network Work Plan, regular meetings and exchanging information through a regular 'Network Communication' bulletin, which we share with partner agencies as appropriate.

Prioritising cases using information shared through the Welsh Government Safeguarding Vulnerable Children and Young People's Advisory

Group, and the OPC COVID Virtual Group on Abuse of Older People, has guided the objectives of the NST Work Plan. Continuing to provide the service involves taking part in strategic and national stakeholder partnerships, for example, Regional Safeguarding Boards, Health Board and Trusts Safeguarding Committees, Welsh Government Ministerial Advisory Groups (looked-after children, vulnerable children and young people), Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 (VAWDASV) and the unified case reviews meetings.

A review of how effective this scaled-down approach is showed that key objectives will be delayed as a result of the team continuing to be involved in our response to COVID-19.

## Looking after looked-after children and young people

The COVID-19 pandemic has meant extra stress for looked-after children and young people living in foster care and residential units, especially during lockdown when they were without the support of family, friends and school. The National Safeguarding Team co-ordinated good practice and investigated areas of concern to support developments in regulations that would help children and young people during the pandemic. We regularly published updated advice for health professionals on our website and this had a positive response.

Throughout 2020, a senior NST doctor was involved in discussions with the Welsh Government, the National Adoption Service (NAS), the Association for Fostering and Adoption Cymru (AFA Cymru) and local-authority colleagues, to make sure adoption services continued but in a different way.

The NAS has reported that adoption performance indicators (standards that performance is measured against) across Wales show pre-COVID-19 targets are being met, which is a remarkable achievement.



Other innovations include phone and video consultations with looked-after children, young people, foster carers, nurses and social workers. Some looked-after children prefer this way of interacting and would like to continue with it. The NST have been made aware of disclosures of historic child sexual abuse made possible through phone contact instead of the usual face-to-face health assessments. We plan to include these lessons learned, looking at a mixture of face-to-face and online interaction to meet the unique needs of this group.

# ORGANISATIONAL LEARNING, KNOWLEDGE, AND OUR COVID-19 STORY

As an organisation we must continue to learn from our fast response to COVID-19. In line with our Vision for Knowledge Mobilisation (2020-2025) strategy and the work of the Knowledge Directorate, our aim is to make information accessible and easy to use.

The pandemic has changed what we do and how we do it, which means that we have a significant opportunity to use what we have learned to shape future services and processes. It is also important that we can show we have a clear record of our role and actions during the pandemic, supported by our decisions, performance and management. This will be particularly important for supporting any public inquiries and future research.

During the pandemic, we introduced new services and roles and have changed how we work. We have temporarily stopped some of our programmes and services and will need to restart these using new ways of working. Many different opportunities for learning have arisen and it is important that we show this knowledge and why and how we made decisions, so that we can use it as the demands on us change.

We will continue to collect and combine what we have learned during the pandemic. We will agree methods to share learning within the organisation and, where appropriate, with external stakeholders. We will also need to record and store the information, actions and decisions we have made around COVID-19.

## Quality and improvement

We have set out our ambition to be a high-performing organisation, which continues to be our aim despite the challenges of COVID-19. During the pandemic we have had to change our priorities on where we focus our efforts. However, we recognise that it is more important than ever that we continue to drive quality and improvement, supported by available evidence and proven methods. This will make sure that we can demonstrate our services are safe and effective and are achieving outcomes. We will do this through information that is available immediately, where possible, for the benefit of the public and our stakeholders.

Over the coming months, we will:

- put in place our Quality and Improvement Strategy and the Implementation Plan that supports it;
- deliver the 'Our Approach to Engagement' implementation plan; and
- deliver our refreshed approach to governance (arrangements for overseeing what we do), which we will put in place through a plan to support our organisation to continue to develop.

We have held workshops with representatives from across the directorates to establish a 'logic model'. This model will help organise programme planning, management and evaluation to support how the Quality and Improvement Strategy is put in place once approved.

## Enclosed settings

In March 2020, as the first national lockdown was beginning, we moved to the next phase of our response to the pandemic. We recognised that some key settings and the people living in them were going to be vulnerable to COVID-19. These included care homes, hostels, prisons and anywhere that people lived in groups. We often describe these as enclosed settings.

We set up a team to respond to the rapidly increasing number of enquiries from these settings, particularly care homes for older people. As we now know, these settings were going to experience the most significant effects of coronavirus. The team provided a dedicated phone line that care homes could use to report COVID-19 cases seven days a week from 8am to 10pm on weekdays and 8am to 8pm at weekends.

The team were told about suspected or confirmed cases and, in the initial stages, when testing services were being developed and expanded, worked with health boards to arrange testing. However, the most important work was

to provide advice quickly on how to reduce the risk of the infection spreading. What we learnt very quickly was that once the infection entered a home it was very challenging to bring it under control because it spread very easily.

We produced guidance for care homes and regularly updated it as the advice changed. But we found that what care homes appreciated most was knowing that they could get expert advice when they needed it.

The enclosed settings team used staff from across our organisation, most of whom had not done this kind of work before. At times the work was very challenging and traumatic, as staff listened to stories from the care-home staff who had experienced deaths and a growing level of anxiety and fear as the effect of the pandemic on the care homes became clear.

As the first wave of the pandemic ended we were able to develop a more long-term approach, working with colleagues in Environmental Health and with the regional TTP teams, and this has continued.



## Putting things right

We welcome concerns (incidents, complaints and claims) as a way of improving the services and programmes we provide. We accept that we do not always get things right and sometimes fail to meet your expectations. When this happens we are committed to doing what we can to put things right and learn from complaints so the same thing does not happen again. So we have systems in place for recognising when things go wrong, investigating why problems happen and making changes if appropriate.

Feedback and learning is important to us as it gives us the opportunity to improve and add to our services and programmes. Also, it is important that people feel that they have been heard and treated with respect, and that they receive an open, honest and prompt response to their concerns.

We continue to manage concerns under the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulation 2011.

In 2020-2021, we received 72 formal complaints. A large number of these related to the pandemic. There were three main themes to the complaints, as set out below. We have also added examples of the type of complaints received and the lessons we have learned from them.

- 1 Complaints about the guidance we gave to care homes during the pandemic, specifically:
  - guidance on visiting;
  - guidance on testing staff members and residents; and
  - general guidance on restrictions during the pandemic.

- 2 Complaints about stopping our screening programmes during the pandemic.

- 3 Complaints about the methods of communication we used for our COVID-19 surveys.

**Public Health Wales recognises the value in the effective management of complaints and the subsequent organisational learning that supports the development and improvement of services, functions and programmes. We therefore welcome opportunities to learn from people's experiences, good or bad.**

(Gay Reynolds, Quality, Nursing and Allied Health Professionals)

People's concerns give us valuable feedback which we are keen to learn from, and they are seen as a positive cause for change. The relevant division or service area takes forward any complaints that say how we can improve services and programmes.





## Learning example 1

A complaint was made as a positive COVID-19 test result had been received in a care home and guidance at that time said the whole home should be tested within 24 hours of a positive test, but this was not done.

The area of main importance raised by this complaint was that the guidance that had been issued on testing staff members and residents in care homes during the pandemic was not being kept to.

*We acted by putting in place systems to alert health boards that all of the home may need to be tested if initial tests are positive, as well as alerting them that all of the home will need to be tested when tests come back positive.*

## Learning example 2

We received a complaint about stopping our Diabetic Eye Screening programme due to the pandemic, and the direct effect that being unable to attend eye screening appointments would have on people's health.

The area of main importance raised by this complaint was that the eye screening programme, along with our other screening programmes, was stopped for a time during the pandemic, and there was uncertainty around when the service would restart and how long it would take to recall patients.

*We did two things to improve this service. We developed key messages to communicate to patients as part of the plan to restart screening services and we considered how best to tell local communities how long the wait for appointments would be.*

## Learning example 3

We received a complaint from someone we had contacted to take part in a public engagement survey on the effects that the COVID-19 measures in Wales had on health and well-being. They were concerned about the number of calls they received and whether we had accessed medical records when choosing people for the survey.

The area of main importance raised by this complaint was that the survey is a representative national survey of people aged 18 and older, who are chosen at random to take part. At no time do we have access to people's personal or medical information.

*To improve the service, we now provide clearer information on our website about the survey and how we choose people to take part. There was some information about the survey on the website at the time of the complaint, including the phone number we use to call people. We agreed to continue to provide this information for future surveys for those people who want to check out surveys and be reassured that their information will stay anonymous and confidential.*





# Statement on Data breach

## Case study: data security

A report which contained personal information relating to 18,105 people who had tested positive for COVID-19 since February 2020 was accidentally published on a public website. Although the website was public, it is not one generally accessed by members of the public, but by our trusted partners. In September 2020, we reported this incident, which had broken data-protection law, to the Information Commissioner.

In most cases (16,179 people) the information consisted of people's initials, date of birth, sex or gender and where they live, so there was only a low risk of them being identified. However, for 1,926 people living in nursing homes or other enclosed settings such as supported housing, or residents who share the same postcode as these settings, the information also included the name of the setting. The risk of identification for these people is higher but is still considered low. In the time that the information was public, it is understood that the web page was viewed 56 times. However, this does not mean that 56 people viewed it – it is possible that any one person will have viewed it many times and so the number of people who actually viewed it is likely to be less than 56.

We took immediate steps to prevent a similar incident from happening again and commissioned an external, independent investigation in October 2020. That report made eight recommendations. We drew up an action plan for improvement and are putting this in place. The Information Commissioner's Office (ICO) investigated the incident and decided that no action was needed. They concluded that our use of both an internal and external server to store personal information, including sensitive information, was reasonable.

The ICO also noted that the information is published daily and that we have reported no other incidents of this type to them. They recommended we continue to see the action plan through and put in place the actions identified by the external investigation in full as soon as possible.

You can see our full statement here:



<https://phw.nhs.wales/news/public-health-wales-statement-on-data-breach1>

# ORGANISATIONAL RECOVERY

We need to assess the effect COVID-19 has had on our long-term strategy and medium-term and yearly plans. We will do this over the next few months, through a formal strategy review.

This will aim to assess whether our current strategy is still relevant or whether we need to revise it in light of what we have experienced and learned from COVID-19 and from looking at future opportunities or challenges. We will do this by working with the Board, Executive Team, staff and our stakeholders.

Our work will be guided by a number of key things, including:

- emerging evidence on the short-, medium- and long-term health effects of COVID-19 on the people of Wales;
- assessing future opportunities and challenges;
- international evidence on the role of national public health institutes following the pandemic; and
- feedback from our staff, key stakeholders and the public.

It is important that we work together with our staff on our approach and principles for the action that we plan to take, and use a range of methods so that we can reach staff across Wales and in each part of the organisation effectively.

Our Conversation, a series of open discussions which aims to look at future ways of working with our staff, began in March 2021. It is important that we continue to speak to colleagues about their work and what the future of work within Public Health Wales might look like in the context of COVID-19.

The conversations explore the best ways of working in the past (before COVID-19), the successes we have had through working differently during the pandemic, and what we should take forward. We feel strongly that every member of our staff should have the opportunity to contribute to these conversations – they will be essential in shaping how we work and what our place of work looks like in the future.

We will collect the results of these conversations and present the emerging themes to staff during the summer and autumn of 2021. Our Board will be involved in the conversations and in the decisions we make following them.



# OUR PEOPLE

Since the start of the pandemic, we have had to adapt by using our staff throughout the organisation so that we can respond quickly to the scale of the pandemic.

As we move into the next phase of our response, it is clear there has never been as much pressure on many of our staff, and they will need strong and active support to make sure they stay well and safe, particularly as we head into winter, which is likely to be a challenging time for many of us.

While we continue our work directly in response to COVID-19, for example through providing testing and specialist health-protection advice, we are also restarting other essential and priority services, such as our screening programmes, and beginning work again on other, longer-term priorities.

As we continue to work differently, we are learning from changes made to our workforce policies, ways of working, roles and responsibilities to support our response to COVID-19. This will guide our recovery and the future of our work, in line with our People Strategy.

## Staff achievements and honours

The following members of staff were made MBE for their efforts in the COVID-19 response.

- Dr Eleri Davies, Head of Healthcare Associated Infection, Antimicrobial Resistance and Prescribing Programme (HARP), Public Health Wales

- Dr Robin Howe, Professional Lead Consultant in Microbiology, Public Health Wales
- Gail Lusardi, Nurse Consultant, Public Health Wales
- Dr Catherine Moore, Consultant Clinical Scientist, Wales Specialist Virology Centre, and Head of Molecular Service Development, Public Health Wales

### Our Chair said...

**We are so very proud of all of our people in Public Health Wales, and today we're especially proud of Eleri, Robin, Gail and Catherine and the professionalism, leadership, dedication and sacrifice they have shown in the response to COVID-19. Many of our people have gone above and beyond over the last few months, and continue to do so every day, and it's wonderful to see Eleri, Robin, Gail and Catherine being recognised as representatives of the whole organisation.**

## Clinical Leadership Team of the Year goes to...

Our Blood Borne Virus teams across Wales have received the British Medical Journal (BMJ) Clinical Leadership Team of the Year award 2020. The teams were recognised for their efforts in treating people across Wales with hepatitis C. The judges were impressed with the range of the teams' work, how care was provided in line with the prudent healthcare principles, how postcode prescribing was ended, how cost-effective the treatment programme was and the savings made, and how patient-focused it was.

The judges were unanimous in their decision and said the achievements were 'breathtaking'. The teams were also recognised for their willingness to deliver care where it was most needed, using new approaches. We were a key member of the team, delivering a number of main functions. The national virology department provided innovative testing strategies that have greatly improved access to treatment.

Some notable achievements included the contribution of the Point of Care testing team to eliminating hepatitis C from Swansea prison (a UK first), providing hepatitis C testing on the Cardiff night bus, and developing and delivering diagnostic testing on a finger prick of blood. Our members also played a major part in enabling kidney transplants from hepatitis C-positive donors to hepatitis C-negative patients, getting rid of the virus – another UK first.

### Did you know?

Prudent healthcare principles make sure NHS Wales is always adding value, that it contributes to improved outcomes and is sustainable.



### Did you know?

Postcode prescribing describes the decisions of individual NHS health authorities and trusts on whether they can afford to supply a specific drug for a particular condition.





## Well-being

Our second staff survey, on well-being, was launched in late September. The well-being of our staff is as important than ever, if not more, and we hope the results will help us to make further improvements.



All of our staff now have our Personal Risk Assessment tool. The tool aims to identify those who work in high-risk settings so that we can adapt their workplace or move them to a lower-risk environment, such as working from home. The risk assessment has been included as a competency on the electronic staff record (ESR) and will allow us to monitor the situation further and report to our senior leaders.

### Sickness absence

We reported a 12-month rolling sickness absence percentage of 3.2% between April 2020 and March 2021.

With local lockdowns throughout much of Wales and ongoing uncertainty about holidays and quarantine requirements, staff have taken less annual leave compared with previous years.

All staff are encouraged, and will be supported by their managers, to continue to take leave regularly to support their own health and well-being, especially given how intense work is during the pandemic. We have relaxed annual leave, time-off-in-lieu and carry-over arrangements after consulting trade unions, and we continue to monitor this.

## Workforce resourcing

We have done significant work during this time to set targets and have increased staff numbers to make sure we have a strong workforce to support us as we continue to respond to the pandemic.

Targeted recruitment and moving staff to support our response continues to make sure that each team has a plan to secure the resources they need, as well as making us less dependent on agency or bank workers.

### Case study: Recruitment to key roles

We received ministerial approval for extra investment of approximately £6 million in our health-protection service (including for monitoring communicable diseases) each year. This investment is a major boost in strengthening health-protection services in Wales. This involves recruiting a number of key roles which will allow those staff who have been moved in the response to the pandemic to return to their usual roles.

The investment funded 160 staff. We began recruiting to these roles in August 2020. The extra posts meant we could:

- provide a round-the-clock testing service for COVID-19 at our three regional laboratories;
- set up six new 'hot labs'; and
- run the IP5 Laboratory 2.

# DELIVERING OUR PRIORITIES

Our 'enabling' functions are our 'engine room' and allow us to deliver our priorities, through providing leadership and expertise on:

- good governance;
- financial stewardship;
- corporate analytics;
- safety and quality;
- effective change management; and
- corporate planning.

These functions have been flexible and adaptable when responding to the pandemic, and have been able to work together and quickly.

As we begin to recover and restart essential services, COVID-19 gives us opportunities to do certain work that had not been possible before but will also change the type of organisation we are in the future. These include:

- reviewing our long-term strategy and developing a set of agreed public-health outcomes that will shape and drive our future work;
- using timely and reliable information to make effective decisions and improve performance;
- use more new and innovative ways of working and of supporting and developing our people; and
- creating and delivering ways of working online and communicating effectively with our staff, stakeholders and the public.

## New ways of working

Since the Health Protection (Coronavirus Restrictions) (Wales) Regulations 2020 came into force in Wales on 7 April 2020, we have been making sure our buildings meet regulations and keeping staff and those who use our services safe.

Between July and August 2020, we hired a company to assess how we manage how COVID-19 is transmitted. The assessment covered 28 premises and included a mixture of office buildings, laboratories and screening buildings. We have taken the action recommended and are continuing to monitor arrangements and carry out spot checks to make sure we keep to regulations. To make sure we can keep up to date with managing issues, the revised Health and Safety Group has continued to meet every two weeks.

As Wales has moved into various levels of restrictions, we have encouraged all staff that do not have to be on specific sites as part of their role to work from home. This is to reduce the risk of spreading infection and make sure that those who do need to be in the workplace stay as safe as possible. We have provided staff with office equipment and given guidance to managers and employees through daily staff bulletins and internet pages, including guidance on homeworking, setting up IT equipment and using Skype. We have also introduced Microsoft Teams, One Drive and other Office 365 packages during 2020-2021, providing another communication tool for staff. Since the start of the pandemic we have loaned over 1,000 pieces of equipment to staff. This includes monitors, keyboards, mice, headsets and chairs, following display screen equipment (DSE) assessments.

## Steps taken for a COVID-19-safe workplace

- 1 Introducing one-way systems
- 2 Keeping desks a safe distance apart to keep to social-distancing regulations
- 3 Removing equipment and personal belongings from desks
- 4 Having more signs
- 5 Having sign-in sheets and QR codes to support the NHS Test and Trace programme
- 6 Providing PPE, including hand sanitiser and wipes
- 7 Having a signing-in and -out process for staff in buildings
- 8 Monitoring numbers of people in buildings and meeting rooms and making sure this keeps to workplace operational arrangements

Due to the nature of our work within screening and microbiology services, we have made further arrangements to make sure staff and people who use our services stay safe, and that services can continue to operate. Examples include working with Infection, Prevention and Control to make sure the Breast Test Wales (BTW) mobile fleet is safe for people to attend and making sure staff have access to appropriate PPE.

### Advice and guidance provided to staff

- Risk assessments for vulnerable staff (replaced by the All-Wales individual risk assessments)
- Mental-health resources, including SilverCloud Wellness App, Care First, access to Health for Healthcare Professionals and our own supplementary listening service and coaching offer for managers
- Our 'Tell Us How You Are Doing' well-being and engagement surveys, allowing colleagues to give us feedback on what's working, what could be better and, importantly, their main concerns, so we can act on these if necessary.

People Support Plus has been supporting our staff since 30 March 2020. It provides a one-stop-shop contact centre for staff queries, covering a range of topics including people and Organisational Development, estates, finance, communications, information governance and contact centre rotas. If staff have any questions about social-distancing guidance or PPE, they can contact the People Support Plus desk or the Estates and Health and Safety Team.

## Managing risk

Managing risk is essential to running a successful organisation. It should be at the heart of decision-making and allocating resources at both an operational and planning level. It should aim to identify opportunities to innovate and invest, alongside the need to reduce risks.

Managing risk has been at the centre of our response to the COVID-19 pandemic – both in relation to our organisation, our people and our activities and also the advice that we have provided as a system leader for a global pandemic.

Also, over recent months we have made sure that we continually review our planning risks so that they stay current and appropriate to the challenging environment we are working in. We are continuing to put risk management in place at all levels of the organisation. This means we can measure performance against the risks we face, and analyse themes arising from risks by using the Strategic Risk Register, Corporate Risk Register and local risk registers.

Each priority area also identified possible risks and what their successful delivery depended on. They have a number of common themes, including:

- resources (people and finances), staff well-being and recruitment;
- business continuity and access to and quality of information; and
- partners and stakeholders.

We will continue to develop and strengthen how we manage risk throughout the organisation. We plan to look again at planning risks with our Executive Team and Board, and this will be a regular feature throughout the year.

**You can find more detail about how we manage risk in our Corporate Governance Statement.**





## Decision-making and governance

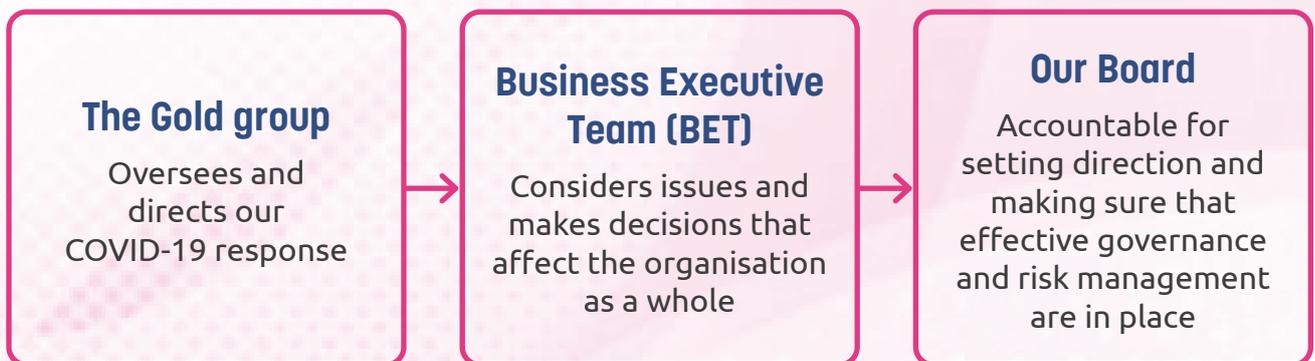
We want to make sure that we adapt our decision-making as we continue to progress through the pandemic, and that our decisions are consistent, proportionate, clear, timely, driven by the quality and availability of information and taken at the appropriate level. We will build on the progress we have made so far to secure value, achieve benefits, quality and improvement and plan how we manage risk.

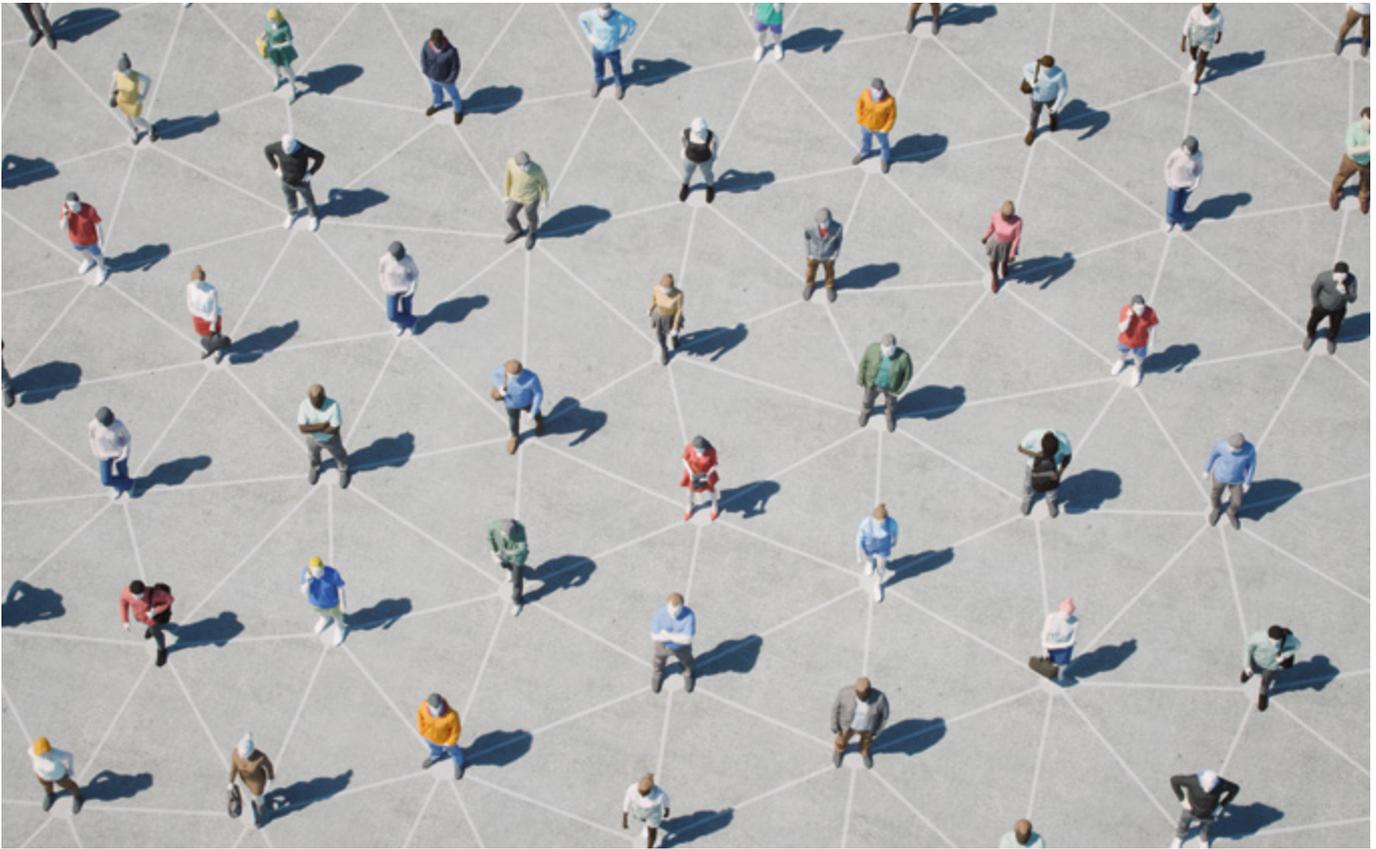
The diagram below shows how we make our decisions about our response to COVID-19 and our recovery. In line with our Emergency Response Plan, we have revised our governance plans for decisions about our response to COVID-19.

Throughout the last 12 months, the Board has continued to review its governance arrangements and has made a number of changes to how it works. We have continued to maintain our governance standards and the variations to our standing orders (written rules which regulate our proceedings) throughout the pandemic.

The Board has met each month since 26 March 2020, and its committees have seen a number of changes (see below). The Board continued to receive regular, accurate, relevant and timely information from the Executive Team in between board meetings, as well as our newly developed performance and assurance web page and supporting report. Each month this report brings together key information about our COVID-19 response, finance, workforce, and risk and key performance indicators.

### How are decisions made?





Our Quality Safety and Improvement Board Committee and our Audit and Corporate Governance Board Committee continued to meet every eight weeks (on alternate months). The Knowledge, Research and Information Committee and People and Organisational Development Committee were suspended. Our strategic directors, together with the four incident directors (increased from three), continued to oversee our response to the pandemic.

Before COVID-19, our Business Executive Team (BET) met each month, apart from during April and May 2020. Their formal meetings began again in June 2020, with an increasing focus on receiving assurance from our Gold group (see below) about our response, including how it affected the health of the wider population, how our organisation is recovering and restarting non COVID-19 services, and the well-being of our staff.

The Gold group was set up in line with our Emergency Response Plan. It is responsible for managing health-protection incidents and forming a plan for other levels of response in any health-protection incident. In this case it was set up to deal with COVID-19. It continued to meet weekly, and the Incident Management Team met at least three times a week. Gold regularly reviewed the weekly delivery confidence

assessment against our Test Trace Protect stage 2 implementation plan and shared it with the Board, including a report of risks and any changes since the last meeting. We also set up a Population Health Group reporting to Gold, which aims to understand and prevent the wider harms relating to COVID-19 and other factors that affect policy, health and inequalities in Wales.

Our continuing response to COVID-19, together with other priority areas, made it a good time to review the arrangements again at our Board meeting in March 2021, before the start of the 2021/2022 financial year. The changes to the Board and committee schedule are outlined in our published Board papers, and include changes to how often Board and committee meetings are held. The agreed changes took effect on 1 April 2021, with a review to take place in July 2021.

**You can find more information on our governance arrangements and decision-making in the Corporate Governance Statement.**



## Communications

We have carried out extensive communications work and activities to include the public from the start of the pandemic and continue to do so. We have advised on public behaviour and shared key information to support the Welsh Government's strategy through stakeholder networks, and social and traditional media.

At the same time, our communications team played a vital role in leading and co-ordinating communications in support of the outbreaks and clusters of COVID-19 that happened after restrictions were eased in summer 2020. We did this work in line with the All Wales Communicable Disease Control Plan and have held workshops across the four Local Resilience Forum media groups to make sure each of the Test Trace Protect areas clearly understands their roles and responsibilities when there is an outbreak. As part of this we have provided training at regional levels, meaning local teams can lead communications on local outbreaks.

Since September 2020, we have worked closely with colleagues in the Welsh and UK governments to plan and deliver communications in support of the COVID-19 vaccination launch. To prepare, we launched a dedicated web page for the public and for healthcare professionals, providing up-to-date information about the vaccine.

We also have a website dedicated to COVID-19, featuring up-to-date public messages and guidance for health and social care workers.

At the beginning of the pandemic, we launched 'How Are You Doing?' a well-being campaign to help reduce the negative effects of COVID-19 on people in Wales. The campaign was developed by experts from our behavioural science unit and was designed to provide support and advice about mental, physical and social well-being. We repeated the campaign for a six-week period from the start of the two weeks of restrictions introduced in Wales, known as the 'firebreak' (October 2020), with a particular emphasis on mental health.

# WORKING WITH OUR PARTNERS

Throughout our response to the pandemic, we have played a key role in supporting the public, the Welsh Government, NHS organisations, local authorities, emergency services, the criminal justice system, education, social care and voluntary services.

We continue to lead through specialist and expert public-health advice, information, intelligence and support. This involves working with a range of partners within the UK and internationally, including:

- providing public-health advice to the Welsh Government to support the development of policies;
- delivering key public-health functions and services (for example, health protection and microbiology outbreak response and management);
- supporting health boards, local authorities and the Welsh Government in putting in place Test Trace Protect;
- developing and passing on surveillance and intelligence reports to the wider system (for example, COVID-19 surveillance reports); and
- carrying out research, evaluation and international evidence analysis to help guide policy and support Wales' ongoing response (for example, the national public engagement survey and international horizon scanning).

Other important examples of how we have supported the Welsh Government include:

- taking part in, and chairing if appropriate, many technical, advisory and operational groups;
- providing specialist advice on infection prevention and control and personal protective equipment, including supplementary guidance for healthcare and social care professionals;

- providing public-health guidance to residential care homes, as described earlier;
- Provision of Guidance to Environmental Health Officers in relation to prevention actions in care home and enclosed settings
- Development of specific advice on the development of critical worker testing to inform Welsh Government policy
- Provision of advice to inform and consider international learning from COVID-19 and the broader indirect harm that is impacting on population health and well-being.

In October 2020, a Memorandum of Understanding (MoU) between the Welsh Government and the World Health Organization (WHO) was signed which was supported by our WHO Collaborating Centre team. The MoU sets out a common agreement of the need for investment in health and well-being, the essential conditions for achieving the highest possible level of health, sustainable development and prosperity for all people in Wales. This also includes identifying and overcoming the common challenges facing society prior to and after the effects of COVID-19. The development of this MoU is a world first. Our strong relationships with WHO mean we are already working jointly with them, and through them with other countries, to understand the most effective and equitable ways forward for health and well-being following the pandemic.



## Case study: Working in partnership to deliver COVID-19 testing

In the early stages of the pandemic it was necessary to build a way of working to provide COVID-19 PCR testing for the people of Wales. Health boards were building small community testing units for their staff. However, we had to test essential workers, such as police, teachers and social care workers, so they could get back to work safely.

Staff from across the Welsh Government, Public Health Wales, NHS Shared Services, health boards, the Department of Health and their support organisations, local authorities, Strategic Coordinating Group members, Local Resilience Forums and so on all came together in different ways to set up a number of mass-testing sites. We did the following:

- Commissioned the mass-testing site at Cardiff City Stadium, opening it within six days.
- Developed an operating model and safety procedures from scratch.
- Took samples on site seven days a week. Cardiff City Football Club looked after everyone, opening the site early and closing late, providing stewards, refreshments, and somewhere to store materials.

- Developed a patient-booking system for the mass-testing sites, which were tailored for each Local Resilience Forum and Strategic Coordinating Group partner. Each site needed their own courier service, to get samples to our laboratories.
- Sourced, packed and delivered pre-packed sampling kits.
- Set up an electronic test request system where the patient has their test recorded as part of the Welsh Clinical Portal. At the same time, we created a new automated results delivery service via text message.
- Developed a reporting system that would show lab turnaround times and results and monitor the total numbers of COVID-19 infections.

We worked with health board colleagues to commission extra testing sites and share learning. The testing process needed to be regularly reviewed and monitored to make sure that all appropriate infection control requirements were kept to.

# CONCLUSION AND LOOKING FORWARD

We have set out ambitious plans to deliver key public-health work over the next 12 months. These are set out in our Operational Plan 2021-2022 which we provided to the Welsh Government at the end of March 2021.



Our plan not only focuses on what we need to do immediately to continue to effectively respond to the coronavirus pandemic, but also considers the wider effects of COVID-19, restarting our services and how our organisation will recover.



However, we recognise in developing this plan that we will be working in a challenging and unpredictable environment. As a result, we will need to regularly review how practical our plan is, guided by how the pandemic may continue to develop, our ability to recruit extra staff, and how we restart our main public-health functions.



We will also assess the effect of COVID-19 on our long-term strategy and priorities through a formal strategy review which will take into account future opportunities and challenges. We will continue to move our staff back to their regular roles and restart our services, depending on the course of the pandemic.



Over the next 12 months we will focus built upon the ongoing commitment, professionalism and tireless efforts of all staff who have worked to tackle the unprecedented public-health challenges faced by Wales. Their efforts will allow us to continue to meet these challenges head-on.