

NHS WALES COVID-19 Operating Framework

Public Health Wales Summary Response

This response has been developed to align with the main NHS Wales Operating Framework format in order to outline the Public Health Wales approach to Coronavirus (COVID-19) related activity and also non-COVID related services.

1 New Ways of Working

Novel Coronavirus, COVID-19, was declared a pandemic by the World Health Organization on the 13 March 2020.

Since the end of February 2020, our response to COVID-19 has been the priority focus of work across Public Health Wales. Our workforce has been key to the continued delivery of this emergency response and, during the over the course of the early stages of the pandemic, the workforce was mobilised, and for many people redeployed and re-trained, in order to manage the scale up required to respond to COVID-19.

The response from staff in the organisation to date has been truly remarkable. We have seen individuals and teams step into new roles and functions, new IT and data developments implemented and fast-tracked at a considerable pace, changes to the estate to implement social distancing, the rapid enabling of home working with the necessary infrastructure and well-being support, the rapid establishment and then further scale up of integrated contact centres in different sites across Wales together with scaled up and round-the-clock health protection services. This has been done with commitment, professionalism and an overwhelming willingness from everyone in the organisation to want to play their part in protecting the people of Wales.

We also established a mutual aid process for health board and trusts requesting support from our staff and, to date, have received nearly 60 requests to support our partners in their response to COVID-19.

We have worked closely with the Life Sciences Hub and Welsh Government colleagues throughout our response, and this has resulted in some excellent engagement with universities and industry partners, which have stimulated new ways of working including 3D printing of reusable laboratory consumables and establishing bespoke manufacturing processes for lysis agents.

2 Managing COVID-19

Our emergency response level for the COVID-19 pandemic remains at an enhanced level – although we have been acting ‘as if’ we were in a major incident since the beginning of March. The Public Health Wales (PHW) GOLD Group reviews this on a weekly basis.

We have established new systems and cells internally specifically for the response including a workforce dashboard that outlines staff available at any given time trained in the relevant COVID-19 response skills. We have established innovative ways of supporting our people in remote ways of working to maintain an organisational identity and have recently undertaken a well-being survey of our staff to check-in on any further support and improvements we can make to support them.

We have adapted the governance of our emergency response as we have moved through the different phases of the pandemic and are currently entering into a further transition as we move into the recovery phase. Similarly, we have adapted our ways of working as a Board moving to additional weekly Board update meetings early on in the pandemic.

In early April 2020 work began to develop the way forward for internal organisational recovery and on the 16 April 2020, GOLD agreed a new additional strategic objective: *'Public Health Wales is able to effectively respond to future public health challenges, reactivate our services in a planned way and provide the necessary support to our staff'*.

Risk management remains an active consideration in all aspects of the incident management response. Early in the pandemic we revised the corporate risk register to include additional COVID-19 related corporate risks and are currently reviewing our strategic risks as a Board as we move into the implementation of our Stage 2 Implementation Plan for delivering the Public Health Wales activities in the Test Trace Protect strategy.

A COVID-19 Response and Recovery Dashboard is in development to provide GOLD, the Executive and Board with high quality, robust performance information to provide assurance on our ongoing response, delivery of public health services and statutory responsibilities. This will include information such as:

- COVID-19 response (e.g. response programme performance, levels of Personal Protective Equipment (PPE), call centre volume and people support +)
- Critical service delivery (e.g. screening programmes)
- People (e.g. mobilisation, sickness, staff in post and recruitment)
- Finance (e.g. organisational and COVID-19 spend).

The unprecedented response to COVID-19 means that we will assess the impact it has had, and will have, on our Long Term Strategy, Strategic Plan (Integrated Medium Term Plan) and annual plan. In the short-term, we know that for the remainder of 2020/21, our focus and priorities will be on continuing to effectively respond to COVID-19, delivering our key public health services and our statutory responsibilities. As a result, we will formally update and refresh our plans (e.g. Annual Plan for 2020/21 and Strategic Plan for 2020 - 2023).

We will also begin work to assess the impact of COVID-19 on our Long Term Strategy, and associated strategic priorities. As part of this work, we will examine

emerging international evidence on the role of national public health institutes/agencies post COVID-19, develop an approach for securing feedback from our key stakeholders and the public, and consider future approaches to local, regional and national working recognising the changes in public expectations. This will also include the impact that COVID-19 has had on the population health and well-being of the Welsh population and how this may affect what the strategic focus of the organisation needs to be in the coming years in order to optimise health and well-being and protect the public from emerging infections and environmental threats.

A key role for us throughout the pandemic has been to not only deliver the specialist functions of us as a national Public Health Institute – and at a pace and scale that we have never experienced, but also to provide additional support to the Welsh Government and partners and provide as contemporaneous as possible information for our public. As such, we continue to publish data on COVID-19 a daily basis (available [here](#)). This includes both international and UK summaries. Work is being undertaken to add further mortality indicators to the dashboard.

Providing specialist advice and support to the Welsh Government has been a prominent activity for us during the pandemic. On the 13 May 2020, the Welsh Government published the *Test Trace Protect Strategy*, outlining the approach in Wales as the social restrictions are relaxed moving into the Recovery phase. The strategy was informed by the *Public Health Protection Response Plan* which was produced by us as a commissioned, rapid piece of work requested by the Chief Medical Officer to inform the next phase of the pandemic in Wales. The Public Health Protection Response Plan was published by us on the 21 May 2020.

Furthermore, we have been actively engaged with all four nations on a daily basis throughout the pandemic. Exchanging information, co-designing resources and pathways and sharing guidance has been a fundamental feature of our role – not only to support the direct public health actions of the organisation, but also to support the Welsh Government in policy areas.

3 Essential Services

3.1 Screening

During the containment phase of the pandemic continuity of all of the screening programmes was maintained in addition to releasing staff to support the organisational response to the COVID-19 call advice provision.

Following the announcement from the UK Government on the 16 March 2020, which advised against non-essential social contact and non-essential travel, our Screening Division undertook a risk assessment on the ability to safely deliver screening programmes. These were considered by the Public Health Wales Board and the Welsh Government.

There was agreement on the recommendation to suspend all invitations and cancel screening clinics from the 18 March 2020 for Diabetic Eye Screening Wales (DESW), Wales Abdominal Aortic Aneurysm Screening Programme, Breast Test Wales, Bowel Screening Wales (BSW) and Cervical Screening Wales. It was

recommended that we should complete all screening pathways for those participants who have been screened.

Agreement was also obtained to continue with Antenatal Screening Wales, Newborn Bloodspot Screening and Newborn Hearing Screening programmes given that all have short windows of intervention and failure to identify conditions can result in severe and life-threatening complications and/ or part of routine antenatal and post-natal care. An associated press release, which included Ministerial support for the decision, was released on the 20 March 2020. The recommendations taken in Wales mirrored the decisions taken in Scotland and Northern Ireland.

Bowel Screening Wales was planning to commence the second year of the 5-year optimisation plan, following the successful Year 1 implementation of faecal immunochemical testing (FIT). The plan was for the first 5-year cohort age extension to start from April 2020 with individuals aged 55 to 59 inclusive to be invited. This has been paused and we have informed health boards that age extension has been paused for the foreseeable future. We will make a recommendation when optimisation can be re-planned once we have a clear understanding of how diagnostic services will manage the patient backlogs and peaks in referrals once the emergency COVID-19 response period is over.

From the 6 April 2020, the screening division laboratory supported the testing of COVID-19 samples.

3.1.1 Antenatal Screening Wales (ASW)

Screening continues according to the normal protocols as much as is possible. The programme team has produced and circulated comprehensive pathway documentation, indicating where there is a wider window of opportunity in the timings, being mindful that some of the tests have optimum performance gestations. This work is in line with professional guidance and has been shared across all health boards with maternity leads. The team is working closely with maternity colleagues to support and advise them.

3.1.2 Newborn Bloodspot Screening Wales (NBSW)

While it is still strongly recommended that newborn bloodspot samples are taken between days 5-8 of life, it is appreciated that this will not always be possible in some circumstances given the COVID-19 challenges. Some flexibility has been introduced into the pathway to reduce the need for repeat visits if the midwifery team are visiting (e.g. if they are visiting on day 4 the sample will be accepted) and to allow for later samples to still be tested if day 5-8 is not achievable due to staffing levels or the mother self- isolating. The programme leads continue to work closely with maternity colleagues to support and advise them as required.

3.1.3 Newborn Hearing Screening Wales

Screening is currently being undertaken on the wards only and not in community clinics. Screening is not being offered if babies or mothers are identified as symptomatic for COVID-19.

The screening pathway has been amended to ensure that it can be completed as promptly as possible with fewer repeat tests required and reduced requirement for referral to audiology. It is recognised that some babies will not be able to offered screening either due to mothers being symptomatic for COVID-19 or that they were discharged from hospital before being able to be offered screening. There are failsafes in place to ensure that these babies are followed up and will be offered a targeted behavioural test at the next appropriate age, which is 9 months.

3.1.4 Restarting the Programmes

We have started looking at developing plans for the recovery of the programmes, once it is deemed safe to do so. The recovery will need to be carefully planned with robust failsafe's to account for the cohort of eligible individuals that have not been invited during the pause period, those not assessed further in the pathway, in addition to the cohorts of eligible population that will need to be invited routinely in the remaining period of the financial year or therein. This will result in a significant extra activity, which will need to be assessed as to how it can be recovered safely. The restarting of the programmes will take considerable resource and planning.

There is a need now to start to plan how the screening programmes can be reinstated following the delay phase of the pandemic and as Wales starts to move out of lockdown. This is important given that the impact of not offering screening programmes is causing harm with the early diagnosis of conditions not being undertaken. The longer this temporary pause lasts then the larger the impact and the longer it will take to recover the position. This will impact on the symptomatic pathway given that a participant due for screening may refer themselves to the symptomatic service in the absence of screening. England programmes are intending to start to reinstate their programmes from June.

However, it should be noted that, although we will ensure that the priority risk groups are invited for screening as soon as possible from the reinstatement of screening programmes, an effective recovery is only achieved with a simultaneous invitation of all clinical priority groups as well as a proportion of the routine eligible cohort. This is because we need to mitigate against the creation of peaks and troughs in the screening programme, including in the call and recall elements as well as further along in the diagnostic and treatment pathway. This will mean that it will take at least 12 months for each programme to recover fully and some will take longer.

There is a significant time lag between a decision to reinstate a screening programme and activity seen in clinical practice. Thus, given we have already three months' pause of programmes, even if we plan to restart next month we will have more than a quarter of an annual eligible population of a programme with a delayed invitation. Therefore, it will not be possible to absorb those

outstanding cohorts and individuals within the remainder of the financial year 2020/21. Previous experience of pausing the breast screening programmes on a regional basis has shown that a several months pause effected the round length for more than 12 months.

There will be considerable issues with restarting the DESW programme with the current model due to the inability to drive to an appointment by yourself, access by public transport, waiting in the shared waiting rooms, several points of direct contact with screening staff and the population are at increased risk of complications from COVID-19 and many of the invited population are in an older age range. The expectation is that the model would need to be changed to be able to invite people safely, which will take at least 6 months to do the initial work.

It is important to start the screening programmes as soon as we are practically able to and this will be undertaken as a cohesive approach and in a staged manner. We are working closely with Welsh Government officials on this and a plan for resuming screening services is being considered by the Business Executive Team next week.

3.2 Microbiology Services

Microbiology services have continued throughout the phases of the pandemic with increasing demand due to antigen testing requirements. Substantial time and managerial resource has been mobilised to secure the incremental increase in antigen testing capacity within the challenges of a highly competitive global supply chain. Capacity has incrementally increased for antigen testing with a planned capacity of 9,277 per day from 25 May 2020 rising to 10,684 per day from the 6 June 2020. The increase in testing capacity also includes the spread into additional laboratories across Wales to support a timely turnaround time across the country. We continue to develop the supply chain for antigen testing which will be required for the foreseeable future.

Our laboratory staff have been working flat out since the beginning of the pandemic to provide the best service that they can for the nation and this has increased as antigen testing capacity has also increased.

The strategy for antibody testing is currently being developed and led by Welsh Government colleagues. The antibody capacity will increase from June although the exact dates for test kits becoming available are unknown at this stage.

There is a mixed-model for sampling healthcare workers, social care workers and other critical (key) workers. The model includes health board run Coronavirus Testing Units (CTUs), Population Sampling Centres (PSCs), commonly referred to as 'drive throughs' and mobile testing units (MTUs).

The MTUs are operated by the Military and have been allocated for deployment by health boards. The military teams were scheduled to cease operating these vehicles on the 24 June. This has now been extended by the UK Government until the end of August at the latest. When the military support ceases, the vehicles will remain in Wales, and an alternative provider would be required to continue to support MTUs and health boards. Welsh Government and Public Health Wales are

in the process of developing an options appraisal to discuss with health boards that ensures on-going support.

All sampling centres are operationally managed by health boards, with the exception of Cardiff City Stadium, which has been managed by Public Health Wales from its establishment. Transitional arrangements are being put in place for Cardiff and Vale University Health Board to take over the operation of the PSC at Cardiff City Stadium on the 10 June 2020.

A weekly detailed SitRep report is provided to Welsh Government setting out the latest sampling and testing capacity.

There has been a reduction in our non-COVID-19 microbiology workload but this has started to pick back up, linked to the resuming of services across the wider NHS. We continue to provide our National, Specialist and Reference laboratory services including the management of resistant organisms in a number of hospital sites in Wales as well as increased general demand from critical care such as outbreaks of fungal infections.

On the 6 March, we approved internal funding to commence the genomic sequencing of the first 100 samples in Wales. On the 16th of March, Dr Tom Connor was part of a meeting at Wellcome which created a proposal for a national sequencing collaboration that covers the NHS, Public Health Agencies and Universities in the UK. The collaborative – the COVID-19 Genomics UK consortium is currently comprised of 17 centres across the UK, of which the Welsh Centre (including Public Health Wales and Cardiff University) is one. COG-UK provides the Welsh Centre with a quarterly quota for sequencing, which for April-July was 3,900 SARS-CoV-2 genomes. In addition to this, further funding has been secured from Welsh Government to sequence up to 3830 SARS-CoV-2 genomes for April-July.

To date, going from a standing start on the 6 March, we have sequenced 4112 SARS-CoV-2 genomes, representing approximately 30% of all Welsh cases reported to date. This places Wales 3rd in the world for the number of SARS-CoV-2 genomes sequenced. This is a tremendous feat for Public Health Wales, Cardiff University and Wales.

3.3 Immunisations and Vaccinations

COVID-19 has significantly impacted on the delivery of immunisation programmes in Wales, and as a result the incidence of vaccine preventable diseases may increase.

Many diseases controlled through routine programmes are serious childhood or adult infections with complications that may require hospital treatment. Adult clinical risk groups recommended additional immunisations are similar to those for severe COVID-19 infection.

NHS Wales offers around 1.5 million doses of routine child and adult vaccines annually covering 16 infectious diseases. Certain key ages and risk groups have been prioritised to minimise the potential negative impacts.

On the 17 March 2020, the Welsh Government issued guidance on '[Covid-19: Temporary Primary Care Contract Changes](#)', which advised the continuation of the

Childhood Immunisation Scheme and Pertussis Immunisation for Pregnant and Post-natal Women, and suspension of Influenza and Pneumococcal Immunisations Scheme.

On the 31 March 2020, the Welsh Government issued a Chief Medical Officer's letter to practices (WHC 2020 006) advising that immunisations should continue in line with clinical advice and scheduled timings as far as possible, and emphasising the strategic importance of flu planning. The Vaccine Preventable Disease Programme (VPDP) has met with health board immunisation and child health colleagues for planning and to support continuation of services in addition to public messages about continuing key immunisation programmes being delivered via a press release, interviews and social media.

Immunisations for infants, pre-school and pregnant women continue to be delivered with phone calls in advance, to screen for fever and possible COVID illness in addition to discussing social distancing and Infection Prevention and Control. Longer appointments are being scheduled with various models in place.

School immunisation programmes remain suspended. However, two health boards are offering school age vaccinations in community hub settings and Cardiff and Vale University Health Board continue to deliver immunisation through practices.

Influenza programme planning has been enhanced. The VPDP team is discussing the delivery of the primary school flu vaccination programme with health boards. There are many unknowns, including whether primary schools will be open to all or some pupils in the autumn, and how many redeployed school nursing staff will have returned to their roles. The VPDP will shortly re-convene the National Influenza Action Group (NIAG) meetings to coordinate national flu programme planning and delivery.

Debriefing on the 2019/20 season is delayed due to COVID-19 prioritisation. We are in close contact with the other UK countries and the Flu Programme Board to help identify and explore different potential scenarios. The VPDP team is developing plans that build on collaborative working to reach as many people as possible with the combination of a strong public communications strategy and service delivery support. There will be a focus on young children, health and social care staff and individuals with long-term health conditions, which also puts them at increased risk of severe COVID-19.

Flu programme planning with the Welsh Government and other UK countries continues. Health boards are anticipating national guidance regarding what changes are needed for the process of administering flu vaccinations safely in line with social distancing and Personal Protective Equipment (PPE). Access to sufficient PPE will be needed. We will support Welsh Government colleagues to issue guidance on delivery in due course.

3.4 Safeguarding Service

The National Safeguarding Team (NST), which supports the Safeguarding Network, have prioritised work and provided updates on key safeguarding areas

to NHS Wales. There have been ongoing discussions with Welsh Government officials in relation to prioritisation, commensurate with capacity.

4 Critical Care

Public Health Wales is not involved in providing critical care. This element of the Operating Framework does not relate to the organisation.

5 Routine Services

The focus of the organisation remains on managing the public health response to the pandemic.

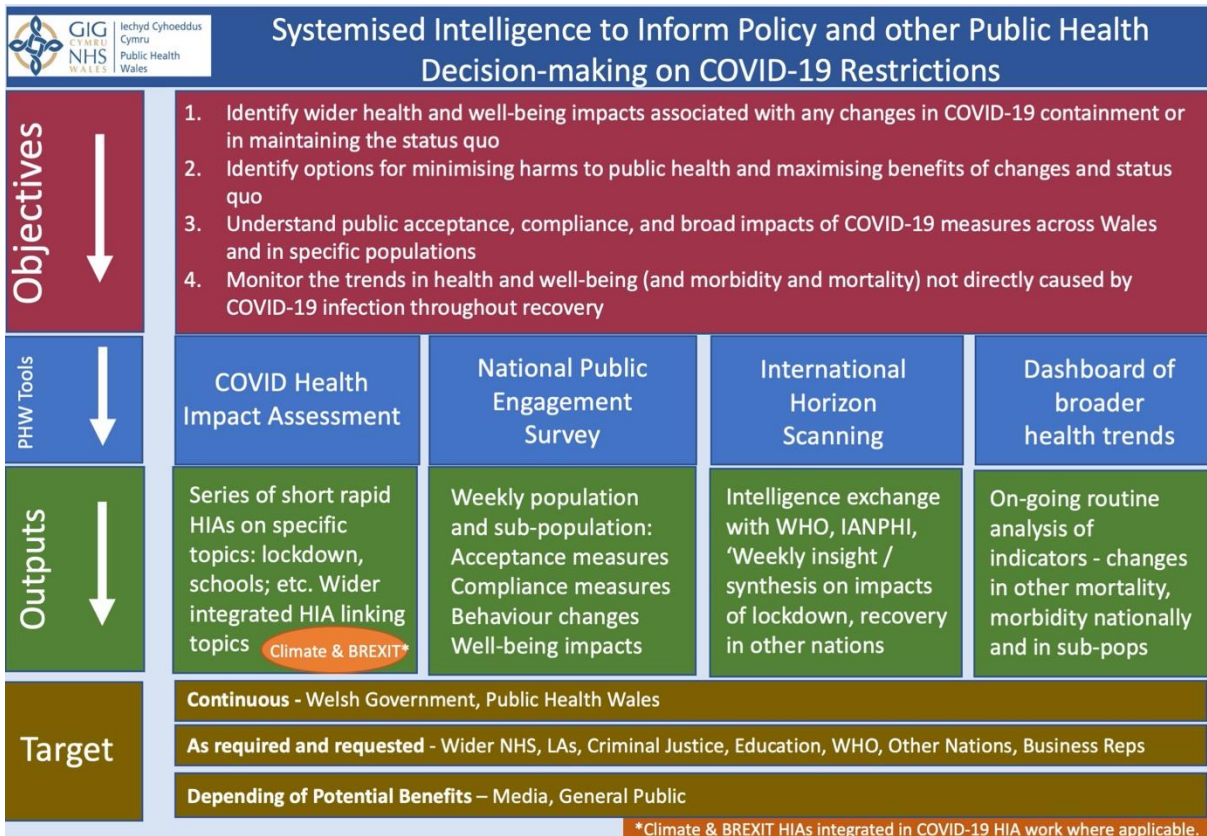
However, Public Health Wales recognises that responses to control the virus and related restrictions placed on the public can have negative impacts on aspects of population health and well-being. Consequently, it is critical that these are understood, monitored and, through decision-making processes, negative impacts are avoided or minimised wherever possible. Control measures developed, implemented, maintained or relaxed with due consideration to both their potential short and long-term benefits and harms are those most likely to best protect the broader well-being of all individuals and communities across Wales.

5.1 Impacts of COVID-19 on Broader Population Health

Consequently, Public Health Wales is taking forward a series of approaches to ensure that the impacts of the COVID-19 measures on broader population health are better understood, are considered in plans to control COVID-19 and that public acceptability and compliance can also be factored into planning for Public Health Wales, Welsh Government and other key stakeholders.

The four principle areas of work are (also summarised in the diagram below

1. *COVID Health Impact Assessment (HIA)*
 - a. A series of short HIAs, the first of which will be on Staying at Home and Social Distancing Policy in Wales and will be released in June 2020
2. *National Public Engagement Survey*
 - a. Published weekly and available on the Public Health Wales website.
3. *International Horizon Scanning*
 - a. Published weekly and available on the Public Health Wales website.
4. *Dashboard of broader health trends*
 - a. Health Intelligence are developing additional indicators of population health.



5.2 Help me Quit Service

Throughout the pandemic we have continued to support access to smoking cessation via Help me Quit in recognition of the COVID risk associated with smoking. However, we have seen a decline in professional referrals compared to the previous year although web self-referrals through the digital marketing are higher compared to the same period in the previous year. Health boards have also continued provision of their local service.

5.3 Non-COVID-19 Health Protection Activities

Our Health protection service continues to manage a number of incidents and cases (not associated with COVID-19) and provide normal AWARE cover. This work also includes the management of foodborne pathogens including Hepatitis A and E coli infections. The Environmental Health team has also been busy providing support to incidents including large fires at landfill sites as well as monitoring air quality linked to countryside fires.

5.4 Research and Evaluation

Research and Evaluation are essential to generate the evidence needed to inform and refine the public health response to COVID-19. The Research and Evaluation Division within Public Health Wales is leading, and supporting the wider expertise across the organisation, the delivery of a comprehensive research and evaluation programme which supports the COVID-19 response.

Current activities focus on generating the insights and evidence needed to inform timely action, whilst also considering the longer-term research programmes to better understand the direct and indirect impact of COVID-19 on health in Wales.

The Research and Evaluation Division are developing an evaluation plan focused on Public Health Wales' responsibilities within Welsh Government's *Test Trace Protect Strategy*. Analysis will specifically focus on equity of the approach and the value of digital solutions. The evaluation will help inform, support and identify areas where further action is needed in stage 2 of the Public Health Wales Implementation Plan. Further activity to capture innovation and evaluate the outcomes will be developed in Stage 3.

The planned development work to create the organisational recovery plan continues and the Board received an update on the 30 April 2020. A further update will be provided at its next meeting on the 28 June 2020. Further reference to the Recovery Plan is provided in the *Monitoring* section below.

6 Surge Capacity

The Public Health Protection Response Plan identifies significant additional resource requirements for the public health system and Public Health Wales.

Data on the exact resources required was included in the plan to Welsh Government and also as part of our Stage 1 Implementation Plan.

There are effectively two streams to resourcing the required need, which will be achieved through extension of the existing internal mobilisation of staff and external recruitment. In relation to internal mobilisation, our staff will continue to be critical in supporting our response and we will be mobilising those with the appropriate skills into roles within the National Health Protection Response Cell, the National Contact Centre, Regional Response Cells, Enhanced Surveillance and Laboratory Testing (Virology).

At this stage, all of the anticipated external recruitment that is required in response to the plan sits specifically within the Surveillance and Sampling and Testing work streams. Having secured 8.8 WTE posts through internal staff mobilisation, additional recruitment has been approved by GOLD. Discussions have taken place with Colleges, Universities, ex-service personnel networks etc. and it is hoped we will be successful with the level of recruitment required, recruitment will then be fast tracked. A dedicated Workforce workstream has been established as part of the programme board arrangements and Business Partners have been assigned to the various workstreams.

The people implications of recovery will be identified through the development of a detailed implementation plan. In particular, it is expected this will relate to the resource required to support the ongoing COVID-19 response, delivery of critical services and our statutory responsibilities. To ensure that we are able to continue to effectively respond to COVID-19, deliver our wider public health services and provide the necessary support to our staff, Public Health Wales will implement a range of people-focused measures. This will need to be balanced as we progress

into the recovery phase, ease the lockdown measures and see a resurgence of COVID-19 transmission.

We will also ensure that our organisational infrastructure is designed and operating effectively and in line with recent legislation on staff and patient safety.

7 Workforce Well-being

Protecting and supporting our workforce during the pandemic is an important part of our COVID-19 response, the scope of which also includes:

- supporting staff well-being through a range of resources
- temporary amendment of some workforce-related policies
- effective redeployment and mutual aid arrangements
- practical support and advice, e.g. home working.

It is critical that we have timely and accessible support for staff well-being. We are in unprecedented times that will affect us all differently. The resources we have developed/under development, largely follow the phased approach set out in the British Psychological Society (BPS) COVID-19 Staff Wellbeing Group's 'The Psychological Needs of Healthcare Staff As A Result of the Coronavirus Pandemic'.

Feedback and surveys supporting the well-being of our people balances the right resources at the right time and evaluating the impact as we move through the response. We plan to measure and review our approach including regular check-ins with staff to understand their awareness of the support available to them and its accessibility, how it meets their needs and how it might improve. At the end of April 2020, a staff survey was undertaken to capture feedback on communication, working practices, working environment and leadership.

Weekly informal meetings currently take place with recognised Trade Unions, as well as ad-hoc discussions on specific issues. Formal weekly Local Partnership Forum meetings take places on a weekly basis (since 27 April 2020).

Through the Diversity and Inclusion Manager, we are engaging with staff groups including our Carer's, Disability, Women's, LGBT+ and BAME networks. Network Chairs are being encouraged to check in with network members through Skype meetings.

We have released guidance for managers on keeping in touch with their teams and individuals. We are reviewing how data in ESR, alongside the principles of the Managing Attendance at Work policy, could and should be utilised to prompt particular contact. On 17 April 2020, a Manager's Toolkit was released covering an introduction to change, showing care and compassion (linking to HEIW/Kings Fund resources), a narrative to support the 'How are you doing?' resources, safeguarding and temporary changes to people policies.

Public Health Wales has staff who are qualified coaches and counsellors and discussions have taken place to determine how these skills might be deployed to help our people, taking account of professional Codes of Conduct and Ethics, utilising and signposting to expert support services; and maintaining staff confidentiality and respect at all times. After an initial discussion, we have

established a small pool of both. We are now developing a framework of additional phased support to complement our existing wellbeing offering.

Externally, Care First (self-referral) and Occupational Health counselling is available to staff where required and is included in staff guidance.

Additional resources (available to all staff) include:

- Wellbeing Matters toolkits
- Care First (employee assistance programme)
- Velindre Mindfulness App
- SilverCloud online Cognitive Behavioural therapy, through a partnership with Powys Teaching Health Board
- Health for Health Professionals

A number of workforce policies have been adjusted temporarily to support the response to COVID-19. Some of these are the result of national agreement following new legislation others are on an all-Wales basis and some are local to Public Health Wales.

Work is underway to establish an absence dashboard that will enable analysis on all COVID-19 related absence and the identification of trends, including the estimated cost of absence.

On the 30 March 2020, we launched a single point of contact for any telephone or online queries (People Support+). To date, email volumes currently average approximately 50 per day and telephone calls 3 per day.

The Test Trace Protect Strategy has significant workforce implications for us and it is essential we continue to model the various options to ensure we have the right people in the right place, at the right time, with the right skills. It is clear that some of the current working arrangements are not sustainable in the medium to long term, through resources being diverted e.g. screening staff delivering testing. We will be working through the various workforce planning assumptions and utilise the additional workforce data we have captured, to enable agility and our ability to deploy resources effectively to priority areas as we experience surge and troughs over the coming weeks and months.

It is recognised that our organisational culture and employee experience will have changed during this pandemic, that will impact upon our narrative on what working together really means (beyond typical team working) and examples of trust through flexible working and altering policies. As part of our internal organisational recovery plan 'to effectively respond to future public health challenges, reactivate our services in a planned way and provide the necessary support to our staff': we will look specifically at recognition, wellbeing, workforce planning, annual leave, repatriation, recruitment and absence. In the short term, our priority areas will require investment of resources in areas such as mental health to support effective repatriation and review of our workforce plans for reactivating services. Similarly, medium/longer term, it is already predicted society will not want to go back to how things were. People may want more flexible working permanently, the climate agenda will be elevated, people will re-evaluate what is important and we will need to reflect that in our Employee Value

Proposition and ways of working. Our People Strategy 2020-2030, which has organisation wide contributions will need to be reviewed in light of the pandemic.

8 Primary Care

We have been offering COVID-19 related support to primary care, such as setting up green and red zones. We have been a core member of the Welsh Government's Primary and Community Care COVID-19 sub-group that has been meeting twice weekly. This has included engaging through the group for public health input into primary care in relation to care homes and other primary care work, providing ongoing Dental Public Health advice/support to the Welsh Government to develop and deliver the dental COVID-19 plan for Wales. It has also involved maintaining a dedicated COVID-19 area on the primary care one website on behalf of the all-Wales Assistant Medical Directors and sending out a weekly newsletter to all website registered professionals across Wales.

The local public health teams will also have been actively supporting their Primary Care Departments with the establishment of the field hospitals, testing centres and the general primary care response to COVID-19 within their health board footprint.

We have also maintained core primary care work and progressing the £120k tender to develop a national evaluation framework for the primary care model for Wales. Providing oversight and coordinated delivery and evaluation of the £3.2 Pacesetter programme across Wales, finalising the analysis of the primary care cluster plans across Wales and producing health board level reports have also continued.

Moving forward, we are responding to requests from the Welsh Government to pick up the work on the dental contract and will be supporting work on immunisations, inequalities, new ways of working and contract reform (subject to agreement from Gold and COVID-19 demands).

9 Social Care Interface

In March 2020, as the response to the pandemic moved to the mitigation phase, our GOLD group received and approved arrangements for the focus of the organisation's operational response for the next phase. The arrangements set out four key priority areas for action, one of which was an agreed focus on Enclosed Settings including Residential Care Homes, hostels and prisons.

Public Health Wales and local authorities receive statutory notifications of infectious diseases and, as part of the Health Protection function, provide specialist advice to incidents and outbreaks in Enclosed Settings, as part of multi-agency response. Through the notifiable disease system, we became aware of incidents (of both confirmed COVID-19 and undiagnosed respiratory infections) in care homes in multiple areas of Wales. People living in care homes and other similar residential settings are amongst the most vulnerable in relation to COVID-19 infection, with many relying on close personal care. In addition, these and other enclosed settings (such as hostels) represented cohorts of exposed individuals who act as potential point sources for onward infection spread into their local

communities. Given the social distancing rules imposed on the rest of the population, enclosed settings represented the highest community risks for deaths and community transmission.

Targeted prompt public health advice, testing and contact tracing as a priority in these settings were the most effective control measures that could be implemented and maximise efficient use of our limited resource and protect the wider healthcare system.

An Enclosed Settings team was established within the wider health protection response on the 25 March 2020, and this became fully operational at the end of March 2020.

From the outset the volume and intensity of the work of the team has been very high. This has meant that working practices have needed to be developed and implemented at pace and there has been limited opportunity to plan or review in depth. The team has also needed to react rapidly to changes in policy or guidance that have been communicated with short or no notice. These circumstances have presented significant challenges.

The effective operation of the team involved a range of functions and tasks, which have also evolved over time. Whilst a range of settings have been supported, the vast majority of support activity has been provided to Residential Care Home settings.

The transition to the next phase of the response will require new arrangements which will see a level of general specialist health protection advice continue at national level, through the National Contact Centre and the National Health Protection Response Cell, and also with support from us at a regional level to the regions. With contact tracing now commenced, it is planned that the management of the majority of Care Home incidents will be undertaken at the Regional Tier level, by health boards/LAs with specialist health protection support provided to each region by us through revised arrangements. Discussions are currently taking place with all regions as part of this managed handover to ensure a safe reframing of roles and responsibilities in supporting enclosed settings and particularly care homes.

10 Communication

Working with the Welsh Government, we have been leading the communications in response to the pandemic to provide key public health information on COVID-19 in a timely manner to protect the health of the people of Wales. We have done this by publishing daily statements on our website and directing people to them from our social media channels. We have adapted materials received from the UK government to ensure consistent messages but that they are bilingual and are specific for a Welsh audience.

We have been actively liaising with key partners to help get our messages out to those groups who are harder to reach including older and vulnerable people. We have built up a robust and comprehensive list of stakeholders and send daily

updates to Directors of Public Health, Heads of Communications for the Health Boards, Port Health Authorities, and Local Resilience Forums and Media Cell leads.

On a weekly basis we provide a round up including key guidance, messages, materials that can be shared with local government communication leads and local public health teams. We have also sent these updates to third sector communication leads, initially targeting organisations supporting individuals at heightened risk from COVID-19, but continually reviewed and expanded to include additional focus on BAME, Gypsy Roma Traveller representatives, digitally excluded communities and the deaf community. We also contact our stakeholders on an ad hoc basis when we have major announcements to communicate.

We have actively engaged with the media, especially at the start of the pandemic, to ensure key public health messages are tailored for a Welsh audience. We have worked with the media to show how Public Health Wales is responding to the pandemic by providing filming access to our laboratories and contact centres, helping share key messages.

11 Monitoring Arrangements

We continue to maintain our governance standards and the variations to standing orders agreed by the Board since March 2020. Monthly Board meetings are currently being held and this arrangement is likely to remain in place until at least September 2020. In addition to formal Board meetings, the Board has been receiving weekly update meetings since March, which will move to fortnightly during June 2020.

Our Quality Safety and Improvement Committee (QSIC) and our Audit and Corporate Governance Committee (ACGC) remain active and there are frequent meetings in place between the Chair of the Board and the Chairs of these two Committees. The QSIC meeting is moving to eight weekly (as opposed to quarterly). The ACGC will be doing the same and scheduling will be arranged so that there is one committee held per month. This is in line with the Welsh Government guidance.

All members of the Board receive the weekly Sampling and Testing SitRep in addition to frequent electronic communication providing relevant updates.

The governance and management of the incident, and organisation, has gone through a series of managed transitions over the course of the pandemic. The first Incident Management Team took place in early February and the first Gold group, together with Silver group, was established in the last week of February. Since February, a lead Strategic Director, supported by two additional Strategic Directors (all of whom are Executive Board members), has overseen the incident together with three Incident Directors. The Strategic Directors and the Chief Executive have been working closely as a Strategic Officers Group since February, all of whom are in the Gold group.

Given that the organisation's key priority rapidly became COVID-19, additional members of the Executive Team have taken portfolio leads on specific

workstreams and have also been active members of Gold. The Executive Team has connected weekly over the course of the pandemic with additional corporate responsibilities added to the terms of reference in Gold given the expansive dominance of COVID-19 across the organisation - at which point the Chief Executive took over the chairing of the Gold group. From June, and moving into the recovery phase, the formal Business Executive Team is being reconvened with the increasing focus on receiving assurance from Gold in relation to the response to the incident, focusing on the wider population health impact and interventions, the internal organisational recovery and reactivation of non-COVID-19 services and the well-being of staff.

Our Test Trace Protect Implementation Plan (Stage 1) sets out our specific role and responsibility in implement the Welsh Government Strategy. Our Implementation Plan is in 3 Stages; Stage 1 runs until the 7 June 2020, Stage 2 from June to the end of August 2020 and Stage 3 for the remainder of 2020. The Stage 1 Plan development was overseen by the Gold group since 7 May 2020 when the programme approach was agreed. The plan focuses on the following work streams:

- Contact tracing and case management
- Sampling and testing
- Surveillance
- Communications and engagement
- Digital
- People
- International learning and intelligence
- Research and evaluation
- Quality, safety, information governance and risk
- Finance and supply chain.

A weekly Delivery Confidence Assessment is produced which is reviewed at Gold group and shared with the Board. A change control procedure is in operation across the programme with risk management embedded at all levels, including a work stream that will provide additional advice and guidance. Risk logs are maintained and managed and a process for effective issues management has been developed for use by the planning leads in each work stream. The Welsh Government was sent a copy of the Stage 1 Plan in May 2020.

The internal organisational Recovery Plan is currently being developed and will be presented to the Gold group on the 4 June 2020. This will run in parallel with supporting where necessary, our ongoing response programme, which is likely to run until at least the end of 2020.

In developing our proposed approach to organisational recovery, we have developed a small number of key principles. These will shape and inform the strategic approach that we take. They will also be used to develop our key communications messages to staff on recovery.

They include:

- placing the health and wellbeing of staff at the heart of our recovery work, by providing them with the right help and support
- embracing agile ways of working, including staff continuing to work from home over the coming months, as we reactivate our services
- reactivating our services in a planned and phased way informed by policy, evidence and based on clear feasibility assessments and plans
- ensuring that our estate and infrastructure is configured to support effective service delivery and is in line with current legislation.

12 Finance

The financial analysis of the Public Health Wales implementation plan has been completed and shows the overall costs of the programme as £155m for 2020/21. The current funding gap is £147m. The assumption is that Welsh Government will fund the cost of the current testing strategy, which totals £144m (the substantial cost being comprised of chemical reagents and testing kits), and therefore the current contribution assumed from Public Health Wales budgets is £3.3m.

As part of our financial plans for 2020/21, it has been agreed that pay underspends, a number of non-pay budgets and the internal organisational investment fund will be held centrally to contribute to the additional costs incurred as a result of COVID-19.

Total spend on COVID-19 for month 1 is £1.330m of which £0.320m has been met from within Public Health Wales centrally held budgets. £130k from pay underspends and £190k from non-pay reductions in spend (£75k release of budget associated with the Public Health Wales Conference to contribute to the COVID-19 media campaign and £115k of Public Health Wales Investment slippage), leaving £1.010m of additional income required from Welsh Government.