 GIG CYMRU NHS WALES	Iechyd Cyhoeddus Cymru Public Health Wales	Name of Meeting Board Date of Meeting Thursday 28 May 2020 Agenda item: 4.2.280520
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Public Health Wales Implementation Plan	
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Approval/Scrutiny route:	Executive Lead

Purpose The purpose of this paper is to present for approval the implementation arrangements for <i>Test Trace Protect</i> which is the Welsh Government's strategy for the next phase of the pandemic response. The Implementation Plan for Stage 1 provides a detailed view of the organisation's planned contribution to the strategy. As the plan is in progress, the paper includes a summary of progress and also a key deliverable identified within the plan: the COVID-19 Case Finding and Contact Tracing Operating Framework

Recommendation:				
APPROVE <input checked="" type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
The Board is asked to approve the Implementation Plan and note the progress, including the production of the COVID-19 Case Finding and Contact Tracing Operating Framework				

Link to Public Health Wales [Strategic Plan](#)

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to the following:

Strategic Priority/Well-being Objective	5 - Protecting the public from infection and environmental threats to health
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Summary impact analysis

Equality and Health Impact Assessment	The impact of the pandemic is being addressed in the Plan and the details can be found on page 30
Risk and Assurance	<p>The response to the pandemic is a key component of the organisation's risk and assurance processes. This initial plan and the underpinning programme arrangements will strengthen the approach to risk management and provide additional assurance on the nature and scope of PHW involvement in the pandemic response.</p> <p>A Quality, Safety, Information Governance and Risk Workstream has been established and will be involved in providing oversight and guidance to workstreams. Risk will be included in the regular reports from the nine workstreams in the programme.</p>
Health and Care Standards	The Implementation Plan is the first stage of Public Health Wales' contribution to Test Trace Protect which is the Government's response to the next phase of the pandemic.
Financial implications	Financial implications are included in the Plan on page 35
People implications	Workforce implications are set out in Plan on page 25

1. Purpose / situation

The purpose of this paper is to present for approval the implementation arrangements for *Test Trace Protect* which is the Welsh Government's strategy for the next phase of the pandemic response. The Implementation Plan for Stage 1 provides a detailed view of the organisation's planned contribution to the strategy. As the plan is in progress, the paper includes a summary of progress and also a key deliverable identified within the plan: the COVID-19 Case Finding and Contact Tracing Operating Framework

2. Background

In response to the Framework for Recovery published by the First Minister on 28 April, Public Health Wales produced detailed advice in the Public Health Protection Response (PHPR) Plan. On 13 May Welsh Government issued *Test Trace Protect* a strategy aiming to: enhance health surveillance in the community; undertake effective and extensive contact tracing; and also to support people to self-isolate where required to do so.¹

Alongside this, Public Health Wales established a programme to support the on-going response to the pandemic. Steered closely by Gold, the programme structure and controls were put in place and it was agreed that the first stage – to 8 June – was the priority for detailed planning.

3. Implementation Arrangements

The attached Implementation Plan is the first stage of Public Health Wales's contribution to *Test Trace Protect*. It describes the organisational structure, detailed product-based plans and programme controls required for a programme that will continue throughout 2020. Nine workstreams have been established and they produced detailed plans that have been subject to review by Gold between 7-19 May. The Implementation Plan was sent to the *Test Trace Protect* Public Protection Strategic Oversight Group on 20 May

The Implementation Plan is at **Appendix A** and the organisational structure can be found on page 40. Four workstreams provide the public health response: contact tracing, sampling and testing, surveillance, communications and engagement. Five supporting workstreams provide cross-cutting, enabling support: finance and supply chain; people; digital; relationships; and quality, safety, information governance and risk.

¹ the PHPR Plan was provided to Welsh Government on 4 May and published on 22 May 2020

4. Progress in Stage 1

The Implementation Plan has around 70 products which the programme needs to deliver by the end of the stage. Some products feed in to other programmes, for example, NWIS is leading on the development and supply of the NHS Contact Tracing System which is planned to go live on 8 June. Public Health Wales' relationship with this system is that of a supplier to the NWIS programme.

Delivery Confidence Assessment

Each workstream produces a situation report on a weekly basis. From these the programme team produces for Gold a Delivery Confidence Assessment (DCA). This is a technique that assesses the likelihood of delivery against the programme's strategic goals. The last two DCAs presented to Gold have assessed the position as amber. This means that successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and, if addressed promptly, should not present a cost/schedule overrun.

The remainder of this important stage continues to be monitored closely at all levels in the Public Health Wales pandemic response arrangements.

5. Key Products

Workstreams have completed a number of key milestones within the implementation plan, including:

- development of a suite of key products such as: operational flows and responsibilities between tiers, call handling scripts and agreement on the workforce model for the provision of health protection advice
- agreement across the system, for the delivery model for health protection advice/outbreak management and response in enclosed settings
- agreement of external algorithms with key partners for the National Contact Centre
- addressing issues around procurement for sampling supply chain
- reviewing and updating training needs and plans, which will commence delivery on 27 May 2020
- publication of the PHPR Plan and proposals for the next phase of external and internal engagement
- risk and information governance tools to support workstreams

Of particular note is the completion of the COVID-19 Case Finding and Contact Tracing Operating Framework which was published on 20 May following consultation with partners. It was developed following a review of the operational plans from the seven local/regional response cells. The review found that the local/regional plans provided a solid foundation for contact tracing going forward.

The Operating Framework provides detailed information on roles and responsibilities within the contact tracing process and is included as a companion document at **Appendix B**

6. Feedback on the Plan and Stage 2 Arrangements

The Implementation Plan has benefitted from input from experts in the nine workstreams and those also involved in the emergency planning response groups. Feedback was received from the Board and the comments have been included in discussions with workstream planning leads who are working on Stage 2.

The next stage of the implementation is expected to cover June to August. Arrangements are in hand across all workstreams to develop and strengthen plans. Alongside key products for delivery, a key focus will be to continue to develop further assurance on the feasibility of the plan in terms of financial and workforce resources. It will also seek to embed consistent risk management, ensuring connectivity with the organisation's risk management processes, as well as strengthening quality improvement processes within plans. A Response and Recovery Dashboard is under development to support performance monitoring at all levels.

7. Organisation Recovery Programme

Alongside the response to the pandemic, work has been underway to establish a recovery programme that will enable the organisation to meet the requirements of the response; safely re-introduce essential services; meet our statutory functions; and capitalise on new ways of working that have emerged during the pandemic.

8. Well-being of Future Generations (Wales) Act 2015



The Implementation Plan is the first stage of Test Trace Protect – the Government's response the second phase of the pandemic. The establishment of a structured programme

moves the Public Health Wales emergency response into a longer term planning horizon.



The Implementation Plan is part of the organisation's pandemic response which seeks to prevent harm to the population.



The Implementation Plan forms part of a system-wide programmatic approach to the pandemic.



The Implementation Plan describes how Public Health Wales is collaborating across the system and with new partners.



The Implementation Plan has established a workstream to strengthen relationships with stakeholders and the public.

9. Recommendation

The Board is asked to **approve** the Implementation Plan and note the progress, including the production of the COVID-19 Case Finding and Contact Tracing Operating Framework.

Public Health Wales' Test Trace Protect Implementation Plan Stage 1

Prepared by



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Public Health Wales' Test Trace Protect

Implementation Plan Stage 1

1 Introduction

This plan sets out how Public Health Wales will meet the requirements of the Welsh Government's *Test Trace Protect strategy* published on the 13 May 2020. The plan has been informed by the *Public Health Protection Response Plan* that was advice commissioned from Public Health Wales by the Chief Medical Officer for Wales.

Public Health Wales has established an internal programme to implement its contribution to what is expected to be a programme that connects national and local levels in a co-ordinated pandemic response for the remainder of 2020.

This Plan outlines the specific role and responsibility that Public Health Wales has in implementing the *Test Trace Protect strategy*. In developing this plan, Public Health Wales has received and considered the operational plans for each regional area that have been developed by health boards, local authorities and other partners. These plans have provided valuable insight into the regional and local arrangements being developed and have informed our Implementation Plan.

This Implementation Plan represents the first stage as we move into recovery and is front-ended up until the 7 June 2020. Stage 2, the three-month period from June until the end of August 2020, together with a high level plan for the remainder of 2020, will be concluded by the 4 June 2020.

The development path of the Stage 1 plan has been overseen by Gold since the 7 May when the programme approach was agreed. This final version has been approved by Gold, subject to ratification by the Public Health Wales Board on the 28 May.

At this stage planning has focused on products and activities to the 7 June 2020 and focuses on the following areas:

- ❖ 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.

Arrangements for how the stage will be controlled and reporting arrangements are included in this plan on page 34. Nine workstreams have been established and several have created sub groups. The organisational structure of the programme and the roles and responsibilities within the workstreams can be found at **Appendix A**.

2 CONTACT TRACING

On the 13 May 2020, Welsh Government published the *Test Trace Protect strategy*. The strategy outlines that it is to enhance health surveillance in the community, undertake effective and extensive contact tracing and support people to self-isolate where required to do so, as we move into the Recovery phase. It states that *Public Health Wales will provide national co-ordination, expert advice and support on contact tracing methods and priorities, which will ensure that we have robust all Wales standards and comprehensive guidance for how contact tracing should operate*.

Test Trace Protect also identifies the NHS Wales Informatics Service (NWIS) as being responsible for ensuring there is a single digital platform for contact tracing across Wales. Thereby allowing people to simply and quickly report their contacts. This will help contact tracing teams to operate effectively and supply real time intelligence for surveillance purposes. Proximity tracking will feature in the form of a UK-wide digital app. In terms of timescales, *Test Trace Protect* refers to the immediate trialing of contact tracing with rapid scaling up. The expectation being that contact tracing will be a significant feature of the pandemic response going forward.

Contact tracing is to be delivered through regional arrangements with local teams being deployed through Health Boards and Local Authority partnerships. Public Health Wales has received and considered the operational plans for each response area. These plans provided valuable insight into the local arrangements being developed and have informed our approach and specifically the development of the Public Health Wales *COVID-19 Case Finding and Contact Tracing: Operating Framework* that will support the regional/local arrangements.

2.1 Workstream aims and scope

Public Health Wales is involved in contact tracing as a **supplier** of products to other programmes, namely:

- ❖ the NHS Wales Contact Tracing System project is led by NWIS and the contribution from Public Health Wales is in providing advice on contract tracing, e-learning packages and work flows
- ❖ the National Dashboard with real time information is part of the above NWIS project and is a database providing an overview of the effectiveness of contact tracing/case management across Wales
- ❖ workforce materials to support the regional and local arrangements that deploy contact tracing teams.

To fulfil the national role in *Test Trace Protect*, Public Health Wales is **responsible** for establishing:

- ❖ an operating framework for contact tracing that enables specialist Public Health Protection advice and support to be available and accessible to the regional level
- ❖ contingency arrangements for limited contact tracing case management in advance of the NHS Wales Contact Tracing System expected to be operational on the 8 June
- ❖ the process to establish an evaluation framework for contract tracing case management across Wales. This includes, capturing learning to date and a real time evaluation of the case and contact tracing model. Further detail is outlined in the 'Research and Evaluation' section of this report

- ❖ a national Health Protection Response Cell and a national Contact Centre to process self-reporting and provide a general enquiries service – the indicative composition of which is set out below:

Structure		Workforce Requirements		
	Role (wte)	Low Call Volume	Med Call Volume	High Call Volume
NON COVID	Admin Aware	3	4	6
	HPNP AWARE	3	3	4
	CCDC AWARE	1	1	1
	NON AWARE projects *	x	x	x
COVID National Cell Specialist advice to regional teams, enhanced support for highly complex enclosed settings clusters, <i>specialist</i> support to call centre	Admin	2	4	6
	Consultants in Communicable Disease Control/HP consultant specialist	7 required, 7 in post (no opportunity for low, med, high volume)		
	Consultant in Public Health	10 dedicated named individuals for consistent input to regional support (7 named deputies for regional cell support and plus 3 for cross cover and resilience) <i>Drawn from previous enclosed settings cell</i>		
	Health Protection Nurses	7 <i>Drawn from existing HP team</i>		
	Nurse/Prac support role	11 <i>need to mobilised from elsewhere eg previous enclosed settings cell call advisor+</i>		
National Call Centre Supporting public self-reported possible case call handling Supporting public self-reported possible case call handling national point of contact for enquiries	Call Centre Manager (TIMS)	2.6	2.6	2.6
	COVID consultant of the day	1	1	1
	Supervisor Call Advisor	2.6	2.6	5.2
	Call Advisors	10.4	15.6	31.3
	Supervisor Call Taker	2.6	2.6	5.2
	Call Taker	10.4	15.6	31.3

* requirements under review

Contact Tracing Stage 1 Plan

The workstream has considered a broad range of risks and has made a large number of relevant assumptions (available in the workstream brief). The following table sets out what the workstream considers to be a viable schedule:

Contact Tracing Case Management	w/c 11 May	w/c 18 May	w/c 25 May	June
Digital Solution – (NWIS lead)				
Configuration and Build of minimum viable product: Public Health Wales elements signed off by IMT and sent to NWIS	15 May			
Public Health Wales involvement in finalising specification for minimum viable product within NWIS programme		20 May		
Public Health Wales contribution to testing strategy		18 May		
Prototype demonstration to Public Health Wales (MS Dynamics)		18 May		
Public Health Wales involvement in preparing for User Acceptance testing from 28 May			28 May	
Public Health Wales and Local Authority complete User Acceptance testing				3 June
Training				
Involvement in agreeing Training Strategy led by NWIS		21 May		
Preparing contributions for e-learning training pack (part 1) led by NWIS; testing and signed off	15 May			
Preparing contributions for e-learning training pack (part 2), tested and signed off		To be planned		
Involvement in 'train the trainer' activities				2-3 June
Involvement in end user training (call handlers)				4-5 June
Go Live				8 June
National Health Protection Cell				
Agreed structure and operating model of CCDC/Specialist HP Cell across the 3 tiers		20 May		

Contact Tracing Case Management	w/c 11 May	w/c 18 May	w/c 25 May	June
Escalation framework to support outbreak management and work flow from Local-Regional-National teams			25 May	
SOP for CCDC/Specialist HP support to regional tiers			25 May	
Table top exercise to run through SOP and escalation framework with 7 regional leads and national cell			29 MAY	
Escalation Frameworks and SOPs for Health Protection Cell and interface with Regions signed off				1 June
National Contact Centre				
Operating Guidance updated/produced	15 May			
Algorithms agreed	15 May			
Call Scripts agreed and signed off	15 May			
SOPs agreed and signed off	15 May			
Document storage	15 May			
Infrastructure resolved		20 May		
Communications and reporting	15 May			
Workforce: viable rotas, trained staff, staff welfare	15 May			
Contingency Plans				
Public Health Wales contribution to development of contingency plans	18 May			
Process for call handler scripts drafted / tested/ QA /Sign off	Tbc			
Evaluation				
Rapid evaluation of early Covid-19 contact tracing cell		22 May		
Rapid evaluation of enclosed setting cell			31 May	
Evaluation of case contact system				June onwards

2.2 Contact Tracing Risks

The key risks associated with the contact tracing activities in Stage 1 are:

- ❖ failure to provide clarity on the financial support to deliver the digital solution and the workforce capacity for contract tracing and case management across Wales (Welsh Government)
- ❖ failure of the commercial supplier to deliver an operable electronic contact tracing case management system within the agreed timeframes
- ❖ failure to successfully deploy and maintain the digital solution in Wales
- ❖ failure of Public Health Wales, Local Authorities and Local Health Boards to mobilise, secure, train and sustain the workforce required to deliver the three tier model for the duration of the operating period
- ❖ Welsh Government will lift the lockdown restrictions before the full contact tracing case management system is mobilised across Wales which will compromise the synchronized delivery of the system and result in system failure to manage local outbreaks
- ❖ the workforce and digital model is not sufficiently robust to be operational for over 12 months and to flex to respond to future challenges.

3 SAMPLING AND TESTING

Since the outset of the pandemic, Public Health Wales has been building capacity for COVID-19 testing in Wales and supporting the capacity building for sampling centres and web-based sampling. This activity continues to be an essential workstream as we move into the recovery phase.

Test Trace Protect expects:

- ❖ **easy and rapid access** to testing, so that everyone who needs a test can get one – this could be through a mass testing centre, community testing unit, mobile testing unit or via home delivery (for a self-administered test)
- ❖ a **continued increase in testing** – between 10-20,000 a day – this means drawing on the UK-led test programme
- ❖ the need to **develop and scale up antibody testing**.

Welsh Government have agreed that Wales will use UK web-based solution (front end) for keyworkers to book tests; home delivery and return process for keyworkers; and population cohorts (to access tests and results notification process).

A key aspect that requires a clear strategy and policy direction as we move towards and into the Recovery phase is the approach to antigen and antibody testing for the purpose of Test Trace Protect. Public Health Wales will support the Welsh Government in determining this model.

The scope of the Sampling and Testing Workstream is as follows:

- ❖ supporting health boards to increase sampling capacity for antigen and antibody across NHS Wales to meet the requirements of the Welsh Government testing plan
- ❖ increasing the testing capacity in Public Health Wales laboratories and access additional capacity from across the UK
- ❖ working with Welsh Government and health boards (managing sampling centres) to create a simple end-to-end referral and results process for Wales
- ❖ working with Welsh Government, health boards and local resilience forum (LRF) partners to help them to maximise the sampling capacity in Coronavirus Testing Units (CTUs), Population Sampling Centres (PSCs) and mobile testing units (MTUs) and any additional capacity that may be required.

3.1 Sampling and Testing Key Deliverables

Referrals	w/c 18 May	w/c 25 May	June
UK Government (UKG) keyworker portal introducing access to home test kit	18 May		
UKG introduction of online portal for care homes	22 May		
UKG portal introduction of public access to home test kit	22 May		
UKG portal introduction of online booking slots for CTUs, PSCs and MTUs		31 May	

Referrals	w/c 18 May	w/c 25 May	June
Sampling – ordering process			
Review of current mobile testing model and activity regarding MTUs		31 May	
Subject to UK/ Welsh Government decisions, a plan for antibody sampling from June 2020		31 May	
Testing – subject to <i>indicative</i> trajectories (these may be subject to change)			
Co-ordination of sampling/testing and demand/ capacity			
Increased antigen tests to 5,000/day	18 May		
Increased antigen tests 10,000/day		31 May	
Increased antigen tests 15,000 /day			End June
Test Delivery		31 May	
Antibody tests subject to Welsh Government decision on business case for new lab	22 May		
Workforce model for new COVID lab agreed		26 May	
Contingency plan developed in case new COVID lab business case is not approved			12 June
Stand up of new COVID lab and workforce model for existing labs implemented			w/c 22 June
Results Delivery			
Dependent on the adoption of the UK booking system, we are working on a temporary solution to standardise the text results process for all key workers		31 May	
To ensure the safe transition of the results process to Health Boards, we will undertake an historical review of cumulative results for assurance purposes		31 May	
Scale up plan for results notification in readiness for mass population antigen and antibody testing (from June 2020)	Dependent on Welsh Government strategy		
A process ensuring results data feeds into the contact tracing solution			w/c 8 June

3.2 Sampling and Testing Risks

The following are considered to be the key risks to the successful implementation of the sampling and testing workstream:

- ❖ global demand for testing resources during the pandemic has put significant strain on traditional supply chains. There is continuing uncertainty about both availability and delivery timelines for equipment, reagents and test kits
- ❖ unless the business case for the new Covid laboratory at Imperial Park is approved, our existing estate will not be able to accommodate the new analysers and our ability to increase capacity of current and future tests will be limited
- ❖ Wales has joined the UK online booking portal. Work is progressing between UKG DHSC, NWIS and NHSX on establishing seamless links between the National Pathology Exchange (NPEX) and Welsh Laboratory Information Management System (LIMS). There is a delay owing to discussions around the Wales requirement for the system to generate an electronic test request (ETR). This needs to be solved urgently.

4 SURVEILLANCE

4.1 Workstream focus

Test, Trace and Protect is focussed on “enhancing our public health surveillance and response system to enable us to prevent infection and track the virus”.

The role of Public Health Wales is described as “health surveillance and providing expert health protection advice and analysis of the spread of the virus in our communities through a range of health surveillance indicators”.

Accordingly, the focus of the Surveillance Workstream is to transform existing surveillance processes so that the intensity, spread and severity of COVID-19 in the population can be modelled and tracked, including between different areas, communities and sectors. The new surveillance system will estimate the burden of disease more accurately, provide key indicators to inform action and measure the effectiveness of public health interventions.

The new system will draw upon a wider range of active and passive surveillance data to produce on-line dashboards, inform and assess policy and provide further epidemiological analysis of the outbreak. This enhanced surveillance will be essential to prevent the spread of infection, monitor the impact of the lifting of social restrictions and support the NHS in resuming normal services whilst delivering COVID-19 related care.

Public Health Wales is now actively developing this surveillance system in close co-ordination with the Welsh Government’s Technical Advisory Cell (TAC), including providing advice on the development and utility of R and other indicators, and use of models to predict the outcome of specific interventions.

The COVID Surveillance system being established will have the following components:

- a) Sensitive surveillance to describe the pattern of infection and to identify clusters, outbreaks and geographic spread.
- b) Monitoring the rate of transmission by area in real time using modelling (for impact of control measures)
- c) Surveillance and analysis for risk groups for death and poor outcomes
- d) Serological surveillance and the identification of immune individuals
- e) Monitoring the impact on the health and social care system (through hospital, community outbreak and occupational health elements)

A wide range of skills across different partners in Wales will be required to do this at scale. Additional skills and infrastructure are being sourced both within Public Health Wales and through harnessing the resources of our key partners in the NHS, universities and other sectors.

4.2 Workstream delivery

Public Health Wales has established population surveillance processes which were enhanced in response to the early challenges posed by the pandemic. This improvement journey will accelerate under this workstream through the following approach:

- ❖ Phase 1 of this workstream (up to the 31st May 2020) will deliver:
 - Improved indicators and modelling
 - More active GP and hospital surveillance

- More passive community surveillance (using data from community testing, ambulance)
- Rapid mortality monitoring
- Surveillance of impact on health and social care services (patients, workforce, outbreaks)
- Main digital requirements specified
- All immediate workforce requirements identified
- ❖ Phase 2 (from the 1 June to the 15 June) will deliver:
 - Surveillance from new data sources (e.g. from expanded testing)
 - Epidemiological outputs and analysis
 - Development and testing of new Serosurveillance systems
 - Development of genomic sequencing (subject to lighthouse testing issues)
 - Further improvements in community, sectoral and outbreak surveillance
 - Additional workforce (data science, epidemiology)

The full set of deliverables required to deliver the Workstream objectives are set out below against each priority.

Priority Aims	Success factors
a) Sensitive surveillance	<ul style="list-style-type: none"> ❖ More rapid and resilient community virological surveillance ❖ Information disseminated for urgent/ specialist public health protection action in the community and in closed settings ❖ Specialist analysis delivered to improve epidemiological understanding
b) Monitoring the rate of transmission	<ul style="list-style-type: none"> ❖ Modelling approaches developed to use surveillance data from community, hospital and care home settings ❖ Routine estimation of epidemic growth rates and reproductive numbers, using setting specific data where possible.
c) Surveillance and analysis	<ul style="list-style-type: none"> ❖ Rapid mortality monitoring for community, care home, hospitals ❖ Detailed mortality surveillance and analysis using ONS data ❖ Rapid, specialist analysis improving epidemiological understanding of COVID-19 and its impact.
d) Serological (immunity) surveillance	<ul style="list-style-type: none"> ❖ Serosurveillance in place for: NHS Health Care Workers, pregnant women, wider population ❖ Genomic sequencing strategy to detect changes in SARS-CoV and link to epidemiological data.
e) Monitoring the impact on the health and social care system	<ul style="list-style-type: none"> ❖ SARI and ICU surveillances implemented in hospitals ❖ In depth epidemiological investigations specified and delivered ❖ Improved outbreak surveillance (particularly in care homes)
f) Establishing an enabling support structure	❖ Physical and digital infrastructure requirements in place
	❖ Specialist surveillance inputs to new operating model for COVID Surveillance Cell (led by Welsh Government)
	❖ Data and reporting requirements mandated, developed and agreed with partners and in operation
	❖ Additional skills and workforce identified and in place
	❖ Resources estimated and secured from Public Health Wales and other partners

4.3 Product Schedule

This workstream has a comprehensive plan which includes the development path of its priority areas to July. Immediate work going forward will be to set out more clearly the expectations of this centre. Information on progress for ongoing work is included below:

SURVEILLANCE	w/c 18 May	w/c 25 May	June 2020
PRIORITY 1: Sensitive surveillance to describe the pattern of infection and to identify clusters, outbreaks and geographic spread			
Modernise and expand in hours sentinel GP virological surveillance		✓	
Out of Hours Sentinel GP surveillance rolled out		29/5/20 - Agreement with sentinel OOH GPs signed of	✓
Use ETR data from community testing units		✓	
Enhance passive surveillance of virological screening and diagnostic testing in hospital	✓		
Passive surveillance of symptom tracker data			✓
PRIORITY 2: Monitoring the rate of transmission by area in real time using modelling (for impact of control measures)			
Modelling approaches developed		✓ Rt graphs on all Wales basis	✓
Indicators refined for monitoring interventions	<i>Paper submitted to TAG on Circuit Breaker Indicators</i>	✓	✓
PRIORITY 3: Surveillance and analysis for risk groups for death and poor outcomes			
Scoping of rapid surveillance of COVID-19 community deaths (via GP electronic reporting)			✓
Monitoring of care-home outbreak associated mortality	✓	✓	
Monitor confirmed and suspected COVID-19 mortality in care homes and other enclosed settings			✓
Use internationally developed models (EuroMoMo) to detect excesses in all-cause mortality		✓	
Specialist analysis delivered to improve epidemiological understanding of COVID-19 and its impact.			✓
PRIORITY 4: Serological (immunity) surveillance and the identification of immune individuals			
Development of serosurveillance in NHS Wales health care workers		29/5/20 - Pilot at Swansea Bay for serosurveillance in NHS Wales staff underway	✓

SURVEILLANCE	w/c 18 May	w/c 25 May	June 2020
Serosurveillance in residual routine blood samples taken from Welsh blood service			✓
Surveillance for repeat infections and risks for not developing immunity		29/5/20 - Protocol for serosurveillance in routine blood samples	✓
Analysis of viral genomes to determine variation and evolution of the virus and implications for immune response		29/5/20 - genomic data in IMT dashboard	✓
PRIORITY 5: Monitoring the impact on the health and social care system			
Roll-out active surveillance of (severe) acute respiratory infection in sentinel EDs		29/5/20 - finalise protocol, recruit two sentinel hospitals	✓
Using ICNet: develop surveillance indicators to monitor respiratory infection	✓		
Surveillance of the number of new/ongoing closed setting outbreaks and incidence			✓
Improved detection of confirmed cases in care homes			✓
Develop hospital outbreaks surveillance using ICNet		29/5/20 - Protocol agreed for hospital outbreak surveillance	
Monitoring incidence of confirmed cases in health and social care workers	✓		
Monitor incidence of confirmed cases in health workers	✓		
ENABLING ACTIONS			
Supply surveillance requirements to NWIS for national case management system and developments relating to outbreak surveillance		✓	
Medical director to engage with HB medical directors and colleagues to mandate collection of surveillance data (SARI, ICU)		✓	
Executive support for developments requiring Health Board and other partner input. Specifically (a) supporting implementation of serosurveillance which needs HB resource and Info Governance approval (b) facilitation of stakeholder engagement group to operationalise developments		✓	

SURVEILLANCE	w/c 18 May	w/c 25 May	June 2020
and consider outputs- could be formed from the weekly deaths review group			
Executive support to ensure that Public Health Wales can fulfil their statutory requirements on surveillance – specifically, where new testing providers are used, that appropriate data is provided to Public Health Wales; that partners do not impact on Public Health Wales surveillance through parallel reporting routes or restriction on access to data.		✓	
Support from microbiology for testing capacity for surveillance, and data collection for sample requests (e.g. care home coding)		✓	

Delivery of the above plan is wholly dependent on securing additional people rapidly. The following list represents all additional people requirements identified:

Type of role	Band	WTE	Recruitment	Source (if already identified)
Analyst	Band 6	1.8	Internal	From the Primary care directorate
Analyst	Band 6	0.5	Internal	From Improvement Cymru
Analyst	Band 5	2	Internal	From Improvement Cymru
Analyst	Band 5/6	6	Internal	From the Observatory Analytical Team – already in place
Analyst	Band 7/8	3	Internal	From the Observatory Analytical Team – already in place
Analyst	Band 5/6	6	Internal	From the Observatory Analytical Team – additional to posts already in place, currently in discussion
Analyst	Band 7-8	1	Internal	From the Observatory Analytical Team – additional to posts already in place, currently in discussion
Analyst	Band 8	1	Internal	
Consultant	Consultant	Up to 1.0 WTE	Internal	Ideally via secondment to team for fixed period
Analyst	Band 8	1		

Informatics Developer	Band 6/7?	2	Internal/ External	
Programmer (Band 7)	Band 7	1	External	

4.5 Surveillance Risks

The key risks that may impact on the success of the implementation of this workstream are as follows:

- ❖ Unclear requirements for surveillance outputs, meaning that surveillance is unable to inform real time advice for policy makers
- ❖ Existing surveillance data flows may be compromised, as a result of new systems being poorly specified, changes in testing processes, poor data collection methods
- ❖ Not possible to free up specialists to focus on epidemiology, owing to lack of prioritisation, inability to secure additional capacity, weight of operating activity
- ❖ Increased volume of ad hoc information requests is preventing CDSC from implementing surveillance improvements
- ❖ Information quality may be affected by the unreliability of self-reported symptoms
- ❖ Partners/stakeholders may not commit to new surveillance developments e.g. it may incur a time/work burden
- ❖ It may not be possible to detect cases, clusters and increases in community transmission due to changed models of health care provision
- ❖ Public Health Wales services – microbiology/external providers: insufficient testing capacity available
- ❖ Resource pressures – unable to provide timely virological surveillance owing to competing priorities for test kits, staff time and laboratory capacity
- ❖ Potential for confusion from parallel reporting to Welsh Government and NWIS for performance management needs.

As a control measure, the workstream has established a Risk Log for regular review by the Workstream Project Team.

5 COMMUNICATIONS AND ENGAGEMENT

The Communications and Engagement Workstream Plan has been revised to reflect the latest policy direction set by Welsh Government and internal discussions around Public Health Wales' role. The initial focus for Public Health Wales is therefore on supporting Welsh Government following the publication of their *Test Trace Protect Strategy*, particularly around dissemination of key information, behavioural insights and evaluation; proactive external communications with the public and stakeholders, the delivery of phase 2 of the *How you doing?* campaign and ongoing effective internal engagement with our staff.

Public Health Wales has a key role to play as the national public health Institute for Wales in ensuring effective communications around the key public health issues with the public, partners and our staff. Our approach will be informed by our implementation plan and insights we are gathering through research and evaluation (both internally and externally focused).

It is likely that a number of other priorities for the workstream will emerge during phase one of the response implementation plan, including from the other externally focused workstreams.

Communications work in the Stage 1 plan is summarised as:

- ❖ **Support to Welsh Government** – Communication and Stakeholder Engagement support to Welsh Government following publication of their Test, Trace, Protect Strategy, including dissemination of key information, behavioural insights and evaluation
- ❖ **External Communications** – proactive communications with the public and partners, informed by Welsh Government national campaign and the Public Health Wales Response Implementation Plan
- ❖ **Internal communications plan implemented and online staff engagement space** – development of a proactive internal communications plans or our staff focused on key response developments, staff wellbeing and wider system developments, along with the launched during early June of a new online staff engagement space (link with the Digital Workstream)
- ❖ **Phase 2 of *How you doing?* Campaign** – the preparation, including agreement of budget, and launch of the next phase of the campaign during June.

Communications and engagement deliverables are below:

Deliverable	w/c 18 May	w/c 25 May	June
Support to Welsh Government National Information Campaign			
Tailor messages from Welsh Government (as required)		27 May	
Publicise messages via Public Health Wales channels (in agreement with Welsh Government)		28 May	
Distribute tailored messaging to vulnerable groups via stakeholders (in agreement with Welsh Government)		28 May	

Distribute tailored guidance and information to closed settings (in agreement with Welsh Government)		28 May	
External Engagement			
Agreement on Public Health Wales external engagement proposal	22 May		
Development of external engagement implementation plan (including forward look calendar of opportunities) informed by Public Health Wales response implementation plan		27 May	
Proactive engagement with public and staff, including social media, key networks (e.g Young Ambassadors)		29 May	Ongoing
Internal Staff Engagement			
Development of proactive rolling four week internal communications plan	22 May		
Implementation of internal communications plan, including weekly Friday video and updates on key response and recovery developments (informed by plans)		25 May	Ongoing
Analysis of Facebook workplace pilot results	19 May		
Functionality assessment completed	19 May		
Information governance and informatics approval	20 May		
Training to 'early adopters'		26 May	
Staff guidance developed and published		29 May	
Launch			w/c 1 June
Phase 2 of How you doing? Campaign			
Development of implementation plan	20 May		
Agreement on approach and potential investment	21 May		
Key partners identified		28 May	
Social media content agreed		28 May	
Launch			15 June

6 OUR PEOPLE

The scope of the People Workstream includes actions that directly drive Public Health Wales' responsibilities in the implementation of the Test Trace Protect strategy. In developing this workstream plan we have reviewed the workstreams of the four key pillars to ensure there is read-across and have considered interdependencies with other enabling functions.

Each of the following is underpinned and driven by accurate and available data led by Corporate Analytics. These are:

Resourcing:

- ❖ the development and monitoring of roles profiles and appropriate training for Regional Contact Tracing Centres and the National Contact Centre
- ❖ ensuring the Contact Tracing Centre training packages are accessible to all regional teams (NHS and Local Authority)
- ❖ directly resourcing the National Contact Centre (including longer term options for rota management and staffing)
- ❖ ongoing redeployment/mobilisation of people to business critical functions (internal) or NHS partners in Wales

Sustainability:

- ❖ assess and determine how we manage levels of resilience in order to sustain delivery of the *Implementation Plan*, including but not limited to the impact of carried over leave and the requirement to use time off in lieu of overtime
- ❖ using (and where appropriate, updating) new and existing skills and knowledge audits to mobilise our people in the most efficient way
- ❖ supporting the recovery of business critical and/or core services in a safe and timely way

Wellbeing and safety of our staff:

- ❖ Continuing to manage the recording and reporting of availability and absence (including sickness) data and having proactive measures in place to support colleagues and managers
- ❖ Ensuring, in partnership with other workstreams, that guidance/legislation pertaining to workplaces and practices are embedded and adhered to
- ❖ Providing updated and accessible guidance for all, including access to wellbeing resources and tools (procured/developed locally and nationally)- we will ensure training packages include relevant levels of wellbeing guidance
- ❖ Reviewing and updating the approach to staff risk assessments and identify a clear process for the risk assessments of the BAME staff groups
- ❖ Providing testing where appropriate, for key Public Health Wales staff

Internal Communications and Engagement:

- ❖ Ensuring staff guidance is kept up to date and available to all colleagues

- ❖ Having a means by which our people can engage with and provide regular feedback to the organisation
- ❖ Analysing, grouping and agreeing priorities arising from the results of staff surveys, updating and working with TU partners as much as possible
- ❖ Continuing to provide the People Support Plus+ service for HR, IT and Facilities queries (including health and safety and estates), finance, corporate governance, planning and programme management

The People workstream has identified the following deliverables and timelines for these areas as follows:

Deliverable	w/c 11 May	w/c 18 May	w/c 25 May	June
Develop and implement the Resourcing Plan to support the Public Health Wales response to Covid 19 plan phased between May / June 2020	15 May			
Undertake data cleansing exercise to identify staff available to be redeployed to support Covid 19			25 May	
Initial review of longer-term resourcing options				8 June
Analysis of levels of resilience and recommendations to mitigate any risks / threats for the duration of the response.	15 May			
Determining longer term resilience to manage the impact of carried over leave				14 June
Explore longer term options for resourcing across the whole of Public Health Wales response requirements				29 June
Scope and develop long term plans for rota management for the contact centre and other business critical areas, and business case submitted by end of July 2020				w/c 6 July
Development of rotas for contact centre	On going			
Develop a business case for the consideration of an e rostering system				w/c 6 July
Review ongoing training needs and plan for COVID-19 Training		22 May		

Deliverable	w/c 11 May	w/c 18 May	w/c 25 May	June
Develop and implement procedure for referral for testing for Public Health Wales Key Workers. Identify a clear process for the risk assessments of the BAME staff groups Review and update the staff risk assessment process	15 May			w/c 29 June
Review and agree staff Internal communications plan for the next Phase with the Communications Team Online staff engagement space agreed and launched Organisational feedback to GOLD on the results of the first internal comms and wellbeing survey		18 May	25 May 29 May	
Scoping exercise to identify further policies and procedure adaptations that are required to support COVID 19 (level 0)	15 May			

The People Workstream has considered carefully and documented the risks, issues, pre-requisites and constraint needed to enable its operation. Key areas referenced were the need to consider the ongoing sustainability of some areas that the Public Health Wales response has relied upon such as the manual operation of rotas, the availability of the workforce (which will shift as restrictions ease); and the critical reliance on data and information.

7 DIGITAL REQUIREMENTS

Key digital work undertaken to date to support the public health response is as follows:

- ❖ worked with NWIS and other Public Health Wales colleagues to recommend the commissioning and procurement of a new Case and Contact Management System by Welsh Government (developed and led by NWIS)
- ❖ working with health protection colleagues to develop workflows, scripts and user stories which are fundamental to the proposed new NHS Wales Contact Tracing System referenced above. This will inform the product specification and enable the build and configuration to commence. Public Health Wales will continue to input into the build throughout.
- ❖ quality assuring final workflows for forwarding to NWIS for onward transmission to the chosen supplier by Friday 15 May
- ❖ working closely with Information Governance to ensure relevant data sharing agreements are in place prior to systems going live within the contact tracing, surveillance and testing and sampling workstreams.

7.1 Upcoming work:

- ❖ continued and ongoing assessment of digital support requirements across the four public health protection workstreams
- ❖ reconfiguration of pre-existing digital working arrangements to ensure alignment with new programme management arrangements
- ❖ ensure governance structures around the joint working with NWIS / Welsh Government to commission, procure and manage the new NHS Wales Contact Tracing System are signed off by Public Health Wales officials and implications and responsibilities are understood by all parties
- ❖ ensure all parties are sighted, and the roles and responsibilities are agreed, as set out in the NWIS Plan for delivering the NHS Wales Contact Management System
- ❖ understand the roles and responsibility around the development of SOPs (referenced in the Public Health Wales Response Plan and NWIS Contact Tracing plan), together with next steps
- ❖ contribute to the NWIS Training Strategy sitting alongside the NHS Wales Contact Tracing System, working alongside NWIS colleagues
- ❖ conduct an assessment of IT implications for Public Health Wales in respect of the NHS Wales Contact Tracing System, in particular telephony and Public Health Wales IT systems and development of new COVID laboratory (subject to business case agreement)
- ❖ further understanding of the digital support requirements within the surveillance workstream to:
 - fully reflect surveillance requirements in new information systems being commissioned (e.g. NHS Wales Contact Tracing System)

- support accessing digital data from new apps (e.g. population symptom tracker, contact tracing)
- ensure that all testing data feeds into LIMS and is accessible via the Data Store
- manage the support from NWIS in relation to data access, data flows, noting NWIS input is critical for a number of products.
- secure additional digital/ information management skills to support product development (in particular automating dashboard production).

7.2 Digital Risks Identified

- ❖ **Case and Contact management System** - whether a contact tracing system is achievable by the 8 June – an interim solution may need to be in place longer.
- ❖ There was a change to supplier of the system to Microsoft Dynamics - whilst the current timescales for delivery remain unchanged, due to the late on boarding of new supplier there is a greater potential for delays.
- ❖ **Testing** – business case submitted to Welsh Government in respect of IP5. An assessment of IT implications needs to be undertaken; scale of work may inform prioritisation or reduction in specification
- ❖ **Data** – further work required to identify how technically the data will flow and subsequently viewed by Public Health Wales colleagues. Owing to the rapid pace and daily developments, appropriate key data sharing agreements may not be in place (Chief Risk Officer aware)

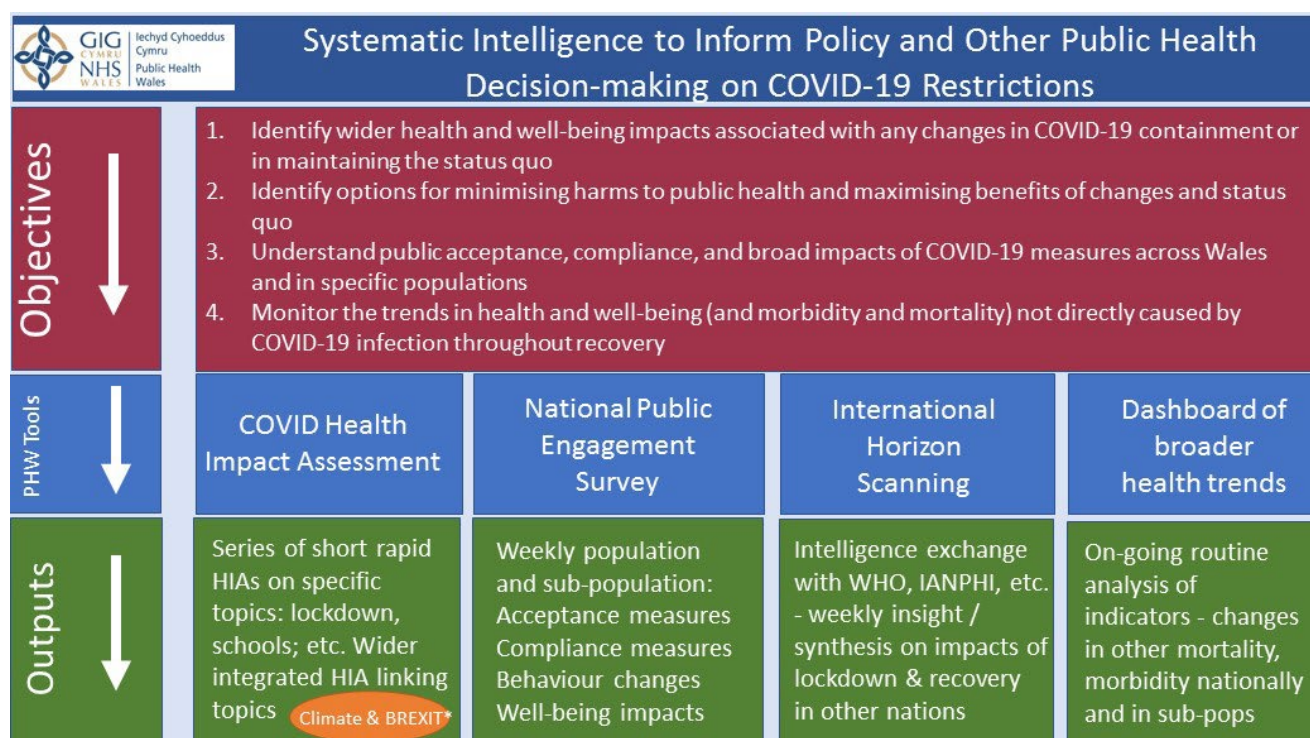
8 INTERNATIONAL LEARNING AND INTELLIGENCE

The importance of evidence-informed decision-making through national and international learning and intelligence was highlighted in advice provided to Welsh Government. Ensuring minimum negative consequences and maximum benefits for people's health and wellbeing requires timely understanding, monitoring and assessment of changes, their impact and public experience; as well as continuous learning from other countries and key international organisations.

The aim of the World Health Organisation Collaborating Centre (WHO CC) at Public Health Wales is to proactively gather, monitor, assess and synthesize COVID-19 related learning, data, public experience and emerging evidence; providing real time actionable intelligence for policy and decision making.

8.1 Objectives and Outputs

An organisational approach to intelligence gathering, informing policy and practice, with objectives and outputs is summarised below:



The WHO CC is already working on:

❖ National Public Engagement Survey:

- tracking confidence and adherence to national advice and public services; and physical and mental well-being;
- examining COVID-19 measures impact by deprivation, gender, age and ethnicity;
- exploring COVID-19 measures impact on specific population sub-groups;
- supporting actions to understand levels of past infections;
- providing weekly reports and support to Public Health Wales, Welsh Government and other key stakeholders;
- generating a national panel, which can be used to monitor longer term trends, behaviours and well-being over coming months

❖ **International Horizon Scanning, providing:**

- an intelligence gateway into and out of global and European networks and organisations, including WHO, ECDC/CDC and IANPHI;
- linking across England, Scotland, Northern Ireland and Ireland, sharing and learning from plans and potential impact of actions;
- joined up international and Welsh Government data, health economics, health equity, policy analysis and modelling methods and approaches;
- weekly updates on International Horizon Scanning and Learning

❖ **Covid-19 Health Impact Assessments (HIAs), focusing on:**

- potential wider health and wellbeing impacts across society;
- potential positive/negative impacts or unintended consequences for the determinants of health and well-being;
- impacts on population groups, incl. vulnerable groups in Wales;
- any widening health inequalities and longer term impact of actions.

9 RESEARCH AND EVALUATION

The following research and evaluation activities are aligned to various workstreams:

9.1 Contact Tracing

This includes capturing learning to date and a real time evaluation of the case and contact tracing model. The evaluation questions being:

- ❖ how efficient and effective is the case finding and contact tracing system?
- ❖ is the approach equitable?
- ❖ to what extent do digital tools support/add value to this response?
- ❖ how effective (responsive) is the tiered workforce approach?

9.2 Sampling and Testing

An approach to supporting the evaluation of the sampling and testing programme will be developed in line with needs

9.3 Behavioural science and communication

Real time evaluation of the health protection messaging and levels of trust, informed by behavioural insights. Evaluation question:

- ❖ What is the recall, reach and action in light of the public health advice?
- ❖ How effective is the approach in resulting in a change in behaviour?
- ❖ What are the determinants of a measurable change in behaviour?

The expected outputs are:

Evaluation	May	June and beyond
Evaluation of case-contact phase 1	Completed	
Evaluation of case contact system to date		June onwards
Evaluation of enclosed setting cell	31 May	
Workforce model operational development and implementation evaluation		June start
NHSx Contact App Evaluation (TBC)		tbc
Report/infographic on public reach, recall, reaction, behaviours and adherence to COVID-19 measures	Plan	June onwards
Report/infographic understanding levels of trust and confidence		June onwards
Research		
Understanding the short and longer term impact of COVID-19 on employment and health population survey	May	
Understanding citizen led community mobilization (qualitative research study)	Under development	June onwards

10 QUALITY, SAFETY, INFORMATION GOVERNANCE AND RISK

Having reviewed the public health response workstreams, the Quality, Safety, Information Governance and Risk (QSIGR) Workstream has developed an approach that will deliver in two ways:

- 1) support the four public health response workstreams in the domains of IG, risk, quality, safety, and stakeholder feedback. This will be by direct and indirect support on key areas of delivery, e.g. IG advice and support in the Digital Workstream, and provide where appropriate products to enable consistency across all work streams
- 2) provide approaches and products which provide assurance to Gold and the Board within the scope of this work stream.

This Workstream aims to support the adoption of a continuous improvement and risk based approach across all of the work streams, to deliver a good quality and safe plan, minimise negative effects and mitigate these as they arise.

We have reviewed the plans produced by the four main workstreams and identify the following areas where this workstream can offer support from a quality, safety, information governance, and risk perspectives:

- ❖ End to end process for quality assurance and improvement for sampling, testing and the issuing of results to service users (Key workers and patients)
- ❖ Digital system and national data Dashboard
- ❖ Support the development of workforce training materials and advice where subject experts (e.g. IG, Risk, Safeguarding) for National and Regional Response Cells to ensure consistency in the roles and standards across Wales
- ❖ Support the National Contact Centre and enclosed settings to improve quality assurance with appropriate guidance and arrangements, learning from incidents, complaints etc., responding to any gaps deployed at the point at which the national lockdown arrangements are lifted
- ❖ National Public Health Information Campaign

These areas have been translated into schedule of QSIGR products:

Sub Group	Deliverables	w/c 18	w/c 25	June
Information Governance	Data Protection Impact Assessment	Completed		
	Review key Workstreams to see how best to provide support to ensure IG integral to workstreams		31 May	
	Support to Digital and Testing Workstream to ensure compliance with legislation and guidance	Completed		
	Scope mechanism to assure GOLD in relation to IG performance metrics			30 June
Risk Management	Develop Risk Assessment Toolkit and implement across the Workstreams	18 May		

Sub Group	Deliverables	w/c 18	w/c 25	June
	Review in conjunction with the Board and Gold an approach to better identify key risks. To better align the Strategic Risk Framework, CRR and relevant programme Workstream risks, to allow improved oversight of strategic and critical operational risks to inform key decisions for the Board and Gold		31 May	
	Scope the options to incorporate Risk Management into a 'Recovery Dashboard'			30 June
	Update the Risk Assessment Toolkit to meet the COVID-19 response	Completed		
Quality and Safety	Work with Silver to ensure existing policies are applied in COVID-19 context			30 June
	Reporting to Welsh Government on incidents, concerns and complaints during the COVID-19 response	15 May and weekly	✓	✓
	Quality Team support Key Workstreams to develop measures of success			15 June
	Reporting arrangements of Adverse Incident Monitoring agreed by Gold		31 May	
	Develop an approach to capture feedback from Service Users to improve information for communications during COVID-19 response			15 June
	Quality Assurance mechanism for information for Vulnerable groups and those with protected characteristics during the COVID-19 response		30 June	

10.1 Quality, Safety, Information Governance and Risk: Risks and Issues

The work of this workstream is constrained by the deployment of some of its specialists on COVID duties. There is a risk that there will not be sufficient resource to deliver the intent of this workstream, owing to competing resource demands across the pandemic responses

The plan needs engagement and commitment from other workstreams and there is a perceived risk that if this does not happen in a timely manner, the benefits to the programme will be lost.

11 FINANCE AND SUPPLY CHAIN

The Finance and Supply Chain Workstream will oversee and report on the financial viability of the programme. It will also provide help and support on procurement and supply chain matters. This is particularly important for planning purposes in that the ability to utilise emergency procurement rules is likely to diminish in coming weeks.

In terms of assisting workstreams to develop financially viable plans, finance business partners have been allocated to workstreams.

11.1 Financial Assessment

A summary of an assessment of workstream plans indicates:

- ❖ the duration of Stage 1 is until 8 June, this could be longer if there is slippage in external programmes such as the Contact tracing / Case management system;
- ❖ of the 70 deliverables:
 - 8 have been assessed as no financial impact
 - costs for 6 are included within the Welsh Government monthly monitoring return
 - 56 need further cost analysis and are not included in the Welsh Government monthly monitoring return
- ❖ whilst we always undertake to either seek funding approval from Welsh Government or identify from our own budgets, that the total quantum of funding for addressing COVID-19 across Wales remains fluid and uncertain. There is a risk that the organisation's operational cost of addressing and recovering from the pandemic cannot be contained within available funding resulting in a potential breach of the planned outturn for 2020-21.

12 RELATIONSHIPS

The successful delivery of Public Health Wales contribution to the Welsh Government's *Test Trace Protect* will not only ensure the health impact of Covid-19 is reduced for the people of Wales but, from a relationship perspective, will enhance the essential requirement for a resilient approach to protecting the health of the people of Wales from emerging threats.

It will also allow us to enhance and develop our relationships with a range of partners, that will deliver long-term benefits for Public Health Wales in the delivery of our strategy and priorities post Covid-19.

This work is at an early stage and the following paragraphs provide an outline of the work ahead.

12.1 Scope

The proposed scope of the Relationships Workstream includes:

Provision of professional public health advice (verbal or written) to:

- ❖ Welsh Ministers via the Chair, Vice Chair and Chief Executive
- ❖ Welsh Government officials via relevant professional leads and Executive Team Members
- ❖ Welsh Government Committees via relevant professional leads/members
- ❖ Public Protection Strategic Oversight Group

Provision or coordination of professional and technical support and advice to:

- ❖ NHS and Local Authority partners
- ❖ Directors of Public Health and Directors of Public Protection

Ensuring effective relationships are in place for areas of work that Public Health Wales has been identified as the lead or coordinator of, on behalf of the system, including:

- ❖ Case-finding and contact-tracing (on behalf of the Public Protection Oversight Group)
- ❖ Surveillance

12.2 Key Relationships

In addition to our engagement with the public, the section below highlights the key relationships Public Health Wales will need to harness, and capitalise upon, during the ongoing Covid-19 response, to effectively deliver implement this Implementation Plan and discharge our statutory responsibilities.

Wales	
Welsh Government	Welsh Ministers
	Director General for Health and Social Care
	Chief Medical Officer
	Public Protection Strategic Oversight Group
	Civil Contingencies
	Policy leads for environmental health, transport and education

NHS Wales	Health Board/Trust Chief Executives and Chairs
	Directors of Public Health
	NHS Executive Peer Groups
Local Government	Welsh Local Government Association
	Local Authority Chief Executives and Leaders
	Directors of Public Protection (Wales)
	Environmental Health Officers
Multi Agency Partnerships	Local Resilience Forum/Strategic Coordination Groups
Third Sector	WCVA
UK and International	
Public Health	All national public health agencies
Others	International partners: IANPHI, WHO

12.3 Workstream Operating Model

The initial focus should be on the delivery of a number of key products, which will inform the future operating model for the workstream. It will require the management and coordination of a number and formal and informal relationships with key stakeholders.

These will take the form of membership of key groups, chairing/leading specific areas of agreed work, the provision of written and verbal public health advice and topic specific discussions with key partners.

To effectively manage and coordinate this work in a systematic manner, an initial stakeholder mapping and analysis exercise will need to be undertaken and consideration given to the four public health workstream plans.

This will inform the resource required to coordinate the work, along with the development of a system to capture and manage key information. This should provide the workstream and programme with key indicators relating to our relationship management.

12.4 Key Products

- ❖ **Public Health Wales Relationship Plan** – details the key stakeholders we will engage with, the mechanisms we will use and the public health professional resources required
- ❖ **Relationship Management System** – system for capturing and managing the information generated, including actions, issues etc, from our engagement with key stakeholders
- ❖ **Operational Arrangements** – operating model for the workstream (based on the Public Health Wales Relationship Plan), including: resources, indicators, evaluation approach and governance arrangements.

12.5 Risks and Issues

- ❖ there is a risk that Public Health Wales will be unfairly criticised, by partners or within the media, when issues arise in the next phase of Wales' Covid-19 response, for which we are not responsible
- ❖ accountability for the delivery of certain parts of *Test Trace Protect* is currently unclear
- ❖ responsibility without the necessary authority for system-wide developments as appropriate
- ❖ the scale of work involved in development, fostering and maintaining number of relationships required will put pressure on our capacity and resources
- ❖ management of partner expectations, particularly in relation to Public Health Wales' agreed role/contribution.

13 CONTROLS AND ASSURANCE

The Public Health Wales Implementation Programme has been established to meet the requirements of the Government's Test Trace and Treat strategy.

At this stage the programme has focussed on the key products that will support the wider system in responding to the next phase of the pandemic response. Planning for the next stage has begun and will cover a broader timescale: to the end of August 2020. On 4 June Gold will consider the performance of Stage 1 and consider plans for Stage 2.

13.1 Situation Reports

The programme has established a twice-weekly SitRep reporting schedule to Gold.

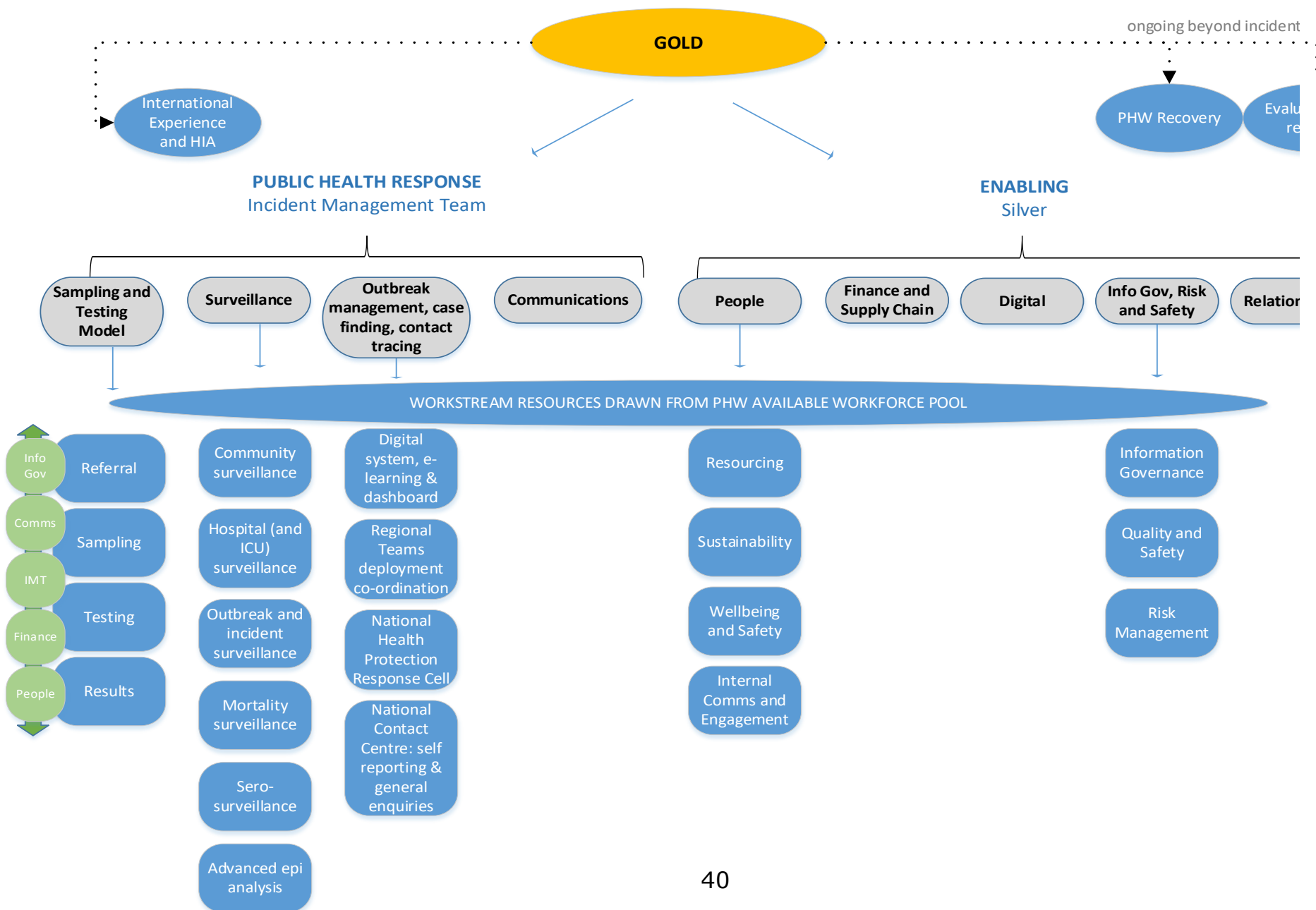
13.2 Change Control

The programme team has developed a change control procedure to be operated across the programme.

13.3 Risk and Issues

The programme has embedded risk management at all levels, including a workstream that will provide additional advice and guidance. Risk Logs will be maintained and managed and a process for effective issues management has been developed for use by the planning leads in each workstream.

Appendix A





GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Date 20 May 2020

COVID-19 Case Finding and Contact Tracing: Operating Framework

DATE: 20 May 2020

DRAFT: Version 0(d)

Publication/Distribution:

- Public Health Wales IMT
- Public Health Wales Gold
- Contact tracing task group
- Test Trace and Protect oversight group
- Directors of Public Health
- Directors of Public Protection Wales

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DRAFT

1. Purpose

This document sets out the proposed operating framework for identifying cases in Wales and tracing and managing their contacts. This framework is intended to support the public health system in Wales to deliver a common approach based on evidence and expertise.

This document is for use by all partners and staff working to deliver the contact tracing system in Wales.

These contact tracing protocols deliver the technical basis for contact tracing services. They form a part of the overall Welsh Government *Test, Trace, Protect* strategy that comprises the Welsh Contact Tracing service, COVID-19 testing and surveillance, alongside the UK NHSX CV-19 proximity app.

2. Background

The UK response to the COVID-19 pandemic changed from the 'Containment' phase to the 'Delay' phase on 12 March 2020. As a result, the main approach of the health protection preventative response was refocussed from identifying and testing each suspected case and isolating and contact tracing all positive cases, to a broader approach based on self-isolation of all possible cases and their household contacts, and social distancing.

This was further enhanced on 23 March when the 'lockdown' measures were introduced. As a result, the main intervention for preventing spread in our communities moved from a 'find and isolate' approach, to one where most were isolated. The result of this was a change in health protection approach to a universal approach for community prevention based on mass restriction.

As Wales and the UK moves to the 'Recovery' phase, it is important that measures are taken to mitigate a second peak of COVID-19 infections. Contact tracing, implemented at a scale never seen before, forms part of those measures.

Contact tracing is a tried and tested method of controlling the spread of infectious diseases. It will also help us prevent and understand how the disease is passing from person to person.

With the next phase, a three tier, multiagency approach will see contact tracing provided at national, regional and local levels.

Public Health Wales will provide national co-ordination, expert advice and support on contact tracing methods and priorities. This will include setting all Wales standards and guidance for how contact tracing should operate. By implementing a rigorous health surveillance system Public Health Wales will also identify which contacts and settings confer the highest risk of transmission, helping direct contact tracing and testing efforts.

NHS Wales Informatics Service (NWIS) will ensure that there is a single national digital platform for contact tracing across Wales.

Contact tracing will be delivered regionally by Local Health Boards and Local Authorities working in partnership along with other public services to deploy contact tracing teams who understand their local communities and context.

In addition to technical guidance, the move into the Recovery phase of response to COVID-19 requires a review of existing processes and structures that have been established during the initial 'Containment' and 'Delay' phases.

The Health Protection team in Public Health Wales has also considered, with reference to the draft implementation plans submitted by Regional/Local teams, how these elements of response are best delivered operationally and how they can be best supported regionally and nationally.

3. Description of the Case Finding and Contact Tracing Approach

The case finding and contact tracing approach proposed uses a combination of population self-reporting, laboratory and disease notification, and active case finding based on the following principles:

- Contact tracing is initiated, and action taken on the basis of a "clinical diagnosis" of possible COVID-19, using a single simple sensitive case definition of possible COVID-19 disease;
- Contacts should be defined on the basis of a simple yes/no categorisation, based on simple definitions of a contact;
- The recommended action should be the same for all contacts, including self-isolation, advice on infection prevention and control to reduce transmission, and passive surveillance;
- Rapid access to sampling and testing should be available for all possible cases of COVID-19 disease, with step down of action for negative test results.

The approach is based on UK scientific evidence (April 2020). Their recommendations included:

1. Contact tracing via any route or process, and the quarantine of contacts, should be initiated based on a *symptomatic* case, and should not be delayed for laboratory confirmation.
2. The advice provided to contacts around quarantine should be standardised for all contacts, and not stratified by risk.
3. The recommended period of quarantine for contacts is 14 days, but contacts would be immediately released if the index case's test result is negative;
4. For the purposes of contact tracing, cases (either self-diagnosed or laboratory confirmed) should be considered infectious for two days prior to the onset of symptoms.

The approach proposed is also consistent with guidance on contact tracing for COVID-19 published by the European Centre for Disease Prevention and Control in April 2020.

The detailed sections below describe the whole three tier model for contact tracing and outlines the detailed operating arrangements, protocols, definitions, recommended actions and quality standards that will underpin the consistent implementation of contact tracing across Wales. The roles and responsibilities of staff and organisations at each level are summarised, together with the contact tracing pathway, arrangements for information flows and reporting requirements through the system, including safe handover.

3.1 Three Tier Model

The Plan proposes a three-tiered approach across Wales at a national, regional and local level, supported by digital infrastructure to enable real-time information sharing. It will require large numbers of people to be involved as local contact tracing teams. They will be managed locally and coordinated regionally on a health board footprint and will use a national framework.

3.1.1. National Tier

Led by Public Health Wales this will provide leadership, coordination and specialist support and has three main functions:

- *National expertise* – the provision of highly specialist health protection advice, guidance and training to partners to support their response including the referral of disease notifications
- *"Once for Wales" functions.* Public Health Wales National Contact Centre will provide a single point of contact for all public and professional enquiries/reporting into Public Health Wales and has three elements:
 - Public self-reported possible cases. Public Health Wales will co-ordinate the receipt of possible cases reported through a national telephony and digital access system and ensure timely input of information into the digital platform.
 - Response to general enquiries from the public/professionals requiring Public Health Wales specialist response.
 - Specialist Health Protection support in relation to the above, including daily access to specialist health protection advice for urgent matters.
- Provide and co-ordinate specialist health protection support, advice and leadership to National (including Welsh Government) and Regional level to respond to complex cases, clusters and incidents.

The provision of advice and support to the Regional Tier is described in more detail in section 3.6.1 on page 19.

3.1.2 Regional Tier

The Regional tier is based on local health board footprints, and will be led and delivered by the wider public sector (local authorities, local health boards and other key partners) with access to specialist health protection support from Public Health Wales. Local health boards and local authorities working in partnership and with other public services will deploy contact tracing teams who understand the local context. Specifically, this tier will:

- Lead operational delivery including local contact tracing teams.
- Prepare for and respond to small local clusters. This role will involve working proactively with settings (e.g. care homes, schools or large employers) identified as presenting specific risks in the region.

3.1.3 Local Tier

The local tier will be responsible for the interviewing of cases and follow up of contacts, supported by a case and contact information management system, and organised in local contact tracing teams.

The contact tracing process, the relationships between the tiers and information flows are outlined in the next section.

3.2 Definitions

3.2.1 Case Definition.

The use of a single 'case definition' applied consistently throughout the whole system in the delivery of a national response is an essential requirement for effective contact tracing.

The Welsh Contact Tracing Service will therefore undertake contact tracing on 'confirmed' and 'possible' cases based on agreed case definitions that are correct at the time of publication (these may be subject to change and so the [COVID-19 webpage](#) should be consulted for the current "possible case" definition).

3.2.2 Definition and classification of contacts

In the same way as above, an agreed set of definitions of 'contacts' is required. The Welsh Contact Tracing Service will therefore undertake contact tracing using the following agreed definitions:

A contact is defined as a person who, in the period 48 hours prior to and 7 days after the possible or confirmed case's symptom onset or specimen collection date, has at least one of the following types of exposure:

Household contact: Those that are living or spending significant time in the same household e.g. those that live and sleep in the same home, students in university accommodation sharing a kitchen, and sexual partners and people who have cleaned a household where a case lives without personal protective equipment.

Non- household contact:

Direct contact: Face to face contact with a case for any length of time, including being coughed on or talked to. This includes exposure within 1 metre for 1 minute or longer.

Proximity contact: Extended close contact (within 1 to 2 metres for more than 15 minutes) with a case or travelled in a small vehicle with a case.

Aeroplane contacts of cases returning from exempted countries: Passengers sitting within two seats in every direction (i.e. the 2 seats either

side and 2 rows in front and behind of their seat) and cabin crew serving the area where the case was seated.

International travellers: All international travellers are considered contacts, except those returning from countries on an exemption list. This applies even if they are not known to have had household or non-household contact with a case.

Contacts of asymptomatic cases (asymptomatic person testing positive) will be categorised into one of the groups described above based on their exposure to the case in the period from 2 days prior to the date the specimen (which tested positive) was taken to 7 days after.

This guidance does not apply to any employees coming into contact with cases of COVID-19 at work while wearing appropriate PPE such as health care workers or social care workers or cleaners. If, however, they have not worn PPE, they are considered as a non-household contact.

3.3 Contact Tracing Processes and Actions

3.3.1 Identification of cases for tracing contacts

Contact tracing will be primarily achieved by the public self-reporting symptoms consistent with COVID-19 via two routes:

- Trace.Wales web portal [add link](#)
- Trace.Wales National Contact Centre telephone service [add phone number](#)

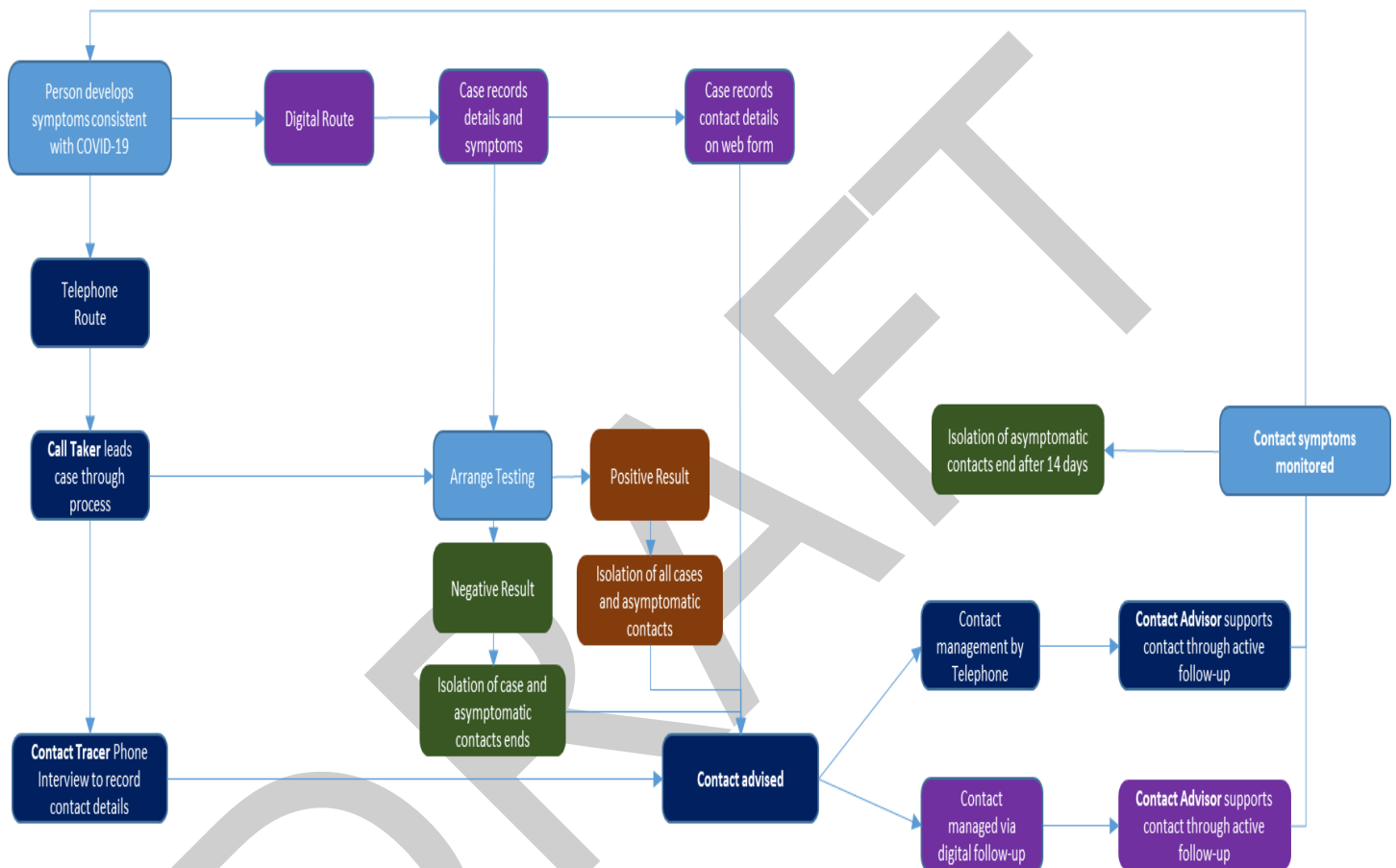
The Trace.Wales web portal is the link into the main digital platform that will support contact tracing for a large proportion of the population who are able to use digital technology. It has been projected that approximately 80% of the population will use this digital route.

Within the digital platform there will be filters to direct the information to either the local or regional tier for follow up. Escalation tools within the platform will for example filter and direct complex cases to the regional tier and once cases are received, time flags will escalate cases from the local tier to the regional tier if an individual does not engage as required.

The telephone contact service, hosted by Public Health Wales in the National Contact Centre, has been established to support those members of the public who are unable to or choose not to use the digital option. It has been projected that approximately 20% of the population will use this telephone route. For those being contact traced by telephone, a three-tier system of

staff will be used as described above with entry to the system through the National Contact Centre. Essentially, the information from this route will be entered by the staff directly into the same digital platform system, from where it will flow in the same way to the regional and local level.

The process by which cases are identified through the two routes described above is illustrated below. The flow chart describes the contact tracing protocol and flow of information.



All cases, reporting in via either the digital platform or the National Contact Centre, will be advised (either digitally or verbally) to isolate for 7 days and until they are 48 hours fever free without taking medication to control their temperature. Testing will be arranged during both processes. Table 1 page 13 summarises the management of cases. However, as the contact tracing is based on the reporting of symptoms, the information will flow to the regional or local tier and the process of identifying and following up 'Contacts' arising from the possible case, will commence immediately.

In the event of the test result being negative, the possible cases and their identified contacts will be released from isolation using an automated message and the contact tracing process is stopped. Where an automated message is not appropriate the contacts will be informed at their next daily symptom check.

3.3.2 Other routes of identification of cases for contact tracing

It should be noted that there are other ways in which cases can be identified. These will be co-ordinated by Public Health Wales at the national level. All information will flow into the same system.

- **Laboratory Reported Cases**

All positive laboratory tests notified by diagnostic laboratories under the Health Protection (Coronavirus) (Wales) Regulations 2020 are automatically transferred from the laboratory management system into the contact tracing system and assigned to local teams based on the residential postcode. This will initiate immediate contact tracing, unless contact tracing has already been initiated as a result of self-reported symptoms.

- **Health and Social Care Reported Cases**

Welsh residents or those temporarily resident in Wales can be notified as possible cases via Healthcare or Social Care reporting. These routes include

- ENOIDS (Electronic Notifications of Infectious Diseases). Cases of COVID-19 which are clinically suspected by a registered medical practitioner must be notified under the Health Protection (Coronavirus) (Wales) Regulations 2020. The Welsh Contact Tracing Service can receive these notifications from medical practitioners in primary or secondary care services via its electronic notification platform.
- Residents in healthcare facilities, care homes or other closed settings (e.g. hostels, prisons, boarding schools) who are symptomatic may be reported as part of cluster management by the responsible person at that setting (e.g. care home manager). Staff associated with healthcare facilities, care homes or other closed settings may be reported to the service by the responsible person or by occupational health.

In due course Wales may use UK NHSX App¹. This document does not currently cover the tracing and management of contacts identified via the UK NHSX App.

¹ **NHSX CV-19 app** – the NHSX app uses low energy Bluetooth to provide accurate location contact data of peoples' phones. If the owner subsequently reports a positive test or symptoms, this will then send them an invite to CTAS, and warn those that have been in close contact with them of their exposure. The app will also provide advice to both cases and contacts

3.3.3 Process for contact tracing of possible and confirmed cases

To allow action at the earliest opportunity all contacts of possible cases should be identified on notification of symptoms. Identification of contacts should not be delayed while waiting for the sampling and testing of the case to be undertaken.

3.3.4 Interview with possible or confirmed case or a proxy (i.e. family member)

Once the case has been identified via the routes above, the next part of the process commences. Depending on the circumstances and the initial details available, cases and contacts or their proxy can be invited to complete a questionnaire online or receive a telephone call from a *contact tracer* to enable contact tracing and to be provided with appropriate advice.

Where cases do not respond to the invitation to complete the contact tracing process online they will be automatically transferred to receive a call from a *contact tracer* the next working day.

As described above, using filters in the pathway, cases linked to complex settings or situations (for example: cases in care home, prisons, etc.) will be directed to and be managed by staff in the relevant *Regional Response Cell*. *If required*, specialist support from Health Protection Team staff at Public Health Wales can be requested. Details on how this will be provided is described later.

Attempts to interview cases will be made for up to 72 hours from notification of the case. Letters will be sent by post to cases that do not respond after 72 hours to formally request their cooperation² in the contact tracing process and to give advice about self-isolation.

3.3.5 Management of contacts

The management of the different contact groups varies depending on their status (Table 2 page 13) and the nature of the contact with the case (Table 3 page 14).

All contacts required to isolate should do so for 14 days from the date of their last exposure to the case.

² Under Regulation 8 of the Health Protection (Local Authority Powers) (Wales) Regulations 2010 as amended by the Health Protection (Coronavirus) (Wales) Regulations 2020

For household contacts, this will be 14 days from the start of the case's symptoms. For household contacts a 14 day exclusion period does not restart if other household members become cases.

Where appropriate contacts will be alerted through an automated message and requested to log into the web portal. Where this is not appropriate contacts will be called by a contact advisor in their local contact tracing team.

3.3.6 Symptomatic contacts of a confirmed positive case

Contacts who are symptomatic or who develop symptoms must be re-classified as a possible case according to the case definition, advised to self-isolate and be referred for testing and contact tracing.

They will be required to isolate for 7 days and until they are 48 hours fever free without taking medication to control their temperature. Depending on case classification, their household contacts and any other contacts will be required to isolate for 14 days.

If they subsequently test negative, they should be reclassified as a contact and complete their original 14-day period of self-isolation. All contacts will be released from isolation resulting from contact to this case.

3.3.7 Asymptomatic contacts

Contacts who are asymptomatic and remain asymptomatic throughout the 14 day follow-up period will not be offered testing.

All contacts will receive a check-up communication daily (via SMS or telephone) until they reach the end of their isolation period or become symptomatic, whichever is earlier.

3.3.8 Previous cases

Contacts who have previously tested positive for SARS-CoV-2 will not be offered testing, or be followed up, even if they are symptomatic.

3.3.9 Discontinuing self-isolation at home

For contacts of possible cases, if the case subsequently tests negative, the contacts will be alerted that they can discontinue self-isolation and return to their normal routine (provided they have not developed symptoms of COVID-19).

3.4 Summary of Recommended Actions

The information identified from the case will be used by the relevant tier to inform the management of the contact groups. The management of the different contact groups varies depending on their status and the nature of the contact with the case. These are described in the tables below.

Table 1: Case categorisation, required isolation and actions

Case Category	Contact tracing	Self- isolation	Testing
Confirmed case (Symptomatic)	Yes	Yes, 7 days post development of symptoms or until 2 days without fever whichever latest	No
Confirmed case (Asymptomatic)	Yes	Yes, 7 days post sample date	No
Possible Case	Yes	Yes, 7 days post development of symptoms or until 2 days without fever whichever latest	Yes

Table 2: Contact categorisation, required isolation and actions

Contact Category	Contact tracing	Self- isolation	Testing
Symptomatic contact <i>Classify as possible case</i>	Yes	Yes, 7 days post development of their symptoms/ until 2 days without fever whichever latest (if the symptomatic contact tests negative then 14 days from last contact with the original case)	Yes – testing will be arranged
Asymptomatic contact	No	Yes, 14 days from last contact with the case (For households with continuous contact with the case, this will be 14 days from the start of symptoms in the case) <i>For contacts of CAT B cases this applies to household contacts only (See Table 3).</i>	No
Contact with previous positive laboratory result for SARS-CoV-2	No	No	No

Table 3: Exposure type, contact definition and action

Category of contact exposure	Type of contact	Description	Self-isolation
Household	Household contact	Those that are living or spending significant time in the same household e.g. those that live and sleep in the same home, students in university accommodation that share a kitchen, and sexual partners and people who have cleaned a household where a case lives without personal protective equipment.	14 days
Non-household	Direct contact	Face to face contact with a case for any length of time, including being coughed on or talked to. This includes exposure within 1 metre for 1 minute or longer.	14 days (Confirmed and Cat A only)
	Proximity contact	Extended close contact (within 1-2m for more than 15 minutes) with a case or travelled in a small vehicle with a case.	14 days (Confirmed and Cat A only)
Travel	International travellers	International travellers, except from exempted countries even if not known to have been exposed to a case.	14 days
	International travellers and other aeroplane contacts (for cases from exempted countries)	Passengers sitting within two seats in every direction (i.e. the 2 seats either side, and then then 2 rows in front and behind of these seat) and cabin crew serving the area where the case was seated.	14 days (Confirmed and Cat A only)
Work-related	Appropriate PPE worn not worn	Persons in workplace settings (including health and social care and cleaners) who have not worn appropriate PPE when in contact with cases of COVID-19	14 days (Confirmed and Cat A only)

3.5 Information Flows

Ensuring the accurate, timely and safe flow of information between the three tiers of response will be critical.

Information in relation to contact tracing will primarily flow via two main routes.

3.5.1 Single national digital platform for contact tracing

The digital platform software will itself provide a single data source, and will transfer information seamlessly between each of the tiers. Each response tier will have a view of the data/information to support the functions that each tier needs to undertake.

The platform is being designed to facilitate real time evaluation of information and will provide metrics/dashboard facilities to use for oversight, co-ordination and reporting.

The digital platform will also facilitate the identification (flagging) and escalation of relevant case/contact information from local to regional tier.

3.5.2 Single points of contact for escalation and reporting.

In addition to the above, there is a need for the **National and Regional tiers** to identify and maintain single points of contact (email/telephone) to facilitate issues such as:

- Escalation of requests from regions for specialist health protection support.
- Provision of specialist health protection advice to Regions.
- Reporting and exchange of relevant information.

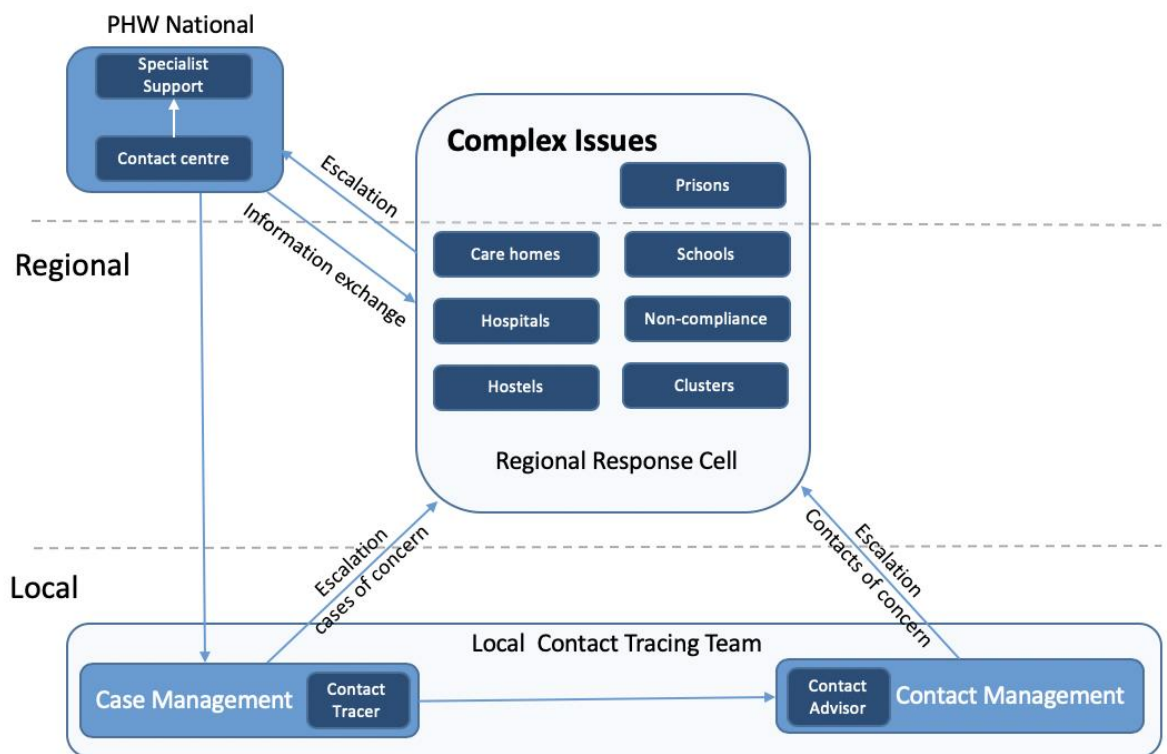
Within Public Health Wales, the National Contact Centre will have a dedicated single telephone number and email account for the receipt of enquiries and information. An appropriate 'Request for specialist support/escalation' form and process will be provided for use by the Regional Tiers.

Each Regional tier will similarly be required to establish and maintain, equivalent single points of contact for the above purpose.

The flow chart below, summarises the escalation processes and information flows between national and regional tiers.

Escalation processes and information flows between national and regional tiers

National



3.6 Staff Roles in Contact Tracing

As described, the Wales Contact Tracing system is formed of 3 tiers, National, Regional and Local.

3.6.1 National Response Tier

National Response will be responsible for the development of guidance, SOPs, protocols and supporting materials. The national tier coordinates at an all Wales level, and will support Welsh Government with advice to support strategic management of the pandemic. They will also ensure access to Health Protection specialist advice for all the Regional Response Cells.

Hosted by Public Health Wales, and including the **National Contact Centre**, this will comprise the following roles, who will be supported by the specialist health protection service.

Call Takers will be the first point of contact for those members of the public choosing to use the telephone for their initial contact with the Trace.Wales National Contact Centre. They will be responsible for recording the details

of possible cases and contacts reported by telephone. They will also provide advice according to Standard Operation Procedures (SOPs) and scripts and contact tracing system knowledge base. Difficult enquiries will be referred to a **Call Advisor**. Acute health issues should be signposted to healthcare services (111, 999, primary care etc).

Call Advisors are Public Health Wales staff within the National Contact Centre who will respond to general enquiries about COVID-19. They will be supported by guidance and the system knowledge base. Complex or difficult enquiries will be escalated to and managed with the support of specialist staff from the Public Health Wales Health Protection Team. Acute health issues should be signposted to healthcare services (111, 999, primary care etc).

Specialist Health Protection Support from Public Health Wales

Public Health Wales, will provide and co-ordinate specialist health protection support, advice and leadership to National (including Welsh Government) and Regional levels to respond to complex cases, clusters and incidents.

The Regional Tier will be able to access specialist advice and guidance from specialist Health Protection staff in Public Health Wales to support regional teams in their response e.g. to support complex cluster response.

The aim is to develop a 'virtual team' of specialist support staff including a Consultant in Communicable Disease Control/Consultant in Health Protection (CCDC/CHP), a specialist nurse/practitioner and some additional staff support to provide advice and guidance to each Regional tier (Health Board footprint).

Representatives will proactively attend (in person or virtually) strategic regional tier meetings (anticipated to be once or twice a week), to provide specialist advice and guidance. They will also provide a link between Public Health Wales and each Regional Tier and have a role in providing specialist advice in supporting complex cases and clusters of cases.

There will be a variety of other national support work to be undertaken and therefore the specialist support to the regional tier teams will only be one element of the CCDC/CHP and specialist nurse/practitioner work. Although the aim will be to ensure continuity of support however, there will still need to be a level of cross cover across Wales.

In addition, as in the Containment phase, a national COVID-19 consultant (CCDC/CHP) role will continue to be provided on a daily basis for any matter that needs to be advised on urgently.

3.6.2 Regional / Local Response Tier

Regional response tier staff will be involved in a variety of roles supporting the service at a regional level. They will include specialists from Local Authorities and Local Health Boards, (with access to Health Protection specialist advice support from Public Health Wales).

They will be responsible for responding to clusters within their area and providing proactive support to settings where the risk of transmission is increased.

This tier will be co-ordinated and delivered by Health Boards and Local Authorities and will include the following roles:

Contact tracers are staff identified and deployed as part of the local contact tracing teams. They will be responsible for the interviewing of cases and identifying their contacts. SOPs and scripts will be available and basic advice can be provided using the contact tracing system knowledge base. Any complex issues and situations should be escalated to the **Regional response cell**. Clinical issues should be referred to the **Clinical Lead**, or acute health issues should be signposted to healthcare services (111, 999, primary care etc).

Contact advisors are staff identified and deployed as part of the local contact tracing teams. They will be responsible for advising and follow-up of contacts who require management outside of the automated processes. SOPs and scripts will be available and basic advice can be provided using the contact tracing system knowledge base. Any complex issues and situations should be escalated to the **Regional response cell**. Clinical issues should be referred to the **Clinical Lead**, or signposted to Healthcare services (111, 999, primary care etc).

Clinical leads are staff identified and deployed as part of the local contact tracing teams. They will be responsible for advising and follow-up of cases and contacts who have clinical queries. Acute health issues should be referred to healthcare services (111, 999, primary care etc).

3.7 Quality Standards

Contact tracing is a fundamental approach to public health practice and has the aim of reducing the number of secondary cases of an infectious disease in an outbreak and the consequences of infection in subsequent cases.

In this next Recovery Phase contact tracing will seek to achieve its aim of reducing transmission of the infection by identifying contacts who may have

come into contact with the person with COVID-19 at the time the case was infectious.

Contact tracing is being delivered in a tiered approach. To assist with the monitoring of this intervention, it will be important to set quality standards for elements of the response, to ensure consistency and to measure the intervention as it is implemented. These quality standards will be developed in partnership however; an initial set of measures are set out in the following box.

DRAFT

Quality Standards for the Contact Tracing Service in Wales

1. Standards for Sampling

- a. Health Board responsibility - Time to sampling – need for sampling identified to sample taken = ?12hrs

2. Standards for Testing

- a. PHW responsibility- Sampling to results becoming available – sample arriving in lab to results communicated to individual – 24hr to 48hr
- b. UKG/PHE responsibility – use of Amazon web portal and English Lighthouse labs for population testing – 24hr to 48hr

3. Standards for contact tracing

- a. Regional Tier - All contacts identified - within 24hr
- b. Local Tier - All contacts contacted – within 24hr
- c. Regional Tier - Proportion of contacts showing symptoms – daily report
- d. Local Tier - Proportion of contacts needing active follow up - daily report
- e. Local Tier - Proportion of contacts contacted in the first attempt, second attempt, third attempt
- f. Number of contacts interviewed per working hour – by region

4. Daily Reporting

- a. Daily SitRep from each regional tier- daily report
- b. Average number of contacts per case
- c. Proportion of contacts stratified by risk category
- d. Number of new clusters reported each day
- e. Number of ongoing clusters by region
- f. Number of clusters closed in the last 24hr
- g. Proportion of contacts becoming cases
- h. Numbers of people in self-isolation at any given time
- i. Numbers of people going into repeat self-isolation

5. Notification to PHW

- a. All suspect and confirmed cases are notified to PHW within 4hrs of the first case in a closed setting (i.e. care home)
- b. CT summary published on the PHW interactive dash board daily.

6. Key Settings

a) Notification of all new incidents in key settings (with appropriate detailed content):

- a. Residential and Nursing Homes (daily sitrep)**
- b. Schools (weekly sitrep)**
- c. Large workplaces (weekly sitrep)**
- d. Other (weekly sitrep)**

7. Task group

- a. Weekly report to Strategic Oversight Group

8. Reporting time lines

- a. Contact tracing activity at all 3 tiers-0800hr to 2000hr x 7 days a week
- b. PHW to notify regional tier of new suspect cases reported via National Contact Centre telephone reporting – within same working day
- c. Local tier reports to regional Tier by 0900h each day (data correct at 8pm the previous night)
- d. Regional tier reports to National Tier by 1100h each day (data correct at 8pm the previous night)
- e. National tier collates report for the PHW daily statement and dashboard by 1300h each day.