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Iechyd Cyhoeddus
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Public Health
Wales

Name of Meeting

Board

Date of Meeting

28 May 2020

Agenda item:

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COVID-19

Executive leads:

Tracey Cooper, Chief Executive
Quentin Sandifer – Executive Director of Public Health Services/Medical Director
Huw George - Deputy Chief Executive and Executive Director of Finance and Operations
Rhiannon Beaumont-Wood – Executive Director of Quality, Nursing and Allied Health Professionals
John Boulton – Director of NHS Quality Improvement and Patient Safety/Director Improvement Cymru
Sian Bolton, Transition Director – Knowledge
Mark Bellis – Director of Policy and International Health, WHO Collaborating Centre on Investment for Health & Well-being (WHO CC)

Authors:

Neil Lewis – Deputy Director of People and Organisational Development
Alisha Davies - Head of Research and Development

Approval/Scrutiny route:

Tracey Cooper, Chief Executive
Quentin Sandifer – Executive Director of Public Health Services/Medical Director

Purpose

The purpose of this report is to provide the Board with an update about relevant aspects of the Public Health Wales response to the COVID-19 pandemic.

Recommendation:

APPROVE

☐

CONSIDER

☒

RECOMMEND

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ADOPT

☐

ASSURANCE

☐

The Board is asked to:

- **Consider** the update report in respect of COVID-19.

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

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities.

This report contributes to all of the Strategic Priorities**Summary impact analysis**

Equality and Health Impact Assessment	No decision is required
Risk and Assurance	Please see section contained within the paper. The Board is also referred to the agenda items in relation to the Strategic Risk Framework and Corporate Risk Register.
Health and Care Standard	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes Governance, Leadership and Accountability
Financial implications	Please see the integrated performance report.
People implications	A workforce section is considered in the report.

1. Purpose / situation

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

This paper sets out an update to the Board in a number of key areas. The Board is asked to note the pace of change with regards the pandemic and therefore anything written in this paper will have almost certainly developed or changed at the date and time of the Board meeting.

A verbal update at the meeting will supplement this paper.

2. The Global, UK and Wales context

We continue to publish data on a daily basis, the link to which is available [here](#).

3. Emergency Response level

We continue to treat the COVID-19 pandemic at enhanced level – this is reviewed on a weekly basis. The emergency response plan matrix previously shared with the Board (and attached as [appendix one](#)) continues to be the guiding resource during weekly reviews.

4. Population Health and Well-being

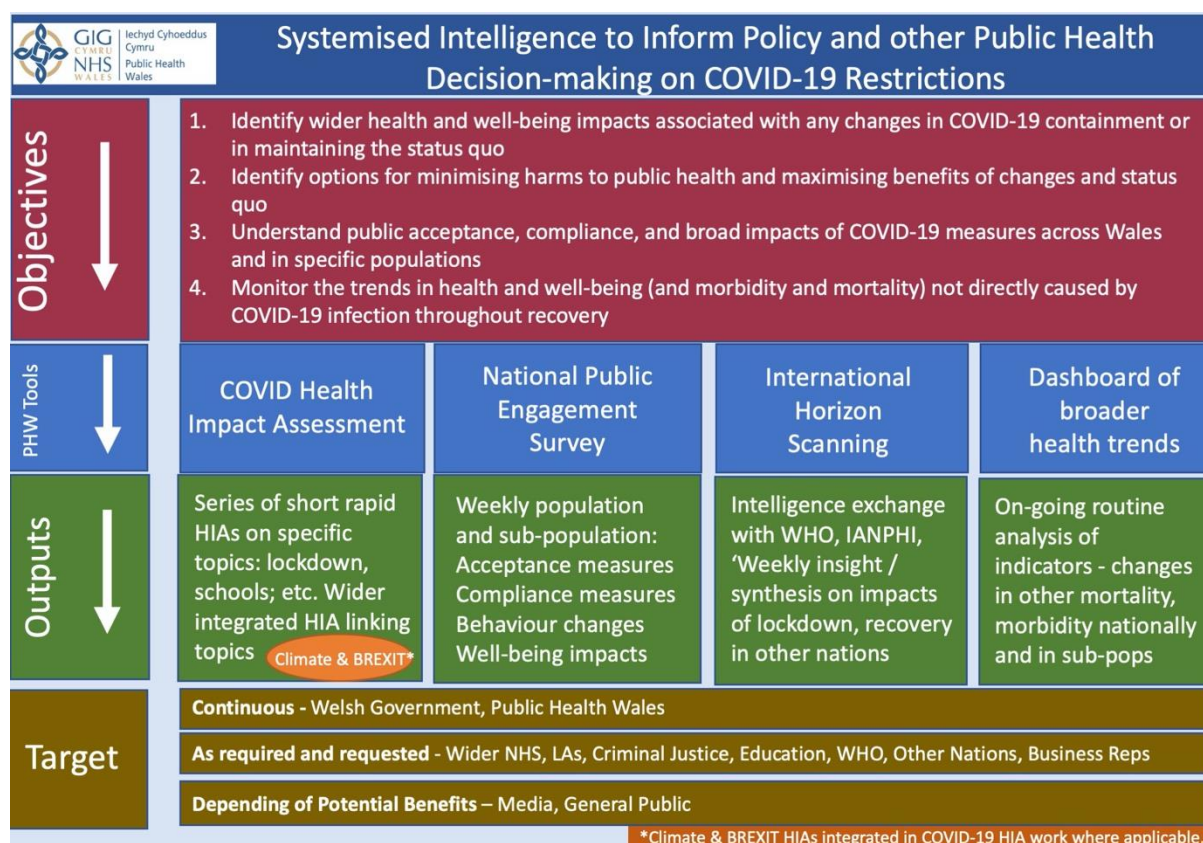
Public Health Wales recognises that responses to control the virus and related restrictions placed on the public can have negative impacts on aspects of population health and well-being. Consequently, it is critical that these are understood, monitored and, through decision-making processes, negative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

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

The four principle areas of work are (also summarised in the diagram below and expanded upon in [Appendix two](#)):

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

A further verbal update will be provided within the Board meeting.



5 Public Health Wales COVID-19 Research Update

Within the Public Health Wales, Public Health Protection Response Implementation Plan, Research and Evaluation will address the evidence gaps to inform and refine the public health response to COVID-19. Research and Evaluation activities are embedded within the implementation

work streams and the outputs report directly into the Executive Gold group. The research and evaluation activity includes the following.

Research Governance Processes

The Public Health Wales Research and Development Team is working closely with Health and Care Research Wales to keep track of changing research governance processes during COVID-19. As per the Chief Medical Officer guidance, all non-COVID-19 studies were suspended across Public Health Wales on the 18 March 2020. The Research and Development Team has produced guidance on fast tracking NHS research approvals for urgent public health research projects and shared this widely across Public Health Wales. The Team has prioritised studies focused on COVID-19, supporting queries and rapid NHS Research permissions and Ethical approvals.

COVID-19 Research and Evaluation Cell

A COVID-19 Research and Evaluation Cell, chaired by the Head of Research and Evaluation has been implemented. This brings together key individuals from health protection, behavioural science, microbiology and the wider determinants teams to discuss and share research and evaluation opportunities and priorities, and identify new studies, progress with existing studies and risks.

NHS Research Registry

The Research and Development Team continues to collate a research registry of all new and ongoing Public Health Wales studies, and those in development. This registry is reviewed weekly at the COVID-19 Research and Evaluation Cell.

As of the 22 May 2020, there have been no COVID-19 research study applications led by Public Health Wales submitted to the National Institute for Health Research (NIHR) / UK Research and Innovation (UKRI) COVID-19 Rapid Response Rolling Funding Call. This is likely to be largely attributable to current operational pressures.

However, Public Health Wales is a partner in four funding applications to the NIHR/ UKRI Funding Call which are as follows.

1. Ethnicity-4C-UK: Understanding ethnic inequalities in COVID-19 to inform policy (Prof Daniel Thomas).
2. Using a health literacy approach to develop more effective targeting of social distancing measures to promote compliance (Dr Nina Williams).
3. Controlling COVID19 through enhanced population surveillance and intervention (Co-PI Chris Williams).
4. Asylum seekers and Refugees: effects of COVID-19 on health (Rebecca Fogarty).

There are also three open COVID-19 research studies within Public Health Wales which are as follows.

1. Phase II/III Trial of ChAdOx1 nCoV-19 vaccine (PI Chris Williams).
2. COG-UK: large scale and rapid SARS-CoV-2 sequencing capacity to the four UK Public Health Agencies (PI Dr Tom Connor)
3. Precarious Employment survey and Impact of Covid-19, (PI Dr Alisha Davies).

Supporting research opportunities

The Research and Development Team and the Research and Evaluation Division is supporting others across the organisation by:

- ❖ Identifying research and evaluation opportunities and progressing existing COVID-19 studies.
- ❖ Raising awareness of funding opportunities on a weekly basis within the COVID-19 Research and Evaluation Cell and wider newsletter circulation list.
- ❖ Identifying and mobilising external support for COVID-19 studies, e.g. the Research and Development Team facilitated study set up and mobilised external resources through Health Care Research Wales and Cardiff University Trials Unit to assist with implementation of the Oxford Vaccine Trial.

The Research and Evaluation Division is also represented in the Welsh Government COVID-19 Research Cell and Public Health England weekly COVID-19 research network to help to link externally.

6 Updates on specific work-streams

Whilst recognising there are a number of work-streams involved in the pandemic response, two specific work-stream updates are contained within this paper.

Sampling and Testing - Public Health Wales has been working with colleagues in NHS Wales, Welsh Government, NWIS, Life Sciences hub and the UK Department of Health and Social Care (DHSC) regarding testing in Wales. A detailed update is available in [appendix four](#) of this paper.

Closed settings – A separate paper contained on the agenda for the 28 May 2020 Board meeting has been provided that describes the role of the Enclosed Setting Cell, established as part of Public Health Wales’ strategic response to COVID-19. The report also provides an update of the work of the Cell during the Containment phase of the response, which included evolving Welsh Government policy relating to Care Homes and summarises the current review and next steps as we move into the Recovery phase.

7 Public Health Protection Response Plan and Implementation Plan

On the 22 April 2020, the Chief Medical Officer wrote to the Chief Executive asking Public Health Wales to urgently develop a Public Health Protection Response Plan as expert public health advice in order to help inform the Welsh Government on its approach as the country moves towards and into the Recovery phase of the Pandemic.

The team developed the draft Plan and it was submitted to the Welsh Government on the 29 April. Public Health Wales was then asked by the Welsh Government to consult with health boards, local authorities and other partners on the Plan. This took place from the 29 April to the 1 May. During the weekend of the 2-3 May, all of the feedback from the consultation was considered and the draft Plan was amended to reflect the contributions. The final version of the Public Health Protection Response Plan was then submitted to the Welsh Government on the 4 May 2020. The Board was involved throughout the development of the Plan.

On the 13 May 2020, the Welsh Government published the *Test Trace Protect strategy* which outlines the approach in Wales as the social restrictions are relaxed moving into the Recovery phase. The strategy was informed by the Public Health Protection Response plan. The Public Health Protection Response plan was published by us on the 21 May 2020.

Following the issuing of the Public Health Protection Response plan, the Welsh Government established a Public Protection Strategic Advisory Group that is now overseeing the implementation of the Test Trace Protect strategy. Each Region (health board footprint) has produced an Operational Plan for the implementation of the Strategy and Public Health Wales has considered each of the regional operation plans to inform the Public Health Wales Implementation Plan.

The Public Health Wales implementation Plan for the Test Trace Protect strategy is on the Board agenda.

8 Public Health Wales Organisational Recovery Plan

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

An update was provided to the Board on the 30 April, the planned development work to create the organisational recovery plan continues and Board will receive a fuller update at its next meeting on the 28 June.

9 Public Health Wales Workforce

Public Health Wales workforce is key to the continued delivery of the COVID-19 emergency response. Our staff have adapted to significant challenges as we have moved through different stages of the response to the pandemic. The organisation has provided regular communication to keep staff well informed and a range of supporting tools and additional wellbeing support and 'keeping in touch' arrangements. Please see [Appendix five](#) for further update.

10 Management of Risk

Risk management remains an active consideration in all aspects of the incident management response.

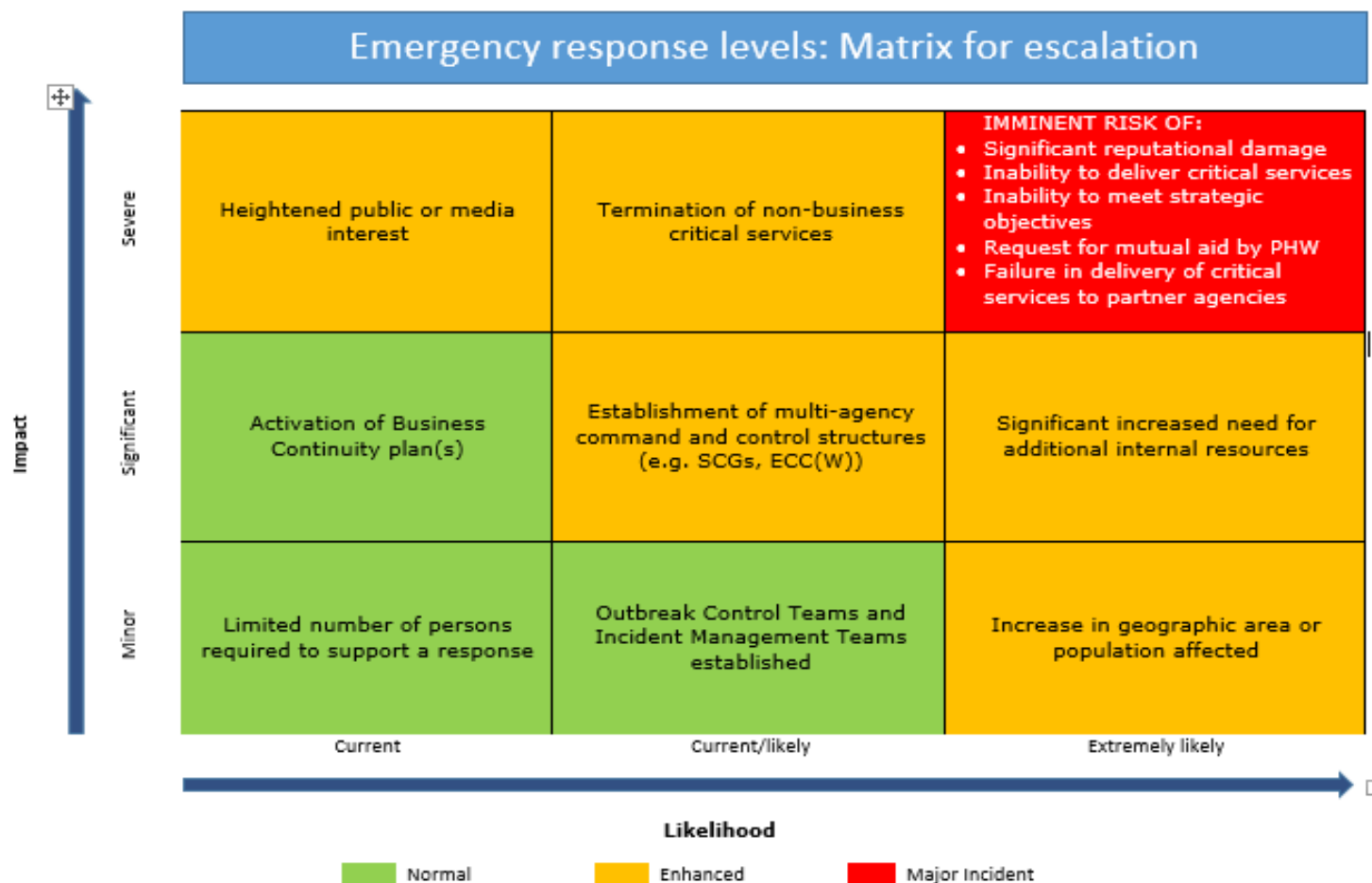
The strategic risk register relating to COVID-19 and the Corporate Risk Register are both contained within the papers for the 28 May 2020 Board meeting.

5. Recommendation

The Board is asked to:

- **Consider** the update report in respect of COVID-19.

Appendix one – Emergency Response levels, Matrix for escalation



Appendix two



Intelligence to Recovery from the COVID-19 pandemic using a Well-being of Future Generations Public Health Approach

Prepared by Public Health Wales

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i) Introduction and Background

The Covid-19 pandemic with its fast-evolving nature and significant unknowns, has led to unprecedented challenges for health systems, as well as to dramatic wellbeing, social and economic impacts. Many countries, including the UK, have implemented restrictions on people's movement, introducing social distancing and quarantine/self-isolation, as well as reducing significantly various travel, trade and commercial activities. This is resulting in direct and indirect, immediate and longer term, consequences for families, communities, society, the economy and the environment. To understand, mitigate and address these, an holistic, joined-up, timely, and evidence-informed public health approach is required across all governance levels, sectors and stakeholders.

Public Health Wales has already developed a Public Health Protection Plan for Covid-19, describing the national approach and the role of Public Health Wales to prevent and minimise further spread of the virus. Plans include contact tracing, population surveillance and sampling and testing of residents and workers in Wales. The plan recognises that Covid-19 represents a major threat to population health and the scale of the response necessary to address this threat. In addition, as the national public health institute, Public Health Wales also recognises that measures to contain and control the virus and the disease it causes, can have significant unintended, potentially harmful impacts on people's health and wellbeing. It is critical to understand these as early as possible, to monitor their evolution, to explore relevant evidence and solutions for Wales, and to inform policy and decision-making in order to mitigate or minimise harm wherever possible. Some measures may have positive impacts on wellbeing, in addition to the direct impact of limiting virus spread, and likewise, it is important that we fully understand these in order to optimise our response.

At the same time, while Covid-19 infects indiscriminately, its wellbeing impacts are not equally felt by everyone. The impact of austerity means that those services who may be required to support increase in demand may not have capacity. Equally the emerging evidence of a disproportionate number of infections and mortality in Black and Minority Ethnic communities and in the more economically deprived areas of the UK show that existing inequalities are now being laid bare, and perhaps exacerbated. Those in vulnerable situations are both more likely to be exposed to the virus and more likely to suffer the most serious health impacts, and are likely to disproportionately come from these communities as a result of health and broader inequity. Thus, measures developed, implemented, maintained (or relaxed) should take due consideration of their potential direct and indirect benefits and harms on different communities so that wellbeing of all individuals and communities across Wales can be protected.

A broader consideration of population health during Covid-19 is also consistent with the unique policy approach Wales has adopted to health in general. Through the Well-being of Future Generations Act (Wales) Act 2015 (WBFGA) and the Prosperity for All national strategy, Wales is taking a more inclusive and more future thinking approach to health and well-being. It recognises that health is shaped by a far greater range of social, economic and environmental factors, than just the provision of health services. Critically a WBFGA approach incorporates all sectors of government and public bodies, with broad support from a range of stakeholders, organisations and the public in Wales. Adopting the principles of the WBFGA helps ensure we consider the influence of our current actions on all people and communities, in a holistic, fair and inclusive way, reaching from the present to future generations.

ii) Considering health risks resulting from Covid-19 control

There is an increasing recognition that, in particular, Covid-19 restriction measures on working, education, leisure, culture and travel will have considerable direct and indirect negative impacts on health and well-being, as well as the potential for positive impacts.

Immediate Health, Well-being and Social impacts include but are not limited to:

- Loss of non-Covid-19 related health care and support (including across key areas such as cardio-vascular disease, cancer, mental health and wellbeing);
- Effects on immunisation and vaccination uptake and consequent later impacts on health and well-being;
- Reductions in screening and related early intervention and prevention;
- Healthcare cancellations, delays and disrupted treatment;
- Reduced seeking of medical support due to lockdown and fears of Covid-19 infection;
- Uptake or increase of unhealthy lifestyle behaviours, such as smoking, alcohol misuse, gambling, unhealthy diet and lack of physical activity, which can have long-term impacts
- Increased isolation of families not already in at risk categories for safeguarding, potentially leading to reductions in referrals to social services and other help
- Increased exposure to death, both in terms of media reporting and experience of Covid-19 within families, without access to structures and rituals in person (such as religious rites and funerals), and mechanisms to grieve, all of which support recovery from bereavement
- Social isolation, along with limited connectedness with family, decreased personal contact with families with long term, terminal

illness or in hospital/care homes, friends and communities and subsequent impacts on mental health;

- Increased risk of levels of Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) child abuse and elder abuse (all of which can have long term impacts);
- Reductions in children's development at critical stages in their learning and including social and friendship impacts;
- Enhanced exposure of Children and Young People to Adverse Childhood Experiences in the home, and long-term impacts on development, access to protective factors and negative health and social outcomes (including drug and alcohol dependency, violence, criminality, exploitation)
- Some potentially beneficial impacts such as reduced air pollution levels especially for those people who do not have access to gardens or outside spaces and reduced risks of being infected with other infectious diseases,

Medium and Long-term Social and Economic Impacts which affect health include:

- Impacts on loss of employment;
- Loss of income and increased indebtedness, with associated impact on food security, quality of life, ability to buy essentials and mental health;
- Interrupted educational services including schools, Further Education colleges and universities with direct impacts on individuals' mental health and life prospects and, a reduction in numbers of and educational status of people coming through into the workforce;
- Less taxation income and other factors that have medium to longer term impacts on funding of essential public services.
- Impact on life expectancy of a longer-term economic collapse, that could disproportionately affect those already experiencing the negative health impacts of austerity, for example women from lower socio-economic backgrounds

All of the above may have a disproportionate effect on children and young people, disadvantaged communities and groups, and potentially further increase the health inequalities gaps further. Consequently, as well as understanding how different responses to Covid-19 relate to the above across Wales, it is also important to understand how each may differentially impact different groups, communities and health inequalities. Thus, recovery plans should be informed by examining the balance between infection control (including Covid-19 deaths, morbidity and direct impacts on health and social care systems) and the negative impact that control measures are likely to have on health and well-being now and over coming years.

iii) Understanding acceptability, compliance and impacts of Covid-19 measures

Plans to control Covid-19 with the minimum negative consequences for population health and wellbeing and maximum health benefits also require an understanding of the acceptability of and compliance with measures to the general public and specific sub-populations. Plans also requires intelligence that allows monitoring and assessment of any changes in health (alongside Covid-19 morbidity and mortality) related to restrictions imposed on the public and business across Wales. Such monitoring and assessment should examine at least those factors identified in [Section ii](#).

iv) Informing policy and practice

To help inform policy options for an optimum balance between virus control measures and potential negative consequences, Public Health Wales can provide support in four main areas.

- Covid-19 Health Impact Assessments (HIAs)
- National Public Engagement Survey on well-being and behaviours
- International Horizon Scanning
- Dashboard of broader health indicators

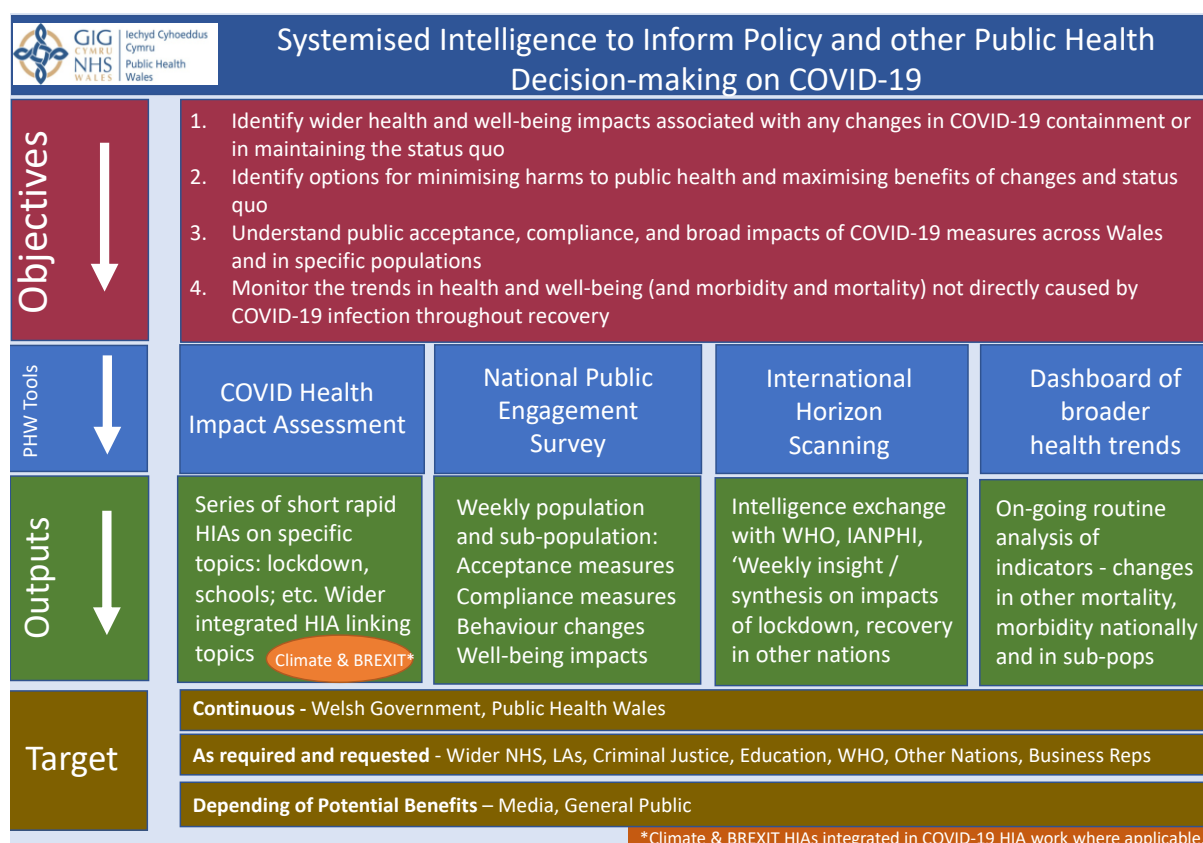
The details of these tools and their proposed deliverables are outlined on Figure 1.

a) Covid-19 Health Impact Assessment

Public Health Wales has an internationally renowned Health Impact Assessment Team which can develop and coordinate activities to examine:

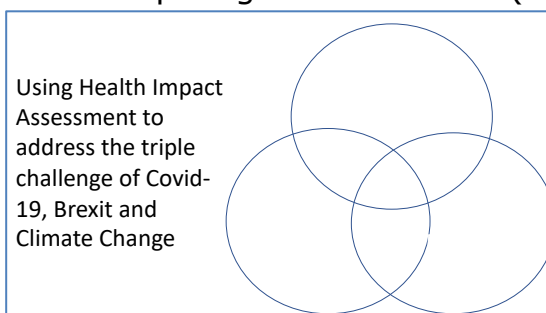
- the potential wider health and wellbeing impacts across society as a whole;
- the potential positive or negative impacts or unintended negative consequences for determinants of health and well-being including physical, social, mental, technological and economic aspects;
- the impacts on population groups, providing an insight into those vulnerable groups in Wales who may be particularly affected as a result;
- any widening health inequalities;
- longer term impacts of decisions and actions, thereby identifying where mitigating actions for negative impacts are needed or how to maximise any opportunities, such as building on any environmental or social gains.

Figure 1.



HIAs can promote a *whole of government* and *whole of society* approach to Covid-19 recovery planning and interventions, for example by enabling involvement and dialogue across government and with different sectors and stakeholder organisations. HIA is an ideal tool to demonstrate the five ways of working of the WBFGA (Long term, Integration, Involvement, Collaboration, Prevention), as well as helping to meet forthcoming legislative requirements such as the Public Health Act and the Socio-Economic Duty.

Working with Welsh Government, the HIA team in Public Health Wales WHO Collaborating Centre can identify those areas requiring most attention (e.g. economy, education, Third sector, positive or negative impacts on health care) or in the development of maximum benefit / minimum harm pathways (e.g. rolling out mass testing, mass vaccination) and undertake rapid participatory HIAs. Rapid HIAs are already underway on *Staying at Home and Social Distancing* with initial results available in the second half of May.



Covid-19 HIAs will also integrate knowledge emerging from other aspects of HIA already underway in Public Health Wales – specifically in the areas Brexit and Climate Change. Such integration should help identify and plan support for those individuals and communities affected most by multiple issues but also recognise potential win-wins (e.g. investing in new greener businesses) emerging from this triple challenge. The number and speed with which these HIAs can be undertaken depends on the resource available.

As a process to inform cross-governmental planning a **Covid-19 Health Impact Assessment** directly supports multiple aspects of the Welsh Government's plan *Leading Wales out of the coronavirus pandemic – A framework for recovery*. These include addressing the issues of:

- Is it a measure of relatively high positive economic benefit?
- Does it have a high impact on social and psychological well-being?
- Does the measure have a high positive equality impact?

There are likely to be some positive developments, related to community action on local level to manage and mitigate health, social and economic impact of the COVID-19 crisis and related measures. Actions such as grass root initiatives, established by people, communities, various public and third sector organisations, as well as private businesses, may help strengthen human and social capital and community resilience. The HIA will also examine such outcomes and where they may support sustainable local social and economic gains in health and well-being.

b) International Horizon Scanning and Partnerships

Public Health Wales has already invested in strong links with international agencies which are now allowing us to access intelligence on Covid-19 from bodies including WHO and IANPHI, to work across the five nations (including Ireland) and to utilise a range other European and global networks and organisations. Our well-established WHO Collaborating Centre, together with the International Health Coordination Centre (IHCC), are already gathering international knowledge relating to Covid-19, restrictions measures and more recently pathways out of lockdown measures. Critically, such intelligence includes considering the right balance between infection control and wider impacts to people's health, society, environment and the economy. It should also look at the issue of informed consent and enforceability, in particular where police powers have been extended and where compliance is achieved. Public Health Wales will:

- Continue to act as an intelligence gateway into and out of global and European networks and organisations, including WHO, ECDC/CDC and IANPHI, for when and how to exit lockdown and related transition and recovery strategies;

- Ensure we are linked in with public health thinking in England, Scotland, Northern Ireland and Ireland both on what plans they are considering (and why) and the potential impacts actions such could have on health in Wales;
- Link in with and support the international and economics teams in Welsh Government to ensure we have a joined-up resource capable of informing policy decisions;
- Provide a weekly update on International Horizon Scanning on transition and recovery approaches, including interpretation of what this might mean for Wales;
- Working with WHO, look at the medium and long-term social and economic impacts of Covid-19 and evidence-informed approaches with a focus on health equity, economic analysis and modelling, social value and community action. This can be embedded in the Welsh Health Equity Status Report Initiative (WHESRI), working jointly with WHO and Welsh Government, and aligning with the international learning and action.

International Horizon Scanning directly supports Public Health Strand Three - **Learning from International experience** - of the Welsh Government's plan *Leading Wales out of the coronavirus pandemic – A framework for recovery*.

c) Engaging with the Public on Covid-19, Lockdown and Recovery

Public Health Wales is undertaking a weekly telephone survey to engage and understand the public across Wales on Covid-19 related issues. The engagement survey examines the impacts of Covid-19 concerns and related restrictions on people's physical and mental well-being, their trust in the organisations providing behaviour advice and their acceptance or otherwise of measure puts in place to control Covid-19 infection. Public Health Wales will:

- Continue the survey to track national changes in confidence in government advice and public services, adherence to advice and physical and mental well-being and how far basic hygiene practice is embedded;
- Examine how impacts vary by deprivation, gender, age and ethnicity;
- Explore the impacts on specific sub-groups such as those with children or individuals vulnerable to Covid-19 infection;
- Support actions to understand levels of past infections (linking with Health Protection, Testing and Tracing plans and, for instance, using data in the survey on how many people think they have already been infected and of those how many are tested);
- Depending on resource, explore expanding data collection to include those under 18 years of age (in collaboration with the Children's

Commissioner's and the Well-being of Future Generations Commissioner's offices);

- Provide weekly reports on all of the above as well as support ad hoc questions from Welsh Government and other key stakeholders;
- The survey has been designed so that it also generates a national panel (set representative sample of people across Wales) who can be used to monitor trends in the longer term.

This work directly supports Public Health Strand Four – **Engaging with the Public** - of the Welsh Government's plan *Leading Wales out of the coronavirus pandemic – A framework for recovery*.

d) Dashboard of Broader Health Trends

During the Covid-19 pandemic and for a period of time following it is essential to understand any changes in health well-being that, whilst not directly related to Covid-19 infections, may result from Covid-19 related activities or restrictions. Public Health Wales is proposing a Covid-19 related Health Trends module complements its Covid-19 dashboard to monitor potential changes to health and related statistics that may be emerging from Covid-19 related activity. This work would be led, and iteratively developed, through the Health Intelligence Division of Public Health Wales and would include input from a number of sources both inside and outside of Public Health Wales. This work would:

- Establish health harms and deaths that are increasing as a result of Covid-19 including those that may result from:
 - interruptions in screening, reductions in vaccinations, changes in provision and access to emergency and elective health care services and changes
 - changes in personal circumstances (e.g. unemployment and impacts on mental health)
 - events that may have increased in frequency as a result of restrictions in people's movements (e.g. home injuries, VAWDASV, child abuse and elder abuse)
- Working with Vaccine Preventable Disease Programme monitor and if appropriate model potential effects on immunisation and vaccination uptake and consequent impacts on health and well-being going forward;
- Utilise intelligence emerging from the public engagement survey ([section c – above](#)) on well-being trends in the general population;
- Adapt monitoring to include additional health and well-being risks identified in the health impact and international horizon scanning work ([sections a & b – above](#));
- Incorporate data and monitoring relating to criminal justice related risks to health and well-being collated through the Violence Prevention Unit and our Adverse Childhood Experiences Hub (e.g.

- levels of domestic abuse, and other abuse, mental health and impact on families of short- and long-term measures);
- Incorporate other data as it emerges such as from the national study and other sources on Covid-19 effects on employment and consequent impacts on health.

Appendix three - COVID19 profile proposal

1 Background

The COVID19 pandemic and the response to it is impacting public health in Wales. Effects include mortality, including that resulting both directly and indirectly from COVID19; mental wellbeing, including both anxiety and community cohesion; NHS service utilisation including hospital admissions, Emergency Department attendance, Primary Care and screening; health related behaviours; and impacts on the wider determinants of health such as income, employment and education.

To understand, mitigate and address these effects at the strategic level, Public Health Wales is proposing an holistic, joined-up, timely, and evidence-informed public health approach across all governance levels, sectors and stakeholders. This summary paper sets out the approach to delivering one element of the public health response – a profile of broader health trends.

2 Approach

It is recognised that the impact of Covid19 and the response to it will have impacts in the short, medium and long term. For this reason it makes sense to invest in the creation of a modern, accessible and flexible public health intelligence product that can be developed as resource to inform decision makers over the long term, and which can be developed at pace. However, it is also recognised that there is an imperative for information to be available as soon as possible. Therefore a twin-track approach is proposed:

- 1) A limited interim reporting tool in Word/PDF collating analysis from multiple sources similar to that presented in 'Brexit monthly report'
- 2) An interactive online profile produced using 'R', developed and published iteratively. The first iteration will be developed within three weeks and will then be further developed with additional information over the coming months.

2.1 Interim reporting tool

This report would be in Word/PDF format with a set of key indicators collated from numerous sources. The emphasis would be on rapid production and the aim would be to circulate the first report by **5 June**. Content would be mainly at the all Wales level with minimal narrative and, where possible, would be based on information that has already been published. The report would be updated on a monthly basis and would contain key metrics covering mortality, NHS service utilisation; mental wellbeing, and wider impacts. The report would be based on a template used for the monthly Brexit report. It is anticipated that the monthly interim report would have a shelf life of about three months after which the volume of content in the interactive profile (outlined on the next page) would be sufficient to dispense with it.

2.2 Interactive profile

It is proposed that a detailed intelligence product is developed by the Observatory in a format which allows in the inclusion of brief narrative and caveats around the analysis. This would be delivered in 'R' software allowing online access using desktop, laptop or mobile devices and the content would be interactive giving the user the ability to select indicators and various geographic and demographic breakdowns. This format has been successfully deployed by the Observatory being a flexible means of creating interactive output with narrative and which is amenable to efficient update/refresh, for example [Mental Wellbeing in Wales](#).

The development and publication of the content would be iterative starting with a limited 'beta' output which it is hoped could be circulated by **12th June**. The aim would be to focus firstly on mortality and then look to actively collect feedback from key users to ensure the product is being developed in line with their expectations and needs. Publication would be via the ShinyApps website.

Indicators within the profile would be dynamic with monthly data updates where feasible. Information to support tactical decisions including data that is updated on a daily and weekly basis is accessible via the COVID19 surveillance dashboard managed by CDSC.

3 Proposed outline content

The impact of COVID19 is multifaceted and the profile will need to reflect this. The amount of data that could potentially inform the profile is considerable. To help organise the development of the profile indicators will be organised into key topic areas or sections. Table 1 shows a brief outline of the proposed content. This is not exhaustive, is subject to data availability and would remain under review as the profile is developed.

Table 1 Outline content of the profile

Section	Indicators*	Section	Indicators*
Mortality	Excess deaths – Covid non-Covid Place of death Cause of death	Health behaviours	Alcohol consumption Smoking Physical activity Gambling
Mental health and wellbeing	Anxiety / stress/ depression / loneliness etc. Self-harm Suicide	Wider impact	Benefit uptake Employment Unemployment & underemployment Tax revenues Furlough scheme stats Transport use and mode Air quality Housing and homelessness Contacts with advice agencies Crime incidence

***Details TBC**

Appendix four - Testing Update

1 Background

Public Health Wales has been working with colleagues in NHS Wales, the NHS Wales Informatics Service (NWIS), Life Sciences hub, Welsh Government and the UK Department of Health and Social Care (DHSC) regarding sampling and testing in Wales.

In response to the outbreak the UK Government had developed a digital booking solution, drive through centres and home delivery of testing kits to individuals. The UK solution presented significant challenges if used within Wales:

- ❖ Wales uses a single dry throat swab rather than the two wet swabs used in the DHSC model.
- ❖ PHW preferred for all swabs to pass through, and be tested, in PHW labs rather than labs across the UK.
- ❖ Swabs that would have been analysed in UK labs would have had their results stored in England. At the start of the outbreak there was no opportunity to report the data back in Wales and be stored within the Welsh Clinical Portal.
- ❖ There was a need to develop a more digital solution to support mass testing within Wales as a number of the processes within the laboratories involved manual input of data. This has resulted in the development of electronic test requesting.

To that end, PHW has worked with partners to develop a digital end-to-end process. Proof of concept took place on the 25 and 26 April with South Wales Police, and a subsequent business case was submitted to Welsh Government to support on-going development of the portal. The business case was approved on 27 April 2020.

At the beginning of May 2020, the issues of results not being reported back in a timely manner to Scotland and Northern Ireland was largely solved. In addition, Public Health Wales asked Welsh Government to see if it was possible to access UK testing capacity in addition to its own, thereby providing additional capacity and resilience. Furthermore, the complexity of the Welsh portal led to slippage in timelines.

As a result, a Ministerial Decision was taken on the 11 May 2020 to adopt the UK.gov approach to testing. Consequently, the further development of the Welsh portal has ceased, and the site has been decommissioned.

The end-to-end process for testing in Wales is laid out below:

2 Referral

From the week commencing the 18 May 2020, key workers and symptomatic family members can access tests through the UK.gov portal. At the present time they are only able to access home delivery of test kits through the portal. The Welsh Government, NWIS, Public Health Wales and the Department of Health and Social Care are working closely to enable online booking of a test at a testing centre such as a drive through facility. There are on-going challenges of linking the booking portal to the information systems in Wales. However, the Welsh Government and NWIS leads are confident this will go live from the end of this week

For key workers currently wishing to receive a test at a testing centre in Wales, the process remains manual and involves either employer or employee referring themselves via email to health boards who will book them in for a test. This means health boards can flex their availability of slots to account for their sampling capacity and PHW lab capacity on a given day. Details regarding referral are available on the Welsh Government website.

In the coming weeks a third portal will also become available to enable care homes to book tests for residents and staff. Welsh government is working closely with the UK to enable this.

3. Sampling

Sampling is taking place across Wales from Coronavirus Testing Units, set up by the health boards, and additional sampling capacity has been set up through the use of drive through facilities (Population Sampling Centres) and mobile testing units.

3.1 Population Sampling Centres

Public Health Wales has been supporting Health Boards, DHSC and Deloittes to set up drive through facilities as a means to build system sampling capacity. Support was also received from the military. DHSC has currently committed to providing the funding for four such facilities in Wales. These include:

- ❖ Cardiff City Stadium
- ❖ Carmarthen show ground
- ❖ Abercynon park and ride
- ❖ Llandudno Coach Park

In addition, Rodney Parade was opened by Aneurin Bevan University Health Board and Swansea Bay University Health Board opened Liberty Stadium.

Cardiff City Stadium is currently operationally managed by PHW. However, discussions are currently taking place with Cardiff and Vale University Health Board to hand over the management of the site on the 8 June 2020. The other sites are operated by health boards.

Discussions with the DHSC have taken place regarding two additional sites in Wales. Locations are currently being explored, with one site in the north and one in the south east currently favoured. PHW will continue to support these discussions.

3.2 Mobile testing units

With support from the military, Wales has received 8 mobile testing units. Each unit consist of 12 soldiers and 3 vans. These units are currently deployed with each health board. Powys has 2 units aligned to it as it does not have access to population sampling centres at present. The units are currently used to support testing as defined by health board requirements.

On the 24 June 2020, the military will cease supporting the mobile testing units. However, the vans themselves will remain in Wales. Options are currently being explored to continue using the units after military support comes to an end.

3.3 Home delivery of test kits

Home delivery of test kits is now available to the population in Wales through the UK.gov portal. When a kit is ordered, it is delivered to the home by Amazon. Once the individual has undertaken the swab, it is collected by a courier and transferred to a laboratory in England.

4. Testing

At the present time, home delivery kits are tested in laboratories across the UK. The challenges of results not being able to transfer back into Welsh information systems has been overcome. Results are now returning and become part of an individual's clinical record in Wales. Welsh Government and NWIS are leading this in partnership with Microbiology.

All samples taken in Wales, at testing centres, are processed through Public Health Wales labs.

5. Results

Mobile phone texting of individuals attending testing centres was piloted at Rodney Parade and Cardiff City stadium in late April, whereby the result was texted to the key worker who had been tested. Apart from CVUHB all health boards and trusts are now signed up to using the text service for results. This is part of a Public Health Wales contract. Ongoing

conversations are taking place with CVUHB. Manual exceptions are now managed by health boards rather than PHW. PHW and health boards are working to ensure that the process is resilient and in line with governance requirements.

Where samples are analysed in UK labs (rather than PHW) results are texted back to individuals through the UK.gov portal. On-going conversations are taking place to consider centralisation of texting of all results regardless of where the test is analysed.

Appendix five

Workforce update presented to Gold. (Further updated for the Public Health Wales Board)

1. Purpose / situation

The purpose of this paper is to provide an overview of Public Health Wales' staff, including availability for deployment and mobilisation to support our Covid-19 response or the wider NHS. It also provides an update on my Contribution/objectives and the Staff Survey.

It includes information on:

- overall Public Health Wales staff numbers
- availability of staff for deployment
- redeployed staff (internal and external)
- call centre trained staff and rota shift uptake
- current levels of Covid-19 sickness absence
- workforce resilience for Covid and business critical functions
- My Contribution/Objectives
- staff Survey

The information included within this paper should be considered alongside the workforce dashboards developed by the Corporate Analytics Team that have been presented previously. The dashboard links are contained within the Integrated Performance Report (for internal use only).

The workforce information included within this paper is accurate as at 26 May 2020. The data included within the dashboards is refreshed daily, so there may be some slight variances with the figures included within this paper.

2. Background

The analysis provided within this paper draws on significant work that has been undertaken in recent weeks to ensure we have mechanisms to rapidly mobilise and deploy available resources, robust information on staff skills/qualification and real-time information in relation to Covid-19 sickness absence.

A Workforce Mobilisation System has been developed, and a team established to manage requests for resource. This went live on 08 April 2020. Since then, the team have managed a number of requests, both internal and external, for additional resource.

The Corporate Analytics Team have developed a number of interactive dashboards for Gold, and the wider organisation, that provide a live picture of the Public Health Wales workforce. These have been presented to Board, Gold and Silver and should be used to help make decisions over future workforce deployment and mobilisation. In addition, a recent exercise was undertaken to verify the numbers who are currently working on Covid-19 and other business critical functions and steps are in place to ensure that a system is implemented to update and refresh this information on a regular basis.

An initial analysis on workforce resilience was first provided to GOLD Group in late March (as part of the above dashboard) which showed the size of the total staff pool available for each role within PHW identified as either COVID-critical or business critical. This information was provided so that GOLD Group members could identify which functions and roles were most at risk from increased staff absenteeism from COVID-19 and whether remedial action needed to be taken to increase workforce resilience. This analysis has since been updated and refined to reflect actual staff availability (from ESR and verification with Directorates) as well as changes to people deployment and rotas.

3. Assessment of Workforce Availability

3.1 Overview

Our workforce information shows, as at 26 May 2020, Public Health Wales has 1,884 staff in post (excluding hosted bodies). Of those staff, 1,562 are currently deployed as part of our Covid-19 response, or are delivering a critical non-Covid19 service (e.g. maternal screening programmes). This number has been verified following consultation with Directorates and sees an increase since the beginning of the response, as more staff have become involved in Covid related work.

Consequently, Public Health Wales currently has 322 staff (identified as non-critical) available for deployment, either to support our Covid-19 response or to provide mutual aid to the wider NHS. This figure includes 100 staff in Screening who are currently available for deployment, although this may change in line with the reintroduction of some Screening Programmes.

The breakdown of staff available for deployment by Screening Programme is as follows:

- Abdominal Aortic Aneurysm – 11
- Breast Test Wales – 18
- Cervical Screening Wales – 16
- Diabetic Eye Screening Wales – 38
- Engagement Team – 11
- Support Group – 4
- Training Team – 2

For all staff available for deployment, we have gathered significant additional information in recent weeks on their skills, qualifications and competencies through two surveys (clinical skills audit and generalist skills audit). This allows for a more precise identification of people to match the requests made for additional support.

3.2 PHW Workforce Mobilisation

Since the launch of our Workforce Mobilisation System, we have processed 51 mutual aid requests for additional resource. This is made up of 26 internal and 20 external requests (5 declined) and has resulted in 125 staff being redeployed.

20 of these staff have been redeployed to provide mutual aid to the wider NHS, while 105 staff have been reallocated to directly support Public Health Wales' Covid-19 response. 35 (not included in 1252) staff are currently in the process of having their deployment agreed and finalised.

3.3 PHW National Covid-19 Contact Centre

As part of our response to Covid-19, Public Health Wales has trained 492 staff in the various Contact Centre roles, as a result of individuals being moved to other business critical activity, there is now significant pressure on the Contact Centre resilience. This has also resulted in an increased reliance on bank and agency staff. There has also been limited uptake of evening/weekend shifts, staff withdrawing from shifts already allocated and staff registering for shifts/providing availability at a lower rate than their contracted hours.

This has now become a critical issue for the organisation in view of the priority that needs to be given to resourcing the PHW National Contact Centre to potentially receive increased volumes, as part of the Response Plan.

Work has been undertaken to further understand the situation and the People and OD Directorate have been in direct contact with Directorate Business Leads to understand the issues that are preventing staff from volunteering for shifts.

It has become apparent that as many as 235 of the 'roster-ready' staff are now engaged in Covid-19 related work and other business critical duties. Executive Directors have been asked to review the list of their roster-ready staff and to prioritise as many as possible to work in the Contact Centre.

3.4 PHW Sickness Absence

We currently have 85 Covid-19 related absences, which includes 6 staff who are sick and 79 who are either caring for dependants, fit but symptomatic, self-isolating/shielding, or unfit to work. Of these, 38 are currently working from home.

This information is available via the new interactive Covid-19 sickness absence dashboard, which has been developed by the Corporate Analytics Team and allows the information to be seen at an organisational, directorate and divisional level.

3.5 Workforce resilience for COVID and business critical functions

The current position on workforce resilience is presented below by key function, with information on specific roles presented overleaf. Resilience is shown at full staff availability and, more realistically, at 75% staff availability.

Function	Estimated staff pool (people, not WTE)	Key Number required (per 24 hour period)	Levels of resilience	Assuming 75% availability
Screening	140	84	1.7	1.2
Enabling	87	36	2.4	1.8
Microbiology	171	60	2.9	2.1
Strategic/ tactical	30	7	4.3	3.2
Specialist - Health Protection	98	18	5.4	4.1
Operational - Contact Centre (CQ2, Matrix)	311	50	6.2	4.7
Admin	58	9	6.4	4.8
Analysts	38	5	7.6	5.7

Notes

- 1) Staff numbers are people, not WTE
- 2) All numbers subject to ongoing validation and updating

The least workforce resilience is found in the following areas:-

- **Screening** - The main risk highlighted by the Screening Director is in relation to New-born Hearing Screening, which is a business-critical function. A further six staff are being trained as Screeners from other areas, however resilience will remain low. Stated resilience is less than two in most roles
- **Microbiology** – There is now greater resilience compared to what was previously reported given that samples can be switched between laboratories across Wales; that Consultants can work remotely, and the level of interchangeability between teams. In addition, Screening’s Magden Park Laboratory is now involved in COVID-testing and there is also increasing use of private laboratories to increase capacity.
- **Health Protection** – Resilience is relatively low amongst the team of core Health Protection Consultants supporting Out of Hours and Daytime COVID -19 and aware rotas. However, this team is being supported by a larger Consultant pool, for instance the Professional Leads.
- **Contact Centre roles** – Whilst the headline level of resilience is relatively good, actual staff availability for shifts is significantly lower (as much as 60%) than previously thought owing to staff absenteeism and fewer staff volunteering for shifts. Actual resilience for moderate call volume across the following roles is now only 1.5 times the rota requirement for CQ2.

Role	Staff Numbers Trained	Staff Numbers Roster-Ready	CQ2 Shifts Volunteered (WTE)	CQ2 Rota Requirement (WTE)	CQ2 Levels of Resilience
Supervisor Call Advisor	22	11	5.7	2.8	2
Supervisor Call Taker	19	14	9.3	2.8	3.3
Call Advisor+	54	50	23.4	18.2	1.3
Call Advisor	139	61	10	10.6	0.9
Call Taker	262	175	27.8	15.2	1.8
Total	496	311	76.1	49.6	1.5

3.6 Workforce Requirements for Response Plan

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

Data on the exact resources required has been gathered directly from appropriate responsible managers and submitted in the plan to WG.

There are effectively two streams to resourcing the required need, which will be achieved through extension of the existing internal mobilisation of staff and external recruitment.

With regard to internal mobilisation, our staff will continue to be critical in supporting our response and we'll be seeking to mobilise those with the appropriate skills into roles within the Health Protection Response Cell; Contact Centre; Regional Response Cells; Enhanced Surveillance and Laboratory Testing (Virology).

All external recruitment required in response to the plan sits specifically within the Surveillance and Sampling and Testing work streams. Having secured 8.8 WTE posts via mobilisation, a paper is being taken to Gold on 28 May 2020 to agree sign off of the required additional recruitment subject to the necessary funding approval. Discussions have taken place with Colleges, Universities, ex-service personnel networks etc. and it is hoped we will be successful with the level of recruitment required, recruitment will then be fast tracked. A dedicated Workforce workstream has been established as part of the programme board arrangements and Business Partners have been assigned to the various workstreams

3.7 Workforce Requirements for Recovery Plan

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

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

Proposed key deliverables include:

- Reviewing, and revising as required, existing people policies to ensure that they support staff and the organisation over the next 12 months
- Developing a 12 month recruitment plan for critical posts
- Developing an approach and process for the repatriation of staff currently providing mutual aid

- Developing proposals for future configuration of our estate, based on a set of agreed principles
- Developing an estates activation and implementation plan (informed by plan for service reactivation)
- Developing 'working from home' plans, including necessary support and equipment
- Agree approach to annual leave with a view to managing any potential negative impact on delivering the response
- Build on initial individual staff risk assessment process adapting to new guidance issued by Welsh Government.

3.8 My Contribution/Objectives

The timing of our response has coincided largely with the period in which colleagues would normally have their My Contribution meetings to review the last operational year (including achievements, development, values-linked behaviours) and start agreeing areas of focus and development for the next year. We have continued to ask colleagues and managers to hold these meetings, virtually where feasible, to recognise contribution and 'close off' last year whilst at the same time an opportunity to focus on wellbeing and any objectives which can be identified for this current period.

We are aware, through both local reporting and the output of the recent Internal Audit that completion rates are not at the level of compliance required. This is an area that which needs to be improved.

The principles of My Contribution will be critical to supporting our people as we move into the recovery phase – clear expectations and regular dialogue. Many of our colleagues will continue with their refocussed responsibilities on COVID, others (as functions become operational again), may start to return to their roles. The My Contribution process should be used, with additional guidance developed by People and OD, to:

- Ensure everyone is clear on their role and responsibilities for the forthcoming year
- Listen compassionately to individual concerns and personal matters that may impact how well colleagues can continue in temporary roles and/or move back to previous roles
- Discuss what may have changed and what may need to change, including place of work (we anticipate an increase in homeworking), new skills obtained and/or required and personal circumstances – for many, this period will have been an opportunity to review what is important in their lives
- Discuss wellbeing; colleagues may be vulnerable to ongoing infection risks, physical wellbeing may have been impacted during

the lockdown period, colleagues may have identified the need to address lifestyle changes (potential support through Time To Move initiative) and there is likely to be the need to support mental wellbeing for all

- Ensure the business is clear on what work may carry over into this (or future) operational years – if at all

The People and OD team will develop guidance to support these discussions, however, the organisation will need to provide a clear steer that it expects My Contribution discussions to take place. The organisation, and directorate and divisional management teams, will need to support managers so they are able to prepare for and hold these conversations; around 10% of our management population have 10 or more direct reports.

3.9 Staff Survey

The first organisation-wide staff survey since our response started was held between the end of April, closing on the 14th May. It focussed specifically on internal communications and wellbeing, with just over 40% of colleagues responding. Results at organisation level will be presented to Gold on Thursday 28th May and high-level recommendations for action will be addressed w/c 1st June. We will also set out recommended areas of action at divisional level where concerns have been identified.

The survey itself is intended to be re-run at the end of June/beginning of July following actions taken, but content may be extended to start canvassing views ahead of the recovery phase. Data from this first survey can inform short-term actions but will have limited use for longer-term strategic workforce planning and support. When considering how and when we can and should start engaging staff in conversations about recovery or 'next phase', it will be important that we use our People Strategy and some or all of its themes to steer these conversations in the direction we know Public Health Wales is taking.

The People and OD team are linked into HEIW and colleagues across the wider NHS Wales and are keeping up to date with any plans for all-Wales based survey intentions.

3.10 Engagement with Staff Side

During the COVID-19 response, we have adapted our partnership working with our trade union partners. During the initial response regular contact was maintained with the main reps and these contacts have now been formalised. This section summarises these arrangements and also highlights the main issues that have been discussed.

Local Partnership Forum

These meetings are held weekly to which the leaders of the Local Partnership Forum (UNITE and UNISON) and Joint Medical and Dental Committee (BMA) are invited. The BMA have chosen not to attend these briefings. Minutes and actions are taken of these meetings. The main recent topics have been:

1. Risk Assessments. As we have mobilised staff we have been using risk assessments as part of the process. We have also been discussing the approach being developed by Welsh Government. The staff side have had an opportunity to feed into this document. This new process was launched this week. Although, this was produced by the interested in the impact of COVID-19 on BAME staff, it is a more comprehensive risk assessment than that. We will continue to work with LPF as we adapt this new process to our circumstances.
2. Gold papers. We provide an update on the Gold papers and items of key interest. There is an interest from the staff side as to how we will manage the return to work places and how we manage change in general.
3. Questions about terms and conditions. These have especially related to payment of overtime, unsocial hours and time off.

Joint Medical and Dental Committee

We have held separate discussions with JMDNC. We have met with them three times during the response period and also I have kept informal discussions going with the staff side chair. Some of their concerns are similar and some are more specific:

1. Terms and conditions. There has been a claim for a higher rate of over time payment. WG have now published a consistent position that took effect from 1 April. We have therefore, maintained a position that the overtime document that we produced at the start of the response is effective until 31 March with the slightly amended WG rules applying with effect from 1 April.
2. They have also questioned certain aspects of how we have handled matters such as in enclosed settings and now as we move to mixed teams handling the recovery aspects. We continue to respond and discuss these questions with them.

