

NHS WALES COVID-19 OPERATING FRAMEWORK

(Quarter 2 2020/21)

Public Health Wales Summary Response

This response is the second document that Public Health Wales has submitted in relation to the NHS Wales COVID-19 Operating Framework. The first submission covered Quarter 1, while this response covers Quarter 2. As in our first response, this document has been aligned with the format of the Operating Framework in order to outline the Public Health Wales approach to COVID-19 related activity in addition to non-COVID related services.

We have also incorporated feedback from the rapid review undertaken by the Welsh Government on our Framework response to Quarter 1.

1. Test Trace Protect

Our Test Trace Protect Stage 2 Implementation Plan covers the 8 June 2020 to the 31 August 2020, and also includes the Stage 1 Closure Report for assurance purposes, and was submitted to the Welsh Government on the 18 June 2020.

This Stage 2 Plan sets out in detail the key priorities for Public Health Wales for the next three months, building on the areas identified within our Stage 1 plan (previously submitted). Each area within the plan also sets out the associated products and delivery schedules. This shows that Public Health Wales will produce over 100 deliverables in support of Test Trace Protect.

We have developed an organisational recovery approach to reactivating our services and some clinical related services will need to start in a phased way at the end of June 2020. We will need to ensure the primacy of our all Wales pandemic response balanced with the reactivation of services and the potential for a resurgence in COVID-19. We will be monitoring these critical factors in the coming weeks.

A summary of our Stage 2 implementation Plan is set out at Appendix A.

1.1 Sampling

As set out in our Quarter 1 return there continues to be a mixed-model for sampling healthcare workers, social care workers and other critical keyworkers. The model includes health board run Coronavirus Testing Units (CTUs), Population Sampling Centres (PSCs), commonly referred to as 'drive throughs' and mobile testing units (MTUs).

There are 20 CTUs (including Rodney Parade), 5 PSCs and 8 MTUs with a combined potential sampling capacity of 6940 samples per day.

Public Health Wales and the Welsh Government are currently working closely with the Military and health boards to examine options to utilise the Mobile Testing

Units beyond the end of July. The MTUs are currently operated by the Military. At this point the testing units will remain in Wales, although handover to an alternative provider will take place at the end of July 2020. Following conversations with health boards, this could be a commercial provider in line with the Department of Health and Social Care's (DHSC) model. However, at the moment, Powys remains keen to staff the units themselves. It is envisaged that the units will continue to closely support the health boards whilst ensuring that they are effectively utilised.

There are also conversations taking place between the military, DHSC and the Welsh Government regarding additional mobile testing units for Wales with an additional 10 units available over the next month. Public Health Wales is currently working with health boards, Welsh Government and the military to ensure they are deployed effectively.

In the past month, two new Population Sampling Centres have been opened. On 11 June 2020, Deeside in North Wales opened with a potential capacity of 1,872 daily samples. A further site in Ebbw Vale opened on the 29 June 2020. Capacity is still being calculated. Both sites are operationally managed by Deloitte with samples being conveyed to lighthouse laboratories in the UK.

Cwm Taf Morgannwg University Health Board has recently changed its operational management of the Abercynon site, so it is now managed by Deloitte, with samples being conveyed to UK lighthouse labs. This has increased capacity considerably to 1,152 samples per day. This change completed on the 29 June 2020. At the present time, all other Population Sampling Centres are operationally managed by health boards.

After adopting the UK Government's (UKG) online portal, home testing for Wales went live on the 18 May 2020. This includes key workers and the general public through two separate portals. Work has concluded on the online booking of timed slots at testing units in Wales. The Welsh Government and the NHS Wales Informatics Service (NWIS) are leading this work. The site went live to enable individuals to book into Population Sampling Centres on the 30 May 2020. To achieve this a number of centres have needed to redesign their processes to enable electronic test requesting at the time of arrival at the site.

NWIS and NHSX (digital system in England) continue to work with health boards, Public Health Wales and the Welsh Government to ensure that data on Welsh patients can be fed from the National Pathology Network (NPEX) in England to our Laboratory Information System (LIMS) in Wales. The first successful transfer of data from UK labs to Wales took place on the 20 May. However, the results were only published into LIMS on the 4 June 2020. NWIS and NHSX are currently working to enable the regular transfer of data. There continues to be on-going issues with regular transfer of data. We expect the data feed from the lighthouse laboratories into WLIMS during the week commencing 29 June 2020.

1.2 Testing Turnaround Times

With a range of organisations responsible for different parts of the process, there is not a consistent whole-system approach to the management of the end-to-end

process. A Sampling and Testing sub-group of the Test, Trace, Protect Programme Oversight Group has been established by the Welsh Government, supported by the Delivery Unit, to address this.

The number of results requiring communication out to individuals being sampled for antigen and antibody testing is considerable. Rather than these being delivered manually by administration staff in health boards, an alternative solution has been required. Consequently, Public Health Wales has developed a text service, whereby the result is texted to individuals. This continues to increase in volume.

The overall cumulative turnaround time to date for results is demonstrated in the table below – this is as of the 29 June. This is the point at which the details are submitted on an electronic test request form, or in a hospital, to the authorisation of the result.

	Cumulative Percentage Turnaround			Number of tests
	day 1	day 2	day 3	
Coronavirus Testing Unit	40.9	75.8	90.5	84,043
Population Testing Unit	46.2	85.7	96.6	42,687
Hospital	68.5	92.4	96.8	54,958
OVERALL	50.5	83.2	93.8	181,688

The weekly turnaround time for the end-to-end process and the in-lab process can be seen in the table below.

Week Commencing	No of Samples	End-to-End Process					In-Lab Process				
		DAY 0	DAY 1	DAY 2	DAY 3	DAY 4	DAY 0	DAY 1	DAY 2	DAY 3	DAY 4
20/04/2020	7,505	2.3	48.2	93.5	98.2	99.3	10.6	71.9	96.5	99.0	99.6
26/04/2020	7,946	10.3	78.3	98.2	99.3	99.6	17.5	92.4	99.2	99.5	99.7
03/05/2020	8,470	6.2	61.7	93.6	97.4	99.1	17.4	81.4	96.4	98.7	99.9
10/05/2020	10,958	5.0	64.5	96.3	99.1	99.6	19.6	92.3	99.6	99.8	99.9
17/05/2020	15,655	4.8	45.7	86.3	96.7	98.8	14.1	78.9	98.1	99.2	99.4
24/05/2020	17,588	6.8	54.0	86.6	95.7	98.5	31.4	92.2	98.7	99.3	99.4
31/05/2020	21,290	6.9	35.1	78.7	93.5	97.5	20.2	84.8	98.2	99.2	99.4
07/06/2020	23,464	7.1	38.1	70.7	88.1	94.1	19.1	85.6	96.8	98.6	99.0
14/06/2020	20,194	10.5	44.2	75.6	87.8	93.5	19.2	85.1	96.4	98.0	98.4
21/06/2020	22,268	14.1	49.4	74.4	92.3	97.0	25.8	89.9	98.6	99.5	99.8

1.3 Antigen Testing

Planned capacity for antigen testing has risen to 15,157 from Monday 29 June 2020. In the forthcoming weeks, we will still be working to finalise dates for the delivery of the fourth MAST Starlet and the six MAST Nimbus from South Korea. If all were able to work at maximum capacity, these would eventually add 2,000 to the daily capacity.

1.4 Antibody Testing

The majority of antibody testing capacity and activity is the responsibility of health boards and is subject to a UK allocation process for kits from Abbot, Roche and Euroimmun. An Antibody Task and Finish Group has been established which sits under the National Sampling and Testing Group, chaired by the Welsh Government.

Public Health Wales has three platforms currently operational and the key details are in the table below. The fourth platform, Ortho Clinical Diagnostics (OCD), will come online when Imperial Park 5 (IP5), Newport is commissioned for Public Health Wales' use. Following the Ministerial approval in June of the business case to establish a Public Health Wales COVID laboratory in IP5 to house the large OCD antibody platform and antigen platforms, the decision was subsequently made to enable a UKG Lighthouse Lab for mass antigen testing in the same space. This will result in a significant delay in the scaling up of antibody testing, of an additional 5000 tests per day, until such time as the Public Health Wales COVID laboratory can be built in IP5 to house the large-scale OCD platform.

Supply for the Euroimmun machines is linked to the UK allocation process. Public Health Wales does however have an existing arrangement with EuroImmune and we are already receiving a supply which is being utilised to undertake seroprevalence activity within a select group of clinical sites. In order to maximise the rate-limiting steps include an outstanding antibody testing strategy and establishment of phlebotomy processes of the required scale to deliver the strategic requirements.

As of the 22 June 2020

Location	Testing Platform e.g. Roche, Abbott, Other	Daily Maximum Sars-Cov-2 Laboratory Ab Testing Capacity	Number of Sars-Cov-2 Ab test kits currently available for our organisation	Expiry Dates of Sars-Cov-2 test Kits currently available
PHW UHW	Abbott Architect	2000 / day	2 x 5000 test kits in stock	26-Jul-20
PHW UHW	EuroImmune DS2 EIA analyser	270 / day	520 kits of 96 tests	Oct-20
PHW Singleton	Euroimmun DS2 EIA analyser	270 / day	520 kits of 96 tests	Oct-20
PHW IP5	Ortho Clinical Diagnostics Vitros analysers x2	Total of 5,000 tests / day from both machines	Kit allocation agreement with OCD in place to meet testing capacity. PHW will order kits when analysers installed	N/A

We have previously referred to the Roche antibody allocation. For the purpose of clarification, health boards have received 30,000 tests which have been delivered to Blood Sciences laboratories in Glan Clwyd (BCU) and Morriston (Swansea Bay) hospitals. As yet, these have not been fully used given that the health boards are still developing their phlebotomy services. Further deliveries have been paused because the kits come with a very short expiration date (30 June 2020). The Welsh Government is coordinating an Antibody Task and Finish group to coordinate the activities. The 30,000 currently available tests will be used to test education, health and social care workers and will support the testing of 4,000 serum samples from the Welsh Blood Service, as part of a sero-surveillance project. Public Health Wales has no control over the tests that have been delivered to health boards.

1.5 National Contact Centre incorporating a National Health Protection Response Cell

Building on our learning from the arrangements that we implemented in the containment phase of the pandemic, and to help mitigate against a second peak of COVID-19 infections, contact tracing - implemented at a scale never previously undertaken, has been implemented across the system. Contact tracing is a tried and tested method of controlling the spread of infectious diseases. It also helps prevent and understand how the disease is passing from person to person. The National Contact Tracing Service was established as a three-tiered, multiagency approach from the beginning of June.

Public Health Wales provides national co-ordination, expert advice and support on contact tracing methods and priorities. This includes setting all Wales standards and guidance for how contact tracing should operate. By implementing a rigorous health surveillance system Public Health Wales can also identify which contacts and settings confer the highest risk of transmission, helping direct contact tracing and testing efforts. Contact tracing is being delivered regionally by 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. Contact Tracing requires large numbers of people to be involved within the local contact tracing teams. They are managed locally and coordinated regionally on a health board footprint and using a national operating framework developed by us.

The National Tier, led by Public Health Wales, 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 provides a single point of contact for all professional enquiries into Public Health Wales (in the future this may include a public point of contact) and also the **National Health Protection Response Cell** (incorporating regional health protection response cells)
- ❖ **Provision and coordination of specialist health protection support**, advice and leadership to national (including Welsh Government) and regional levels to respond to complex cases, clusters and incidents.

Our national role is responsible for the development of guidance, Standard Operating Procedures, protocols and supporting materials. We provide national

coordination and support the Welsh Government with advice in relation to strategic management of the pandemic and ensure access to Health Protection specialist advice for all the Regional Tier Response Cells.

Our National Contact Centre comprises the following roles who are supported by the specialist health protection service. Call Takers are the first point of contact for professional enquires and also provide advice (according to Standard Operation Procedures, scripts and the contact tracing system knowledge base). Complex enquiries are referred to a Call Advisor. Acute health issues are signposted to healthcare services including 111, 999 and primary care.

'Virtual teams' of specialist support staff including a Consultant in Communicable Disease Control/Consultant Health protection/ Public Health, a specialist nurse/practitioner and some additional staff provide advice and guidance to each Regional tier (Health Board footprint). They also have a role in providing specialist advice in supporting complex cases and clusters of cases. The aim is to ensure continuity of support. However, there remains a need for a level of cross cover across Wales. In addition, a national COVID-19 consultant role will continue to be provided on a daily basis for any matter that needs to be advised on urgently.

1.6 Provision of expert advice and support to the Test Trace Protect programme on the future development of contact tracing

We will continue to refine resources to support contact tracing arising from the Contact Tracing Operating Framework developed in Stage 1. These will be training materials and other products that will support the ongoing development and improvement of contact tracing. Feedback from the contact tracing leads at the regional level will be an important feature throughout.

The NHS Contact Tracing System CRM will be the subject of ongoing development by NWIS and the supplier. Public Health Wales will continue to support and advise on these developments. We will chair a Service Management Board consistent with other national IT architecture.

We are also developing a quality framework for the contact tracing service so that we continue to learn from feedback and experience. We plan to evaluate the scale and success of contract tracing.

1.7 Enabling the regional contact tracing centres to access effective and timely professional health protection advice on complex cases and clusters

The seven regional tiers are leading on delivering contact tracing at the local level. These tiers are led by health boards working closely with local authorities. Since the 15 June 2020, these regional teams have been supported by Public Health Wales. This support includes specialist health protection support from the National Health Protection Response Cell, including advice on enclosed settings. In addition, consultants and nurses specialising in communicable disease control, operate from within the National Health Protection Response cell, and will be allocated to the region providing a named contact. The specialists in health protection are supported by general public health consultants redeployed from within Public Health Wales.

The effectiveness of these arrangements will be monitored during Stage 2.

2 New Ways of Working

As identified within our Quarter 1 response we remain at an enhanced emergency response level. As the National Public Health Institute for Wales, our focus is therefore on managing our response to the pandemic, albeit we are also considering our recovery.

Work is ongoing within our estate to ensure it is safe and complies with social distancing regulations. Specific actions have been undertaken within our contact centres including the:

- ❖ decommissioning of workstations so that staff are spaced 2m apart at all times
- ❖ standing up of additional workstations to spread the contact centre staff over a larger area
- ❖ removing of chairs that are not in use
- ❖ use of tape to remind staff where to walk and use of arrows to limit staff coming into close proximity with one another.

Our estate comprises over 40 locations delivering a variety of services. To support this work we have procured an external agency to undertake our risk assessment process, which will inform the development of an action plan. This will be taking place during July 2020 and will ensure we have a consistent and objective approach.

Health and Safety risk assessments have also been undertaken for both contact centres operating out of CQ2 and Matrix House and for the testing site at Cardiff City Stadium prior to handing it over to Cardiff and Vale Health Board.

Following advice from UK and Welsh Government to work from home where possible in March 2020, the majority of the workforce, where possible have been working from home. A further decision was made by our GOLD group in June 2020 that staff where they can, continue to do so for the next six months to reduce the number of staff in the workplace and reduce the risk of spreading infection. Over 60% of staff have a VPN token (40% of our staff are in the laboratories) enabling them to work remotely and guidance has been provided to managers and employees through the staff bulletins and internet pages to aid remote working and staying connected. This has helped to ensure that we are able to make the relevant changes to the workplace and ensure we can keep our staff and service users safe as we begin to reactivate services.

Personal Protective Equipment continues to be managed and distributed across the organisation as required.

Because of greater numbers of staff working remotely, we have had to adapt as an organisation and embrace new ways of working to ensure we can continue to effectively respond and continue to deliver our statutory functions. Some specific measures include:

- ❖ the provision of additional equipment for staff including laptops, VPN tokens, monitors and chairs etc. We have established a process for loaning equipment and, to date, 136 requests for equipment (total of 212 pieces of equipment) have been provided to staff
- ❖ expediting the roll out of Microsoft teams Lite across the organisation. This has enabled greater collaboration both internally and with our partners
- ❖ the provision of guidance for staff on wellbeing, working from home etc
- ❖ the Launch of People Support Plus+ which is a one stop shop for any queries relating to HR, facilities, communications, learning and development and risk and information governance.

As part of our Public Health Wales organisational Recovery Plan, we will be phasing the reactivation of our services over the next 12 months. This will provide us with further opportunity to change how we operate as an organisation including looking at the infrastructure and technology we require to not only ensure we are able to continue to respond and deliver our statutory functions but that we are also prepared for any future event of this scale.

A limited number of our Screening Services have continued through the pandemic (as set out in Section 6) and have adopted new ways of working particularly in relation to the use of facilities and Personal Protective Equipment. Plans are now in place for the re-starting of screening programmes and regular meetings are ongoing with Screening services and our infection, prevention and control leads, in relation to restarting services and the additional precautions (as set out in the relevant guidance), including environmental changes, that will need to be in place.

Since submitting our Quarter 1 return, staff have once again been asked to step into different roles to meet demand, specifically with staffing our National Contact Centre and our National Health Protection Response Cell. As previously, the response from staff has been remarkable and we are grateful for their professionalism and commitment. More information is provided in Section 10.

See section 9 for information on the Evaluation framework for primary care model for wales and evaluating pacesetter models

3 Managing COVID-19

As set out in our Quarter 1 response, we continue to treat the COVID-19 pandemic at an enhanced emergency response level. This is reviewed on a weekly basis by our GOLD Group.

We continue to publish data on COVID-19 a daily basis (available [here](#)). This includes both international and UK summaries. Work continues in relation to adding further mortality indicators to the dashboard.

Our senior specialists actively contribute to the Nosocomial Transition Group, and sit on a number of its sub-groups. In addition, one of our Consultants is also a member of the UK Hospital Onset COVID-19 – Working Group, which is a sub-group of SAGE and they also attend the UK Infection Prevention and Control Cell for Guidance. Our input will continue for the duration of the pandemic.

Our internal organisational Recovery Plan continues to be developed and this work will run in parallel, supporting where necessary, our response programme, which

is likely to run until at least the end of 2020. On the 16 April 2020, our Gold group received and accepted a set of initial proposals in relation to Public Health Wales' organisational recovery from COVID-19. The proposals were set within the context of the fundamental impact the coronavirus pandemic has had on society, including the health and wellbeing of populations, and the global economy.

As a result, it was agreed that we needed to consider the post-coronavirus 'new normal' for Public Health Wales, which should be informed by strategic opportunities/challenges that we identify, the impact of legislative changes and feedback/expectations from the public and our stakeholders.

While the ongoing response to the pandemic will be the main focus of the organisation for at least the remainder of 2020, we need to plan the reactivation of our services and continue to comply with our statutory and legal responsibilities.

However, it is important to note that it is a challenge for the organisation to resume a 'business as usual' approach across all of our services given that our specialist public health expertise across the breadth of our functions is also required to support our all Wales National Contact Centre and Health protection Response Cell. Without the mobilising of all of our specialist public health workforce across the organisation, we are unable to scale and sustain this health protection activity in the recovery phase. This will result in delays in our ability to reactivate other public health activities.

The development of our approach to recovery has been shaped and informed by the following principles:

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

In addition, the following assumptions shaped the development of the organisation's phase 1 recovery plan:

- ❖ our COVID-19 response arrangements could be needed for the next 12 months
- ❖ our response and recovery work needs to be complementary and they are likely to run in parallel and may call upon common resources that need to be prioritised
- ❖ our existing organisational-level strategies and plans will need to be reviewed and refreshed
- ❖ our response and recovery implementation plans need to be resourced taking account of the likely financial constraints on the organisation.

Our organisational recovery work will be structured into phases. Phase 1 will run from the 4 June to the 3 July 2020 and will focus on the immediate action that we need to take as an organisation. This aims to ensure that we effectively plan and manage our recovery, particularly the reactivation of services, giving due consideration to relevant legislation and resources.

Phase 2 will run from July to September 2020 and focus on the implementation of a number of arrangements developed in the previous phase. It will also start the work around assessing the impact COVID-19 has had on our Long Term Strategy and Strategic and Annual plans. As part of this work, we will examine emerging international evidence on the role of national Public Health Institutes worldwide post-COVID-19 and develop an approach for securing feedback from our key stakeholders and the public.

Areas of work have been scoped and are set out below. The phase 1 plan involves the delivery of key milestones within five work packages, which are listed below. This will be undertaken between the 4 June and 3 July 2020.

3.1 Reactivating our services (phase 1)

Following an easing of lockdown arrangements, we need to plan a phased reactivation of our services. Through this work package, we will ensure that our services and functions are reactivated in a prioritised, planned and evidenced-based way, giving appropriate consideration to staff and patient safety, legislation and support required from the wider organisation.

This work package will focus on developing a process to help services develop viable reactivation plans, which include agreed enabler support/input. This information will be used to produce an organisational level prioritised reactivation implementation plan, with appropriate governance and public health input, which we will use to activate our services in a planned and controlled way.

Work has already commenced over the reactivation of our screening programmes in line with arrangements within other UK countries and informed by the policy direction set by Welsh Government (Please see Section 6 for more information regarding Screening Services).

3.2 Workforce (phase 1)

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, we need to implement a range of people-focused measures. This will be informed by key strategic drivers, such as our People Strategy, and work we have undertaken during our response to COVID-19.

This work package will focus on ensuring our people policies are updated to support staff over the next 12 months, the development of a prioritised recruitment plan linked to our response programme. In addition, work will be undertaken to ensure that staff are able to access the necessary training and development, particularly for those services that we will be reactivating in the coming weeks.

3.3 Infrastructure (phase 1)

As part of our recovery, we need to ensure that our organisational infrastructure is designed and operating effectively, and in line with recent legislation on staff and patient safety. This will be informed by our prioritised reactivation of services.

The work package will focus on reconfiguring our estate to comply with legislation and our new ways of working and ensuring relevant policies are up-to-date to reflect existing staff working arrangements.

3.4 Capturing innovation and lessons learned (phase 1)

A key aspect of ensuring that we continue to effectively respond to COVID-19, will be to capture the innovation and lessons learnt from the rapid development and delivery of the organisational response. We will align this work with the evaluation programme to objectively capture knowledge of what works from previous phases in a timely and structured way. This will not only help inform our ongoing response, but also our wider organisational recovery.

3.5 Response and recovery dashboards (phase 1)

Our COVID-19 response to-date has demonstrated the value of utilising high-quality, robust performance information that is presented in accessible ways. This will be essential in providing assurance on our ongoing response, delivery of public health services and statutory responsibilities.

To support this, during phase 1, the Corporate Analytics Team will develop a Response and Recovery Dashboard. This will distil key performance information, including:

- ❖ COVID-19 response (e.g. response programme performance)
- ❖ Critical service delivery (e.g. screening programmes)
- ❖ People (e.g. sickness, staff in post and recruitment)
- ❖ Finance (e.g. organisational and covid-19 spend)

3.6 Public Health Wales' Strategy and Plan (phase 2)

The unprecedented response to COVID-19 means that, as an organisation, Public Health Wales should assess the impact it has had on our Long Term Strategy and Strategic and Annual plans. In the short-term, we know that for the remainder of 2020/21, our focus and priorities will be on continuing to effectively respond to COVID-19, delivering our key public health services and our statutory responsibilities. As a result, we need to formally update and refresh our internal plans (e.g. Annual Plan for 2020/21), while also systemically assessing the impact on our three-year strategic plan.

As part of this work, we will examine emerging international evidence on the role of national public health institutes/agencies post-COVID-19, develop an approach for securing feedback from our key stakeholders and the public, and consider future approaches to local, regional and national working recognising the changes in public expectations.

In addition, we will resume work on the three areas of transformation previously identified in our Strategic Plan (Integrated Medium Term Plan) which are digital, knowledge and information, and new ways of working. In doing so, we will consider how these will support Public Health Wales in a post-COVID-19 environment, which needs to reflect future global health challenges (e.g. climate change) and our commitment to enabling legislation, such as the Well-being of Future Generations Act (2015).

4 Surge Capacity

Following the development of both our Stage 1 and Stage 2 Test Trace Protect Implementation Plans, we have continued to mobilise our staff, with appropriate skills, internally to support the Health Protection Response Cell, our National Contact Centre, enhanced surveillance and Laboratory Testing. This remains a challenge in relation to what is an all Wales service undertaking our core health protection role whilst supporting the rest of the system to undertake theirs within the national Contact tracing Service for Wales and ensuring that we are agile in mobilising our own workforce as incidents and outbreaks emerge across Wales.

As identified in our Q1 return, additional recruitment is underway to support our Public Health Wales Test Trace protect Implementation Plan (Stage 2). Further detail is set out in Section 10 (Workforce).

5 Critical Care

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

6 'Essential Services'

6.1 Screening Services

Both the Executive Team (16 June 2020) and Board (25 June 2020) have approved the reinstatement of the population screening programmes following the agreed pause of the programmes by the Welsh Government in response to COVID-19. There is a need to reinstate the programmes as soon as possible. However, there is also a need to ensure that screening can be offered safely to participants and that there is effective engagement with the associated NHS services to ensure that we are able to promptly refer participants who would benefit from further investigation and treatment. A phased, risk-assessed reinstatement of the population-based screening programmes is therefore planned.

Other countries in the UK are also planning to reinstate their screening programmes. England have communicated that the cervical screening programme invitations will be sent from early June. Similarly, their breast screening invitations will restart late June or early July. Scotland and Northern Ireland are making plans to reinstate invitations "within a few weeks".

As set out in our Quarter 1 response, the temporary pause affected the following screening programmes: Breast Test Wales, Cervical Screening Wales, Bowel Screening Wales, Diabetic Eye Screening Wales and Wales Abdominal Aortic Aneurysm Screening. Internationally, there was a World Health Organization (WHO) recommendation that population-based screening programmes were

paused during the COVID-19 pandemic. A recent survey of 155 countries conducted by the WHO in May (WHO.int 1 June 2020) reported that the postponement of public screening programmes was widespread, reported by more than 50% of countries.

Drawing on evidence from other countries, and following internal discussions, we believe that certain key conditions should be met before reinstating screening programmes. These are as follows.

- ❖ The balance of the risk of infection with COVID-19 should be lower than the risk of benefit from attending screening. This will be a different balance for different participants considering personal risk from the virus as well as risk of having the condition of interest being screened. For routine population screening the community risk of infection needs to be minimal or attending screening no more risky than other routine acceptable activity in the community.
- ❖ The Welsh Government guidelines on travel and contact will be key to enable participants who are invited to attend for screening. Careful consideration will need to be taken if the guidelines are specific for age or condition or shielding.
- ❖ The screening environment and processes should enable screening to be undertaken in a way that minimises the risks from COVID-19 for both screening participants and screening staff.
- ❖ Screening positive participants should be able to be referred for ongoing diagnosis or treatment to the health boards as their referral services have or are reinstated.
- ❖ There are sufficient screening staff to ensure screening can be undertaken safely and to the set quality standards. This condition includes bringing staff back from COVID-19 response work that they are currently undertaking and should take account of any staff who are shielding or have other overriding domestic considerations, example, child and elder caring responsibilities.
- ❖ There should be available a sustainable supply of personal protective equipment (PPE) for staff to use during the screening episode.

We have discussed the approach for reinstating population-based screening programmes with other UK colleagues. The general approach is identifying defined populations within the eligible population who should have their screening invitation prioritised following the COVID-19 response to reduce potential harm from delay.

We will need to mitigate against the creation of peaks and troughs going forward for the screening programme, as well as further along the diagnostic and treatment pathway. The screening programme will have been paused for at least three months and it will take at least 12 months for each programme to recover fully, and some will take longer. This will obviously impact on the performance of pre-existing targets.

There is a significant time lag between a decision to reinstate a screening programme and activity seen in clinical practice. Therefore, given that we have already paused programmes for three months, even if we plan to restart as soon as possible we will have more than a quarter of an annual eligible population of a programme with a delayed invitation. It will not be possible to absorb those outstanding cohorts and individuals within the remainder of the financial year 2020-21. Previous experience of pausing the breast screening programmes on a

regional basis during the digitalisation programme has shown that a pause of several months affected the round length for more than 12 months.

On the 3 June 2020, the Welsh Government released an operational guide for the safe return of healthcare environments to routine arrangements following the initial COVID-19 response. This will inform the risk assessment of the environment within which screening is offered.

We will put in place triage for all screening participants invited to attend appointments and make contact with them shortly before their appointment to check if they are going to attend and if they have any symptoms of COVID-19 or if they have been advised to self-isolate because they are a contact of a person COVID-19. If this is the case, they will be advised to phone back when they are able to attend in line with guidance.

The principle is that attending a screening appointment will not result in someone being classed as a close contact if either a member of staff or other participant is confirmed as having COVID-19 whilst attending for screening. This means that we will apply social distancing between participants and ensure infection control measures are in place between participants and staff who will wear appropriate PPE. Guidance will be followed if there are requirements for antigen testing for participants referred for diagnostic procedures such as colonoscopy.

Currently, it is not anticipated that there will be a requirement for antigen testing prior to screening given that screening interventions are not aerosol generating.

Implementing these actions will result in the following effects:

1. The throughput of the screening clinics will be greatly reduced and, as a consequence, it is unlikely that timeliness standards will be attained.
2. Necessary adaptations will be required to the breast screening mobile units and this will have a financial cost and possible flow and timeliness implications.
3. Two programmes (diabetic eye and aortic aneurysm screening) will experience difficulty in accessing suitable accommodation that would ensure safe service provision.
4. Structural and flow changes in the screening sites (for example, no waiting in enclosed areas, in/out one-way flows, shields for reception, and use of appropriate PPE) will be necessary in order to meet social distancing rules and provide a safe environment for staff and participants.

Considerable planning work will be needed to reconfigure the screening processes to align with these guidance documents and to source suitable locations to support the delivery model for the diabetic eye and aortic aneurysm screening programmes.

The diabetic eye screening programme represents the biggest challenge. This is because screening participants will need assistance with transport if they travel by car or convenient access to public transport. Also, given that the current locations use shared waiting areas, there are several points of direct contact with screening staff and the population are at increased risk of complications from COVID-19 both because they are diabetics and because many are elderly. It is anticipated that at least three months preparatory service redesign work will be necessary.

It is important to start the screening programmes as soon as we are practically able to and this will be undertaken as a cohesive approach and in a staged manner. The high-level start dates are as follows for programmes with the intention that work to reinstate all programmes will be underway during the month of July 2020 at the latest.

Newborn Hearing Screening Wales will re-establish community clinics to offer screening to babies that missed screening when they were in hospital from June 2020. The first community clinic was undertaken during the week of 22 June 2020.

Bowel Screening Wales: Since 28 May 2020, they are now testing any kits that are received into the laboratory and health boards are progressing with those individuals who were not offered a colonoscopy due to COVID-19. Participants who could not be tested will have a replacement kit sent; starting from 1 July 2020.

Cervical Screening Wales will start to send out invitations to women who have been delayed an early repeat invitation. This commenced week beginning 22 June 2020.

Breast Test Wales will start to send out screening invitations to women at higher risk from July 2020.

Wales Abdominal Aortic Aneurysm Screening will start to send out invitations for surveillance for appointment in August 2020 (venue will need to be identified and screeners trained on new ultrasound machines).

Diabetic Eye Screening Wales has since May 2020 identified high-risk participants and they have been offered a pathway for retinal review by optometry colleagues to reduce potential harm. Service redesign including venue adaptation will need to be undertaken from June 2020 and anticipated screening invitations sent on a risk based prioritisation from late August 2020.

There are two caveats to all our planning, which are that we are:

- ❖ liaising with health boards to ensure that our restart activity levels align with the relevant downstream referral capacity
- ❖ monitoring the ongoing COVID-19 situation, including the current outbreaks, to ensure that the services remain open and safe in Primary Care and any relevant referral settings.

As a result, the timing and pace of the restart activities are subject to adjustment on an ongoing basis. The screening restart activity will be aligned to the governance processes outlined in the wider organisational recovery process.

It is recognised that there may be a second peak of infection and our response, and services in health boards, will have to be realigned to COVID-19 response again. We will monitor the situation carefully and make recommendations again to pause the invitations if either the risk to participants from community spread has increased and lockdown measures are reinstated or if services are not able to accept screening referrals. As screening invitations are made on a weekly or monthly basis, we will be able to amend the reinstatement of the screening programmes but will maintain the proposed risk-based approach and work to complete screening pathways for those who have started their screening episode.

6.2 Microbiology Services

Please refer to sections 1.3 and 1.4.

Our microbiology laboratories continue to undertake an average of over 3,000 tests a day. Wales now has rapid testing platforms in all of its medical microbiology laboratories through Public Health Wales led procurement and coordination. Larger platforms are also coming on line with three Starlets and two Nimbus machines already operational. The fourth Starlet and four more Nimbus machines are all expected to be operational by mid-July 2020. Collectively, these platforms offer significant local and regional capacity that offers agile responses to any localised outbreaks as well as supporting more routine COVID-19 testing. Non-COVID testing is continuing to pick up as services continue towards a 'normal' operating pattern.

The laboratory teams are managing the peak demands associated with local outbreaks e.g. Two Sisters, St. Merryns and Rowan Foods and the laboratory turnaround times have been excellent to optimise the potential benefit to the Test Trace and Protect activities. However, in the Two Sisters and Rowan Foods there have been issues in data accuracy from the sampling process managed by the health board.

Public Health Wales Pathogen Genomics continues to exceed with Wales third globally in the number of sequences provided to the international community. Nearly 40% of all samples in Wales have been sequenced which is the highest rate of all the UK (Scotland is second at 22%).

6.3 Immunisations and Vaccinations

As set out in our Quarter 1 return, essential immunisation services have been protected. Service delivery has been adapted, uptake is being monitored and surveillance of Vaccine Preventable Diseases have continued. This has been supported by policy, contractual and professional communications.

Measures were put in place early to protect the delivery of immunisation programmes in primary care. Pre-school children's immunisations were prioritised and not suspended, but some adult programmes were temporarily suspended. All these have since been resumed. School based programmes have been unable to operate due to the closure of schools, but various approaches have been adopted by HBs to continue to offer in other settings. Recovery plans when schools re-open are being developed.

Uptake of key children's programmes has been monitored monthly. Early indications are that uptake has been maintained, with small falls in vaccine uptake at 1 year of age.

There is no indication that disease rates have risen, with lockdown having a damping effect on other common infections such as mumps.

Vaccine programme disruption in other countries raises the risk of increased imported disease, in particular measles.

Our Vaccine Preventable Disease Programme will continue to monitor vaccine uptake, disease rates and service factors and initiate appropriate responses.

Due to uncertainties regarding Influenza vaccine delivery, in June 2020 a NIAG (National influenza Action Group) subgroup was set up to consider planning and delivery of the Influenza programme in Wales 2020/21 at a strategic level. This has now been amalgamated with the COVID-19 vaccine programme board to support planning for a COVID-19 vaccine and planning at a strategic level for the Influenza programme. It is likely that delivery models across the programme will need adapting to ensure an equitable, comprehensive programme is delivered safely. Various scenarios and options are being considered by this strategic group with the intention of providing high-level guidance on delivering a strong, efficient, timely flu programme in Wales. We expect Influenza vaccines to be delivered in the usual timeframes, so anticipate them being available from the end of September 2020. Due to the impact of social distancing and infection prevention and control measure delivery models in primary care, schools and in social care need to be reviewed and modified to ensure safe practice. and this may impact on capacity and timeliness. This is currently under consideration by the COVID-19/Flu strategic group

At an operational level, the national flu programme planning is being progressed with active Welsh Government involvement. Collaboration with key partners is underpinning several priority areas. A communications strategy, digital strategy and stakeholder engagement strategy are in development. Although there are several unknowns regarding delivery, many priority pieces of work continue to be progressed to be sure they are ready in a timely way to best support the service such as the development of accessible formats of flu training, information resources, and clinical guidelines and tools.

6.4 Safeguarding

The National Safeguarding Team (NST) is providing safeguarding leadership to the system via a scaled down work plan, amended NHS Wales Safeguarding Network meeting schedule and practice sharing through a weekly 'Network Communication' email designed for cascading to relevant stakeholders.

A prioritisation process using available data shared through the Welsh Government Safeguarding Vulnerable Children and Young People's Advisory Group and the OPC COVID Virtual Group on Abuse of Older People has informed the NST objectives. This focuses on active participation in strategic and national stakeholder partnerships e.g. Regional Safeguarding Boards, Health Board and Trusts Safeguarding Committees, Welsh Government Ministerial Advisory Groups (Looked After Children, vulnerable children and young people), VAWDASV and unified case reviews. This approach will be reviewed in September 2020 to assess how effective the delivery has been during this period.

7 Unscheduled Care and Winter Planning

A key element of winter planning for Public Health Wales is in relation to promoting the uptake of the Influenza vaccine. Please see Section 6 above which sets out our plans for 2020/21 winter.

Our *Improving winter health and well-being and reducing winter pressures in Wales: A preventative approach* (2019) document has been re-circulated to Health

Boards to support them in planning for the coming winter, in light of the ongoing threat of COVID-19.

Improvement Cymru has recently received a couple of requests from Health Boards in relation to supporting pieces of work on unscheduled care and are currently scoping these against individual Health Board requirements.

8 'Routine Services'

Our substantive Health Protection Consultants are 7WTE. This level of resource is insufficient to staff the recently established Health Protection Cell and National Call Centre. To do this, it has required us to mobilise all of our Public Health Consultants from across the diverse functions of the organisation into the Health Protection Cell, in whole or in part, so that we can provide a sufficient level of expert advice at both a national and regional level. This is in addition to responding to normal 'routine' health protection activity and outbreaks linked to COVID-19.

Balancing the mobilisation of our Public Health Consultants and other staff to support our response to the pandemic, has obviously had an impact on our ability to undertake or resume other routine activities. The system looks to Public Health Wales to support them on Health Protection and while we remain at an enhanced level (which we have been at since 22 January 2020) the response to the pandemic will remain our priority.

However, it is important to consider the longer-term impacts on health and well-being that may arise from both the pandemic and the actions taken to control it. *A Health Impact Assessment of the Staying at Home and Social Distancing Policy in Wales in response to the COVID-19 pandemic* further identifies the broad range of positive and negative impacts that are likely to be seen in Wales over the short, medium and longer term.

As well as impacts consistent with economic and employment crises, the COVID-19 pandemic has a number of additional features likely to impact health and well-being in the medium and long-term. Throughout the staying at home restrictions, mental well-being has been affected at a population level. The national public engagement survey run by Public Health Wales suggests around 1 in 5 adults have often or always felt isolated throughout the staying at home restrictions. Public Health Wales is working to better identify the broader harms to health likely to emanate in the medium to long term from the COVID-19 pandemic and to examine the policy and practice options best suited to reducing such harms. This work includes:

- ❖ application of the Health Impact Assessment methodologies to COVID-19 and related control measure
- ❖ routinely examining existing and emerging evidence and practice from around the world, and
- ❖ continuing to monitor the health, well-being and views of the Welsh population through a national rolling survey and through long-standing routine data systems.

8.1 Help me Quit Service

We continue to operate Help Me Quit (NHS Wales smoking cessation support), in recognition of the COVID risks associated with smoking. Direct requests for support continue to be higher than in the same period last year, but professional referrals are down, services are being provided by tele-based solutions. Proposals to enable tailored marketing via text message to individuals identified as smokers on GP records are currently awaiting approval from Directors of Primary Care. Preparations are continuing for a refreshed social marketing/mass media campaign to start in September, with TV and outdoor advertising in areas of high smoking prevalence. We are also currently working with several social landlords across Wales to reach at-risk communities with quit support.

8.2 Non COVID-19 Health Protection Activities

As set out in Quarter 1, our Health protection service continues to manage a number of incidents and cases (not associated with COVID-19) and provide normal AWARE cover.

8.3 Research and Evaluation

Research and Evaluation remains essential to generate the evidence needed to inform and refine the public health response to COVID-19. Our Test Trace Protect Stage 2 Implementation Plan priorities are listed below:

Priority 1: Real time evaluation – understanding the efficiency and effectiveness of Public Health Wales’ contribution to Test Trace Protect.

The evaluation focuses on the effectiveness of the case finding and contact tracing system, in particular on adherence to desired behaviours and levels of trust in Public Health Wales. Real-time evaluation questions are:

- ❖ How efficient and effective is the case finding and contact tracing model? (supporting priority areas 1)
- ❖ How effective is communication to support adherence to public health guidance and behaviour change?

Priority 2: Generating new knowledge on the indirect impact of COVID-19 on health and communities.

The Research and Evaluation Team is leading a number of deliverables on the direct and indirect impact of COVID-19 on health examining the social and economic harms for individuals and communities. The activities are ongoing and linked with external academics in Wales and further afield.

Priority 3: Supporting Public Health Wales to contribute the international knowledge on COVID-19 through research

The Research and Evaluation Team is supporting the expertise across the organisation to enable their contribution to the national and international evidence of COVID-19. The Team also ensures that all research is conducted according to the highest standards of research practice in accordance with the UK Policy Framework for Health and Social Care Research.

9 Primary Care

The Dental Public Health team is closely supporting Welsh Government in implementation of Dental Recovery Plan. We are providing and will continue to provide project management support to the Welsh Government Dental Policy branch to ensure close monitoring and alignment between different pieces of work happening as a part of the dental recovery plan. We have learning from the General Dental Service (GDS) Reform Programme over the two and half years, which will be useful as the part of dental recovery, plan.

Dental Practices do not have any targets to meet in this financial year that provides an opportunity to embed learning from the GDS Reform Programme. In Quarter 2 (and Quarter 3 and Quarter 4) of this year, we will work with Welsh Government, Health Boards, Health Education and Improvement Wales (HEIW) and others to include following in the dental services' recovery plan so that NHS dental practices:

- ❖ carry out systematic assessment of risks and need of patients who come in contact with dental services as a part of Dental Recovery Plan
- ❖ co-produce preventive dental care plan with their patients
- ❖ embed culture of annual dental care planning that aligns with principles of prudent healthcare replacing traditional focus on delivery of a short course of treatment in order to achieve Units of Dental Activity (UDAs) target.
- ❖ understand the holistic oral health need of patients seeking urgent dental care and offer them to return for full assessment, prevention and care which should reduce demand on out-of-hours dental services over the medium to long term.

We will:

- ❖ work closely with HEIW to develop and/or update training and Quarter I resources so that dental teams have access to up-to-date training that aligns with 'new normal' as a part of the dental recovery plan
- ❖ work closely with Welsh Oral Health Information Unit, Cardiff University, to publish report on 18-25 year old survey and use of general anaesthesia in dental treatment in 2019/20.
- ❖ provide dental public health input into different 'Task and Finish' type work commissioned/carried out by Dental Policy Branch within the Welsh Government (for example, Periodontal Care Pathways, Caries Pathway, any update of COVID-19 Standard Operating Procedures for Dental practices depending on COVID-19 situation on the background, communication plan, analyses and interpretation of 'risk and need' data)
- ❖ revise annual self-assessment that dental practices complete annually to ensure its alignment with Quality and Safety related to COVID-19 during Quarter 2 and make it available to dental practices during Quarter 3
- ❖ continue to provide dental public health input into Health Care and Research Wales funded two research projects currently being revised to take account of COVID-19 (Sponsored by Cardiff and Vales University Health Board and delivered by Cardiff University)
- ❖ continue to support two Speciality Trainees in Dental Public Health during these difficult times so that they continue to make progress against their training curriculum
- ❖ review dental insight work commissioned from the Beaufort Research with the view of modifying it so that it takes account of COVID-19 situation.

With the limited capacity available, the Primary Care team will continue to engage with the National Strategic Programme for Primary Care to support the delivery of the national *Primary Care Operating Framework: Recovery – Quarter 2 and Beyond* specifically supporting the:

- ❖ continued delivery and recovery to full service provision of routine immunisation and screening services in general practice
- ❖ supporting ongoing planning work for the 2020 Influenza vaccination programme in primary care, potentially delivered along a COVID-19 vaccination programme
- ❖ provide public health advice and input to shape the All Wales review of GMS Enhanced Services
- ❖ advise on the national work to develop a primary care dataset aligned to the five WHO essential services categories plus COVID-19
- ❖ undertake a piece of work to review the national primary care contracts to identify opportunities to maximise prevention within future contract reform negotiations
- ❖ capacity permitting, progress work on behalf of the Prevention and Wellbeing work stream of the Strategic Programme in relation to respiratory, smoking, obesity and diabetes prevention work within primary care
- ❖ provide advice to the Strategic Programme Communications and Engagement work stream on the national work required to socialise the Primary Care Model for Wales and the new ways of working within primary care services that were planned within the model and have arisen due to opportunities through the COVID-19 service response.

The team will continue to work with health board Directors of Primary Care to report on the delivery of the 2020/22 National Pacesetter Programme, progress the work to develop the National Evaluation Framework for Primary Care, socialising the evaluation framework model and components with partners across Wales. Once national travel and meeting restrictions are lifted we will recommence the leadership programmes that the team were running pre-COVID-19 with cohorts of Practice Managers across Wales and resume the national community of practice meetings with cluster leads, cluster development managers and practice manager peers. We will also explore opportunities for virtual classrooms training and digital meetings across Wales, again learning from new ways of working that have evolved through the COVID-19 response.

The team will continue to progress the migration of the Primary Care One Wales website onto the new national digital platform and merge the GPOne website content into a single site going forward.

The local public health team staff will continue to be fully engaged in the COVID-19 response during Quarter 2 having all transferred into the Health Board regional Test Trace protect teams.

10 Workforce and Well-being

Public Health Wales has experienced extremely challenging and unparalleled circumstances over the last three months, where we have had to very quickly change and adapt our workforce right across the organisation in order to respond to the global pandemic. Staff from across the organisation have risen to this

challenge and we have put in place a number of mechanisms to enable this to happen, as well as providing staff with support measures to assist them in these unprecedented circumstances.

10.1 Well-being and Support

Members of the Communications and People and Organisational Development teams undertook an Internal Communications and Well-being Survey across the organisation in order to understand colleagues' views about:

- ❖ the effectiveness of our staff communications during the lockdown period
- ❖ the wellbeing resources we've provided
- ❖ working practices during the Covid-19 pandemic.

The survey ran for a two-week period between the 30 April and the 14 May 2020 with a response rate of 40.8%, which was excellent. Further in-depth and comprehensive analysis of our results has enabled us to make data-driven decisions in identifying next steps, leading to the development of an organisational level action plan addressing four areas:

- ❖ feeling safe in the workplace
- ❖ access to sufficient information about additional Health and Wellbeing support
- ❖ support and communication from divisional senior management teams
- ❖ maintaining a healthy work life balance whilst working from home.

We have also commenced analysis of the results by directorate and division and will be working with identified leads within each functional area as well as Trade Union partners, in order to develop a series of local actions, through setting up a Wellbeing and Engagement Partnership Group (approved 16 June 2020).

A Personal Risk Assessment tool, developed by a working group commissioned by the Welsh Government, has recently been rolled out to all staff in Public Health Wales. The tool aims to identify high-risk individuals in high risk settings so that action can be taken to adapt their workplace or move them into a lower risk environment, such as working from home. Arrangements are being put in place to add the risk assessments as a competency on ESR, which will show up on the compliance bar to encourage managers to complete it. This also enables monitoring and reporting. Any workplace adjustments must be reported to the Head of Estates, Facilities and Health and Safety, and any workforce issues need to be discussed with the relevant People Business Partner.

We have continued to ask colleagues and managers to hold the end-of-year 'My Contribution' (appraisal) meetings virtually, recognising the pre-COVID and last quarter activities and contributions.

The principles of My Contribution will be critical to supporting our people as we move into the recovery phase – clear expectations and regular dialogue. We know that uncertainty and lack of connection can trigger neuroscientific 'threat' responses, which increase the likelihood of anxiety and may cause ill health. We have adapted the year-end and objective-setting My Contribution processes whilst still:

- ❖ ensuring that everyone is clear on their role and responsibilities both in our response to COVID and our business as usual operational priorities
- ❖ listening compassionately to individual concerns and personal matters that may impact how well colleagues can continue in temporary roles and/or move back to previous
- ❖ discussing what may have changed and what may need to change, including place of work (longer-term need for 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
- ❖ discussing 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
- ❖ ensuring the business is clear on what work may carry over into this (or future) operational years.

Due to the financial challenges we now face as a result of COVID-19, all Directorate budgets are impacted. Clearly, this will impact on our ability to commit to career, professional and personal development (or any learning which comes at cost), including but not limited to funding for new/ongoing higher education, the continuation of the public health practitioner registration programme and WEND (new starter) events. We will of course encourage staff to access other, non-cost learning wherever possible.

We will soon be linking with Health Education and Improvement Wales (HEIW) to explore digital learning platforms, as well as our Office 365 project teams, to maximise the opportunity to use technology such as Microsoft Teams in creating virtual classrooms and learning opportunities. These solutions will be essential to connecting colleagues (and in part addressing some of the feelings of isolation noted in the *Tell Us How You Are Doing* staff survey) and facilitating learning, including essential management workshops and engaging staff in recovery-based conversations.

10.2 Public Health Wales Test Trace Protect Stage 2 Implementation Plan - Workforce Resourcing

The Workforce work stream in the Stage 2 Implementation Plan has identified three priority areas, which are staff wellbeing and engagement, workforce resourcing, and sustainability, to ensure that focus has been put on important workforce related activity. This has included the provision of staff/manager information, workforce tools, policy adaptations and direct People Business Partner support to the four main work streams. The People Business Partners have been heavily involved in developing and implementing recruitment and mobilisation plans to ensure that each work stream has or will have the resources required, as well as advising on other aspects of people management and organisation development. Detailed below are the resourcing implication for each of the four work streams:

10.2.1 Sampling and Testing

22 posts, comprising 51 WTE, are required to staff the laboratory testing (virology) work. These positions will be filled through a combination of (i) internal Expressions of Interest for permanent positions where we will be making use of our existing talent (ii) highly regarded candidates who recently applied for externally advertised posts and where we were overwhelmed by applications (iii) a network of ex-Services personnel. For posts requiring a skills set that we are unable to identify through such resources, a smaller number of externally advertised roles will ensure all vacancies and subsequent backfills are resourced accordingly.

To date, a number of appointments, across Bands 3-7 made up of Biomedical Scientists, Associated Practitioners and Biomedical Support Workers have already been made and others are on track to be appointed in the forthcoming weeks. This has been achieved through internal Expressions of Interest, direct hire of students and ex-Services personnel. Some of these will provide immediate and short-term cover until September 2020, by which time we will have concluded advertising and appointed to the majority of posts on a permanent basis.

10.2.2 Population Surveillance

Within the population surveillance work stream, all initial posts that required internal mobilisation, apart from two Consultants, have been worked through and assigned. The Consultants are part of a wider discussion organisationally. In terms of posts requiring recruitment, the work stream has 14WTE vacancies. Of these, two have now been filled, eight are currently out to advert, a further three are being worked through in terms of developing scope of the roles and job descriptions, and one post (Consultant Epidemiologist) is being revisited in July 2020, as a result of not being able to appoint following an external advertisement.

A Workforce Resource, Allocation and Wellbeing Task Group is being set up and will potentially look at how to support this work stream.

10.2.3 Contact Tracing and Case Management

Public Health Wales is providing a key leadership role, co-ordination, expert advice and support on outbreak management, contact tracing methods and priorities to the regional arrangements that are delivering contact tracing. To fulfil this national role, Public Health Wales is responsible for the:

- ❖ development of the operating framework for contact tracing that enables specialist public health protection advice and support to be available and accessible at a regional level, through the establishment of a national Health Protection Response Cell
- ❖ process to establish an evaluation framework for contact tracing case management across Wales.
- ❖ enhanced support for highly complex enclosed setting clusters and specialist support to Contact Centre

- ❖ National Contact Centre to provide general telephone advice and signposting in relation to COVID-19 enquiries and when the Welsh Government policy position changes, to process self-reporting.

This requires significant internal workforce mobilisation and some recruitment as well as the ongoing commitment of our staff to scale up Public Health Wales' response in order to continue to support the delivery of the Test Trace Protect strategy.

Recruitment to these roles has, in the main, been achieved through the internal mobilisation of staff. The mobilisation process continues on an ongoing basis in order to achieve greater resilience for these roles.

10.2.4 National Health Protection Cell

To support the Consultant in Communicable Diseases (CCDC) and Health Protection Nurse establishment we have now developed additional capacity through internal mobilisation. We are also recruiting to fixed term contract posts and utilising the Bank. We have an established rota for the Adviser Plus role and recently made significant progress within the Consultant rota, within the cell.

10.2.5 National Contact Centre

Rotas have now been established as per the requirements of the operating framework.

10.3 Mobilisation

A workforce mobilisation system was developed at the beginning of April 2020 to enable existing staff to be deployed across the organisation or across the wider NHS in Wales. A team was established to manage requests and in total 75 requests have been received with 170 staff mobilised (80 externally and 90 internally).

The majority of the staff mobilised externally are from Local Public Health Teams who have been mobilised to assist their local health boards. Four members of staff, who are not in Local Public Health Teams, remain deployed. Two are due to return in early July, one in August and the remaining individual later in the year.

Internal staff have been mobilised across a range of activities to support our COVID-19 response.

10.4 Agency/Bank

Agency expenditure in Public Health Services includes a significant cost pressure in relation to three locum Consultants in North Wales Medical Microbiology. In addition to these agency workers, three agency Nurses have been engaged in the North Wales Health Protection team to support the national Health Protection response to the pandemic, and a number of Healthcare Scientists and Biomedical Support Workers have been brought in to support laboratory testing throughout all regions.

External bank staff are broken down as follows:

Call Advisors

- ❖ 42 Call Advisors were recruited and trained in March/April 2020 but eight have subsequently withdrawn from the Bank and there are now 34 who are 'live'.
- ❖ 13 call advisors worked during May 2020, three of which undertook Call Advisor Plus shifts and one undertook Call Advisor Plus as well as Professional Lead shifts.
- ❖ 21 have not carried out shifts since April and early indications are that fewer Bank employees are being utilised this month.

Microbiology

- ❖ There are currently 15 external bank workers in Microbiology with a further four who are due to start. This number is likely to increase.
- ❖ Our Swansea laboratory has one Band 2 Biomedical Support Worker, with another due to start once pre-employment checks have been completed.
- ❖ Our Cardiff laboratory has
 - Six Band 3 higher Biomedical Support Workers, with another two due to start (these are funded from COVID-19 recovery funding and agreed by Gold, until such time as substantive posts are recruited to in September 2020)
 - Seven Band 2 Biomedical Support Workers with another two due to start
 - One Band 5 Biomedical Scientist

Other:

- ❖ One Communications bank worker
- ❖ One Professional Lead in Improvement Cymru
- ❖ Three Consultants in Public Health.

11 Social Care Interface

We have undertaken a series of meetings with health boards and their regional partners to discuss working arrangements for Test Trace Protect. This has included discussion on the management of incidents in Enclosed Settings. The response has been variable reflecting the different circumstances within each region. Responsibility for the management of enclosed settings has now been devolved to the Public Health Wales National Health Protection Cell Regional teams who are taking a multi-agency approach working with partners in the Health Board area Regional Cells.

A high proportion of incidents have now come to an end and those which require additional focus are the subject of joint discussions with a range of partners. Environmental Health Teams continue to monitor new incidents ensuring close alignment with the contact tracing teams. The differential demand on both the Regional Cells lead by the Health Board and the Regional Teams from the National Health Protection Cell has presented challenges particularly for north Wales.

12 Monitoring Arrangements

We continue to maintain our governance standards and the variations to standing orders as set out in our Quarter 1 return. Monthly Board meetings continue, as do the fortnightly Board Briefings. The Board continues to receive the monthly

Integrated Performance Report, which brings together key information relating to COVID-19 response, finance, workforce and performance indicators.

Our Quality Safety and Improvement Board Committee (QSIC) and our Audit and Corporate Governance Board Committee (ACGC) remain active with both now being held every eight weeks (on alternate months).

The Strategic Directors continue to oversee our response to the pandemic, together with the three Incident Directors. The GOLD group continues to meet weekly, with Incident Management Team meetings a minimum of three times a week. Since June 2020, the formal Business Executive Team has been reconvened with the increasing focus on receiving assurance from Gold in relation to the response to the incident, focusing on the wider population health impact and interventions, the internal organisational recovery and reactivation of non-COVID-19 services and the well-being of staff.

The weekly Delivery Confidence Assessment (DCA) against our Test Trace Protect Stage 2 Implementation Plan is reviewed at GOLD and shared with the Board. As set out in our Quarter 1 return this includes change control procedure and risk logs. Welsh Government has received a copy of our Stage 2 Plan.

13 Finance

The month-end (month 2, 2020/21) position for Public Health Wales is a net surplus of £16k. This position includes anticipated income from Welsh Government of £2.330m broken down as follows:

- ❖ £2.227m Covid-19
- ❖ £0.052m Digital strategy
- ❖ £0.051m Healthier Wales (Early years prevention)

As part of our financial plans for 2020/21 it has been agreed that pay underspends, a number of non-pay budgets, and the internal investment fund will be held centrally to contribute to the additional costs incurred as a result of COVID-19. Total spend on COVID-19 to date is £3.104m of which £0.658m has been met from within Public Health Wales centrally held budgets. £336k from pay underspends and £337k from non-pay reductions in spend and internal investment slippage, with the remaining £218k having been met from external funding from Cardiff University in respect of Genomics sequencing tests, leaving £2.227m of additional income required from Welsh Government.

Public Health Wales' capital funding for 2020/21 totals £4.397m, split as follows:

- ❖ Discretionary £1.687m, £111k of which has been allocated to support COVID-19. The allocation of the remaining £1.255m is currently being finalised.
- ❖ Strategic £2.710m in respect of COVID-19 is made up as follows:
 - Cepheid Systems - £751k
 - Perkin Elmer Platforms - £740k
 - Eplex - £553k
 - MAST Seegene - £666k

We continue to forecast a breakeven position at year end.

Whilst we always undertake to either seek funding approval from Welsh Government, or identify from our own budgets, however, 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.

Appendix A: Stage 2 Plan Overview

<p>Contact Tracing</p> <p>Establishing an effective National Contact Centre incorporating a national health protection response cell providing expert and timely advice</p> <p>Providing expert advice and support to the Test Trace Protect programme on the future development of contact tracing</p> <p>Enabling the regional contact tracing centres to access effective and timely professional health protection advice on complex cases and clusters</p>	<p>Sampling and Testing</p> <p>Building capacity and resilience in the Public Health Wales laboratory system</p> <p>Providing expert advice to the Test Trace Protect programme and stakeholders</p> <p>Continuously improving processes relating to testing and giving results</p>	<p>Population Surveillance</p> <p>Completing, maintaining and improving surveillance outputs for COVID-19 and other acute respiratory infections</p> <p>Developing new areas of surveillance, such as serological surveillance and the identification of immune individuals</p> <p>Scoping and developing wider surveillances</p> <p>Delivering regular epidemiological studies to stakeholders</p>
<p>Communications and Engagement</p> <p>Supporting Welsh Government's: <i>Together we keep Wales safe campaign</i></p> <p>Developing and implementing our Strategic Communications Plan</p> <p>Continuing the 'How are you doing?' campaign</p> <p>Internal communications</p>	<p>People</p> <p>Staff Wellbeing and Engagement</p> <p>Workforce resourcing</p> <p>Sustainability</p>	
<p>Digital</p> <p>Ensuring our Communicable Disease Surveillance Centre (CDSC) has access to relevant data</p> <p>Working with NWIS to ensure there are seamless data flows between the NHS Contact Tracing System and the multiple arrangements for testing</p> <p>Supporting the strengthening of our internal communications and collaboration</p> <p>Continuing to support the development of the National Dashboard as part of the NHS Contact Tracing System</p>		
<p>International Learning and Intelligence</p> <p>National Public Engagement Survey to understand public acceptance, compliance and broad impacts of COVID-19 measures across Wales and in specific population groups</p> <p>International Horizon Scanning to build strong links with international agencies and partners to develop insight and learning from other countries</p> <p>Covid-19 Health Impact Assessments (HIAs) to promote a whole of government and whole of society approach to COVID-19 recovery planning and interventions</p> <p>Developing a dashboard of broader health trends in health and well-being</p>	<p>Research and Evaluation</p> <p>Understanding the efficiency and effectiveness of Public Health Wales' contribution to <i>Test Trace Protect</i></p> <p>Generating new knowledge on the indirect impact of COVID-19 on health and communities</p> <p>Supporting Public Health Wales to contribute to the international knowledge on COVID-19 through research</p>	
<p>Quality, Safety, Information Governance and Risk Management</p> <p>Providing effective and timely information governance advice</p> <p>Supporting effective risk management</p> <p>Improving quality and safety</p> <p>Effective user experience and engagement</p>		
<p>Finance and Supply Chain</p>		
<p>Programme Management</p>		