

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group



Llywodraeth Cymru
Welsh Government

Nick Ramsay MS
Chair, Public Accounts Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF991SN

28 August 2020

Dear Mr Ramsay

Thank you for your letter regarding procurement of Personal Protective Equipment (PPE).

At the onset of the Covid-19 pandemic, the NHS Wales Shared Services Partnership (NWSSP) expanded their existing procurement role, taking responsibility for supplying all necessary PPE to the NHS and to local authorities for use in social care settings. Since early March, NWSSP has issued over 293 million items of PPE to the health and social care sectors in Wales. This enormous sourcing and logistical effort, drawing on both local and international suppliers, has helped Wales reach a stable position with regard to PPE and enabled us to offer support to other parts of the UK through mutual aid. We were also able to ensure that, whilst there were concerns on shortages, the level of supply was maintained at the most challenging time. In a very short period of time, we changed an NHS only based supply and distribution process for health boards to one delivering across hundreds of settings, from social care providers through to primary care professionals; for example GPs and pharmacists. This has been a significant change and achievement, embedded initially by our ability to access pandemic stocks that had been planned. As we plan for the winter months ahead, NWSSP have already taken measures to improve resilience and will continue to build on this through the development of a strategic plan for PPE procurement.

As you note in your letter, the Health, Social Care and Sport Committee's report on the, *'Health Inquiry into the impact of the COVID-19 outbreak, and its management, on health and social care in Wales'* contained several recommendations on PPE.

The Welsh Government's response to this report is attached to support the Public Accounts Committee's consideration of public procurement. You will find the relevant sections on PPE at page 3-5.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Andrew Goodall', written in a cursive style.

Dr Andrew Goodall



Ein cyf/Our ref MA/VG/2497/20

Dr David Lloyd MS
Chair
Health, Social Care and Sport Committee

19 August 2020

Dear Dr Lloyd,

Thank you for your letter 8 July providing me with the committee's report on the '*Health Inquiry into the impact of the COVID-19 outbreak, and its management, on health and social care in Wales*'. I would like to thank the committee for their time in considering this important topic. It was a challenging time for us all.

I want to put on record my thanks to staff across the health and social care sector who worked incredibly hard to treat and care for those who contracted COVID-19, those who had other urgent health and social care needs and to protect those who are most vulnerable in our communities. The system has undergone an extraordinary transformation across all settings in demanding and exceptional timescales. In relation to PPE, I also wanted to acknowledge the enormous logistical and manufacturing challenge that was faced by the service to secure millions of items at what was a very difficult time.

In the context of the reasonable worst case scenarios at that time, the scale of the levels of capacity that was anticipated, the numbers of critical staff required and seeing other well regarded health systems overwhelmed, this was an exceptionally intense and worrying time for all those involved.

I took the early decision on 13 March to step away from routine activities to ensure the NHS and care system had appropriate time to prepare, including the creation of capacity and the training and realignment of staff. Routine primary and secondary care was paused to support the anticipated numbers of patients infected with COVID-19. Difficult decisions were taken that reflected the pressure and significance of the situation that we were all confronted with and we were mindful of the need to respond to a rapidly changing environment, through April and May in particular.

Our actions were focused on protecting the Welsh population, saving lives and protecting the NHS. In this context, the UK modelling work, translated for Welsh scenarios, demonstrated the need for 10,000 extra beds to be made available and 950 critical care beds. In order to address the very visible pressures and potentially overwhelmed systems, we were able to put plans urgently in place that allowed for a tripling of critical care capacity

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We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

if required through surge capacity and also doubled the number of acute hospital beds in Wales – all within days and weeks in the face of this unprecedented challenge.

Thanks to the professionalism and agile response that characterised the co-operation from all parts of the health and care system and our rapid preparation overall, Wales was able to respond quickly to deal with this public health emergency. The response was assisted by the close proximity and openness of relationships across health organisations and with social care partners across Wales, building upon existing structures and partnership arrangements. Regular communication and collaborative decision making facilitated delivery of a number of key milestones from the temporary scaling back of routine NHS activities, to field hospital developments and later the establishment of local TTP arrangements. These strengthening arrangements lay an important foundation for the emergence of the new NHS Wales Executive.

The evidence base at the time, informing our decisions and, crucially, supported by the broader impact of the population respecting regulations to stay at home, thankfully meant that we did not see (and continue not to see) the over 100,000 hospital admissions that were expected at that time and the up to 28,000 potential deaths in Wales. However, sadly, many people have lost loved ones and we were mindful throughout this situation that preventing more families from experiencing tragedy from COVID-19 was paramount. This was and remains an exceptionally challenging time for all those on the front lines of our services and particularly as we prepare for the unpredictable winter period ahead.

I want to recognise also the level of transformation, supported by digital innovation, which has been immense in supporting the health and care system. Thanks to the scale of the challenge and rapid acceleration, many of the new ways of working and innovative approaches have received positive feedback from a range of stakeholders, including patients and clinicians. We continue to learn from our work so far and will build on these efforts as we plan for the winter and beyond. The recommendations from the Committee will also help inform our future approach and actions.

The committee has taken evidence from a number of key sources and has appreciated the complex position that those managing the pandemic were faced with. The committee's report says that it will apply the evidence as known at the time but, in some cases, it would appear that knowledge known now has been applied retrospectively. This is particularly apparent in terms of its observations about decisions taken regarding care homes and the policy for asymptomatic patients.

I know Dr Rob Orford, chair of the Technical Advisory Cell (TAC) wrote separately to you on 14 July, explaining the unique role that TAC has and continues to play in offering advice to the Welsh Government. I understand that you have invited him and colleagues to attend the Committee on 16 September. I am sure this will assist the committee's understanding of the milestones for decisions and evidence. This will be especially relevant in terms of the decisions made about testing for care homes and the discharge of people from hospital to care homes. Our decisions were made in absolute good faith and based on our knowledge and understanding at the time. As the evidence has evolved, we have adapted our approach where that is appropriate and this will continue. I can assure the committee that protecting those living in care homes has been an urgent priority throughout this pandemic. Protecting the most vulnerable in our society and acting in their best interests remains at the heart of our decision making.

Committee members will have received a copy of the Deputy Minister for Health and Social Services' Written Statement on 30 July which sets out the actions we are taking to provide support for the care home sector. Our actions will consider lessons learned and any further

measures required regarding infection prevention and control; personal protective equipment; general and clinical support for care homes; residents' well-being; social care workers' well-being and financial sustainability. We have commissioned an independent facilitator to carry out a rapid review of the operational experience of care homes between March and June this year. The outcome of seven regional care home support plans and a national overview report will inform the Welsh Government winter preparedness planning. In addition, a scientific paper analysing discharges from hospitals and COVID-19 care home outbreaks in Wales has been written by Public Health Wales. The paper has been submitted to a peer review journal for publication. We will share the paper with you as soon as it is available.

I support and 'accept' or 'accept in principle' the majority of the recommendations from the committee. I have not accepted part of recommendation 10. This is in relation to home testing kits being used in care homes. Extensive guidance and training for administering the home testing kits has been developed and this approach is recognised as effective and flexible to meet the particular needs of care homes. I have also not accepted recommendation 20 in relation to contact tracing, which can only begin on receipt of a positive test.

I can confirm that many of the recommendations reflect areas which are already in train and where there is already strong progress. Over the next few weeks we will be taking steps to deliver further improvements, mindful of the financial implications. Choices will need to be made to secure the best 'value based healthcare' going forward and in the context of preparing for a challenging winter period.

You will be aware that there was no blueprint for COVID-19. While plans for a flu pandemic had been developed and tested, the scale and impact of COVID-19 was unprecedented. Together with partners across health, social care and beyond we are learning to prevent, contain and treat this disease and we recognise that we will continue to live with the virus in many aspects of our daily lives for some time to come.

I announced the development of a national Winter Protection Plan on 7 August, which will be issued in September. This will be an overarching plan setting our expectations for health and social care and informing engagement with wider partners and stakeholders. It will provide a clear direction for the remainder of the year and will also support many of the committee's recommendations.

The work of the committee has helpfully focused on a number of key areas: Personal Protective Equipment (PPE); Testing; Shielding; Test, Trace and Protect; and financial implications for adult social care. I will address these and further information to support this response is provided in Annex 1.

Personal Protective Equipment (PPE) **These three recommendations are accepted.**

Recommendation 1

The Welsh Government must, as a matter of urgency:

- *publish a strategy for securing a resilient supply of PPE;*
- *stockpile appropriate PPE in sufficient quantities for any future outbreak;*
- *keep under review the PPE it has stockpiled to ensure that it remains of adequate quality and is fit for purpose, including that the design and fit is appropriate for all wearers and suitable for staff, patients or carers who are deaf or hearing impaired;*
- *publish a strategy for ensuring resilience of distribution arrangements for PPE;*

- *work with partners to ensure that guidance on PPE is kept up to date in the light of the most recent scientific advice, and communicate this advice clearly to staff.*

Recommendation 2

The Welsh Government must review its own systems to ensure the mechanisms are in place to enable manufacturers in Wales to respond quickly in supplying appropriate PPE in the event of any future outbreaks. This must include having procurement arrangements that are able to respond in a timely manner.

Recommendation 3

The Welsh Government must ensure that third sector organisations providing vital care services have reliable access to appropriate PPE.

A strategic plan for PPE procurement for health and social care is being developed. This work is being coordinated through the PPE Stock, Sourcing and Distribution Group, chaired by the Welsh Government. The plan will be developed as part of the wider winter preparations undertaken by Health and Social Services within the Welsh Government in the national Winter Protection Plan. NHS Wales Shared Services Partnership (NWSSP) have already taken measures to secure a stable stock position in respect of PPE and will continue to build upon this to further improve resilience.

Welsh businesses have an important role to play in strengthening our resilience to a second peak of COVID-19 and the risks posed by a no-deal Brexit. Our PPE procurement plan for health and social care will blend local manufacture with international supply. Increased orders from Welsh businesses are anticipated over the coming year, as their production of PPE items come on-stream.

Industry Wales and their partners will be integral to informing our future engagement with business regarding future PPE requirements as well as exploring the potential to on-shore more of our other procurement requirements.

The Welsh Government has funded NHS Wales Shared Services Partnership (NWSSP) to supply PPE to the health and social care sectors in Wales. Where third sector organisations operate in support of the statutory health and social services, they are supplied with PPE by local health boards or local authorities in order to carry out those functions. A number of third sector organisations providing medical care, such as hospices, have been part of NWSSP's core distribution for many years and this has continued throughout the COVID-19 response.

With regard to social care, NWSSP provides PPE directly to local authorities through their Joint Equipment Stores (JES) for onward distribution to care providers. NWSSP will continue to source and distribute PPE to local authorities to meet the needs of the social care sector for the remainder of this financial year, maintaining a stable supply of PPE throughout the recovery phase.

PPE is the legal responsibility of the employer including of course a number of independent sector providers in domiciliary and residential care. NWSSP has stepped in to provide PPE to ensure that staff and people they care for are protected because of the extraordinary tightening of normal PPE supply chains. We should not lose sight of the significance of this successful undertaking in logistical or financial terms.

Financial implications: PPE costs arising from the development of the strategic plan for health and social care will be met through the £800m stabilisation package to support the Welsh NHS to continue to respond to and recover from the impact of the coronavirus crisis.

This was announced by Welsh Ministers on 5 August. Any additional costs will be drawn from existing programme budgets.

Testing

The following recommendations are accepted.

Recommendation 4

The Welsh Government, and its partners, must ensure that there is local access to testing for anyone who needs it, as and when they need it. GPs and primary care need to be an integral part of these arrangements.

Recommendation 5

The Welsh Government, working with its partners, must ensure an ongoing campaign of clear, consistent and repeated public messaging – at a national and local level – about when to seek a test for Covid-19 and how to do this.

Recommendation 6

The Welsh Government should ensure there is similarly clear and consistent messaging about the value of testing, not only in identifying people with the virus but to assist in research and development of future solutions.

Recommendation 7

The Welsh Government, working with NHS Wales, must develop a clear plan for regular and repeated testing of health and social care staff, including asymptomatic staff.

Recommendation 8

Given the concerns about a future second spike of infection, the Welsh Government, working with its partners, should assess the likely future demand for testing and take steps to ensure there is sufficient capacity so that anyone who needs a test will be able to access one quickly and easily. As part of this, the Welsh Government and partners must remain alive to the development of different types of testing models.

Recommendation 9

The Welsh Government must ensure that all patients being discharged from hospital directly into a care home have been tested in accordance with latest best practice to ensure maximum protection for residents and staff.

The Testing Strategy published on 15 July outlines the plan for testing of health and social care staff. Our strategy is based upon the latest evidence. As ever, it is subject to change as the evidence base may change during the course of the pandemic.

<https://gov.wales/covid-19-testing-strategy-html>

The Welsh Government is working with local health boards to agree a whole system testing approach for Wales and will continue to review the testing policy for health and care settings as the evidence evolves. Additional NHS testing capacity is being used to routinely and strategically test asymptomatic frontline staff as part of infection prevention and control measures.

Estimating the need for testing is affected by a number of variables including the spread of the disease, the incidence of new cases and transmission rates in the community, the prevalence of symptoms and emerging evidence on how testing can best be deployed to prevent infection. New scientific advice will be continually reviewed, alongside re-modelling

and international experience and this evidence will be kept under review, adapting our estimates of need accordingly.

A national testing infrastructure has been established with an extensive network of testing facilities available across Wales, from Coronavirus Testing Units, to Mobile Testing Units and Mass Drive-through Testing centres. Home testing kits are available for those that are unable to attend test sites. Individuals can apply for tests online via the GOV.UK platform or via telephone through the 119 service.

Our sampling capacity more than meets current requirements. Welsh laboratories hold capacity for over 15,000 tests per day, together with access to wider UK capacity, which is being used for population testing, surveillance testing in care homes and for key workers. Welsh capacity is being used to respond to clinical need and outbreak management.

For people being discharged from hospital, test results must be available prior to discharge. We have also established an additional discharge pathway for people who test positive or are still infectious; they will go to step-down care to be cared for and will be tested again to ensure a negative test result before returning to their care home. This is set out in the guidance, *COVID-19: update to step-down and step-up care arrangements guidance*: <https://gov.wales/hospital-discharge-service-requirements-covid-19>

All of this capacity is not being used currently, reflecting the low prevalence of the disease at present. Maintaining the capacity to respond to spikes in testing need arising from outbreaks is vital.

The Welsh Government has been leading on a sustained COVID-19 public awareness campaign since the start of the outbreak. This work has been and continues to be vital in communicating the latest health advice to the public. This ensures people understand how to get a test as soon as they start displaying symptoms, while reassuring them about the role of contact tracing in keeping Wales safe from future outbreaks.

The campaign to-date has included a digital campaign, media coverage, community outreach, print advertising, social media and radio adverts. Over 450 pieces of campaign materials have been produced in 34 different languages. Partners such as NHS, local authorities and wider public services communications teams have been given access to the campaign materials to use. The campaign will continue to focus on reinforcing who, how and when people should get tested, as well as the role of contact tracing as lockdown is eased.

The Welsh Government is supporting Health and Care Research Wales who are leading on the communications with the public on recruiting people to help with the research and development of future solutions.

Financial Implications – The financial implications of the testing in Wales will be covered from a combination of funding as part of the direct UK infrastructure and the £800m stabilisation package to support the Welsh NHS to continue to respond to and recover from the impact of the coronavirus crisis, announced by Welsh Ministers on 5 August.

Any additional costs will be drawn from existing programme budgets in the Health and Social Services Main Expenditure Group. The additional costs for recommendation 8 in relation to the Reasonable Worst Case for Winter Welsh R Model work is £250K and will be met from programme budgets in the Health and Social Services Main Expenditure Group.

Recommendation 10

The Welsh Government must ensure that:

- *testing within care homes takes place on a regular and systematic basis,*
- *such tests are administered by suitably trained individuals rather than using home testing kits and*
- *Sufficient capacity is available to support both of the above.*

The first bullet recommendation is accepted in principle.

There has been regular and systematic testing in care homes in Wales. All residents and staff in care homes were tested during May and June. In mid-June a policy to test all care home staff on a weekly basis was introduced, which was subsequently extended. The release of the Welsh Government's Testing Strategy on 15 July supported the reduction in the frequency of testing care home staff to a fortnightly basis, if prevalence rates remained low.

The results have been closely monitored and prevalence rates have remained low. As part of developing a more targeted and differentiated approach to testing, where prevalence remains high or a spike occurs, more regular, systematic testing may be maintained or reintroduced.

The second bullet recommendation is rejected.

Local health boards have provided guidance and training for administering tests using home testing kits. Home testing kits delivered to care homes as testing satellites have provided an effective and flexible approach that meets the particular needs of care homes. Health boards continue to support, train and advise care homes on testing and on infection control measures.

The third bullet recommendation is accepted.

There is sufficient capacity in Welsh laboratories and the UK Lighthouse laboratory to enable testing in care homes in Wales. Repeat testing occurs via the Lighthouse labs model using home testing kits.

Where incidents occur (two or more positive cases), then Public Health Wales laboratories are used, where sampling is administered by trained individuals to support outbreak management. This enables a more flexible, responsive approach to outbreaks supporting the Test, Trace and Protect process.

Financial Implications – No additional as in line with existing policy. The financial implications of the testing in Wales will be covered from a combination of funding as part of the direct UK infrastructure and the £800m stabilisation package to support the Welsh NHS to continue to respond to and recover from the impact of the coronavirus crisis, announced by Welsh Ministers on 5 August.

Shielding

The following recommendations are accepted/accepted in principle.

Recommendation 11

The Welsh Government must take steps to: ensure there are no further breaches of patient data going forward, and better communicate with people who have been advised to shield. This needs a clear, well-structured, responsive, timely and transparent approach, and must be an integral part of the future strategy for support to this very vulnerable group of individuals.

Recommendation 12

The Welsh Government must re-examine the arrangements with major supermarkets to ensure it can satisfy itself that there will be sufficient capacity for online food shopping and home delivery to meet demand, particularly during the coming winter period.

Recommendation 13

The Committee recognises that there is a cohort of people not on the shielded patients list who are otherwise vulnerable or normally rely on online food shopping and delivery services. The Welsh Government must look at how best to identify and offer support to these people.

Recommendation 14

The Welsh Government should commission a focused and rapid review of the current arrangements for delivery of medicines to ensure they are robust, reliable, safe and sustainable, and able to meet both current demands and potential future pressures, especially during the winter months.

Recommendation 15

The Welsh Government must work in partnership with local authorities to review existing support arrangements for shielded people, and implement improvements as necessary.

The Information Commissioner's Office has closed the investigation into the breach that occurred with no regulatory action, recognising that it was a case of human error and also that remedial action was swift. Whilst this incident was unacceptable, lessons have been learned and we are committed to continuing to improve in this area.

A data group has been established within the Welsh Government to ensure appropriate data issues are resolved promptly with the onward sharing of data to Local Authorities and other partners. More stakeholder engagement has been undertaken where stakeholders have been able to discuss shielding and related communications directly with officials. This has influenced both the content and method of distribution of our communications materials.

The Welsh Government has worked with seven major food retailers, sharing data to enable them to prioritise on-line orders and home deliveries for people who are shielding. We welcome the effort these retailers have made to expand their on-line ordering and home delivery operation and to prioritise shielding people.

The Minister for Environment, Energy, and Rural Affairs regularly meets major food retailers and her officials have also held discussions with seven main retailers offering on-line ordering. Priority online delivery slots are working well and retailers have confirmed they will carry on ensuring that there are priority slots for shielding people after shielding advice was paused on 16 August. The Welsh Government has identified that there are people who are vulnerable and has been working with local authorities and voluntary councils who have been supporting both these groups, providing access to food, support and wider befriending. The Minister for Housing and Local Government wrote to all local authority leaders in April to scope the extent of support provided for non-shielding vulnerable people and was assured that effective support is in place. Ministers have agreed that there will be a further letter to leaders and Voluntary Councils in August to enable them to update the information they provided.

The number of volunteers recruited to support the Volunteer Scheme and the capacity of the Royal Mail service exceeds current demand from pharmacies and dispensing doctors across Wales. Following the advice from the Chief Medical Officer to pause shielding, both the Volunteer Delivery Scheme and the Royal Mail Service will continue, as planned, to

support these patients until 30 September. A review of the COVID-19 medicines delivery arrangements has been undertaken in consultation with stakeholders and participants. The findings of the review will inform the need to respond to a further spike in the autumn or to local outbreaks of community transmission.

With regard to the third sector, almost £7m has been distributed in emergency grants and loans to 150 organisations through the Voluntary Sector Emergency Fund since the start of the pandemic, potentially benefitting over 730,000 individuals. Each Voluntary Council has received £25,000 to support local organisations to respond to their community needs; as at 31 July this fund has supported over 200 organisations.

Financial Implications – Funding for shielding communication is allocated from within programme budgets in the Health and Social Services Main Expenditure Group.

In relation to recommendation 13, under the Test Trace Protect scheme, £1m has been agreed as part of the Local Government Hardship Fund to support local authorities in the Protect element of the scheme, to help those people who are required to isolate as a result of contact tracing and no access to any support from family or friends. This will be included in the general strand of the fund and the amount available will be kept under review.

In relation to recommendation 14, £5.8m within the Community Pharmacy Contractual Framework funding has been re-purposed to support these arrangements throughout 2020-21 if required, with £7m having been distributed to the third sector.

These recommendations are accepted in principle.

Recommendation 16

The Welsh Government must ensure that there is clear guidance made available to those who are shielding about accessing routine healthcare services and how to do this safely.

Recommendation 17

The Welsh Government must ensure there is clear guidance provided for families and carers of people who are shielding about returning to work, and the support they can expect.

The Chief Medical Officer (CMO) wrote to those who are shielding on what to do in relation to attending health settings for routine care and planned appointments. Early advice was to avoid the settings wherever possible and when an individual did need advice or treatment, it was important to communicate directly with the setting that they were shielding.

Advice changed on 13 June in relation to the wearing of face masks, to clarify people who had received a shielding letter from the CMO (including a carer of patient or child who is on the Welsh shielded list) should wear a medical mask when there was an unavoidable need to access health or social care settings. Masks should be provided to people in this category if required.

The Welsh Government aims to provide guidance which would support all of those individuals with the appropriate action to take. Employers have a legal obligation to minimise the risk of exposure to COVID-19 in the workplace. Advice is available via the 'Work, skills and financial support' website on how to stay safe at work and how to access help on money or the security of employment. <https://gov.wales/work-skills-financial-support>

Financial Implications – None.

Test, Trace Protect Strategy

This recommendation is accepted.

Recommendation 18

The Welsh Government must take the opportunity now to review all arrangements to ensure that the scale of the infrastructure, the technological rollout and the necessary recruitment exercises are in place to ensure an efficient and effectively functioning contact tracing system. The system must not be compromised because of a lack of planning, resources or technology, when there has been time to prepare and important opportunities for learning.

The Test, Trace and Protect system has been designed to scale, as required with regional plans to support this. Resourcing, infrastructure and capacity planning have been undertaken based on the latest modelling and scientific advice.

Working in close partnership with Public Health Wales and NHS Wales Informatics Service, health boards and local authorities, continual improvements and refinements are being implemented at pace and at a system wide level.

This recommendation is accepted in principle.

Recommendation 19

The Welsh Government, working with Public Health Wales, must aim for all test results to be returned within 24 hours.

Speed is vital to the effectiveness of the contact tracing system. Health board testing leads and Public Health Wales are working at pace on a number of improvements including:

- Improving in-lab processes to enhance efficiency and speed.
- Provision of extra staff and equipment for the Public Health Wales regional laboratories based at University Hospital Wales, Cardiff, Singleton Hospital, Swansea and Ysbyty Glan Clwyd, Rhyl, so they can operate 24 hours a day, seven days a week.
- Creation of six Hot Labs at acute hospitals across Wales, which will have rapid, under four hour, testing equipment and new testing equipment for other conditions to free up staff to work on COVID-19 testing. They will operate from 8:00am – 10:00pm, seven days a week.

Financial Implications – Whilst work is ongoing with NHS Wales on this, funding for improvements will be met from the £800m stabilisation package to support the Welsh NHS. Funding approval has been provided of £32 million to speed up turnaround times.

This recommendation is rejected.

Recommendation 20

The Welsh Government should move immediately to a system where contact tracing begins either on receipt of a positive test, or within 24 hours.

Contact tracing begins on receipt of a positive test. The vast majority of those who are tested return a negative result (93.5% negative as at 9 August). Initiating contact tracing before test results are known could result in significant negative impacts on those contacts asked to isolate unnecessarily and undermine confidence in the system. It would also require significant additional resources within contact tracing teams. Our approach takes

into consideration both the latest medical advice and the broader socio economic impacts of asking close contacts to self-isolate. This is an evolving situation and subject to ongoing review.

Financial Implications – No additional costs. Funding has been allocated to health boards and local authorities to support the Test, Trace, Protect programme.

This recommendation is accepted in principle.

Recommendation 21

The Welsh Government must ensure there are systems in place to both monitor effectively the false negative rate, and to ensure testing is delivered responsively and flexibly to minimise the false negative rate.

The Testing Strategy, previously referred to, outlines how testing for Wales will be delivered. Low prevalence of the disease is likely to generate a higher rate of false positives and false negatives. False negatives are hard to measure, however work is underway to provide an estimation of false negative rates based on the clinical sensitivity of testing.

Financial Implications – No additional costs. Funding will be drawn from agreed budgets for testing as described above.

This recommendation is accepted.

Recommendation 22

In consultation with Public Health Wales, the Welsh Government should:

- *publish a strategy to increase the number of people presenting for tests in order to utilise more fully the available testing capacity*
- *take steps now to provide assurances that 20,000 tests per day will be able to be delivered*
- *ensure that safeguards are in place to guarantee that capacity from facilities outside Wales is fit for purpose and sufficient to meet demand*
- *ensure that the system is able to respond to increases in demand, and expand to meet these.*

In collaboration with Public Health Wales, local health boards and the UK Government's Department of Health and Social Care, a national testing infrastructure has been developed to ensure those who need a test are able to access one easily and quickly. A communications strategy is focussed on reinforcing who, how and when people should get tested, encouraging those with symptoms to access testing.

Extensive modelling work is helping to inform requirements for capacity planning. Reserve Mobile Testing Units can be drawn on flexibly to help respond to outbreaks ensuring an agile response to outbreak management. We have already seen these used to good effect in responding to outbreaks within Wales.

Financial Implications – No additional costs. The financial implications of the testing in Wales will be covered from a combination of funding as part of the direct UK infrastructure and the £800m stabilisation package to support the Welsh NHS to continue to respond to and recover from the impact of the coronavirus crisis, announced by Welsh Ministers on 5 August.

This recommendation is accepted.

Recommendation 23

The Welsh Government must, as a matter of urgency review its decisions about the number of staff needed for contact tracing in order to assure itself and the public that the system will be able to function effectively at times of highest demand, and can flex and respond according to changes in demand. It should publish the results of the review.

The Welsh Government has not set a target regarding the number of staff needed for contact tracing. The policy is to build on and develop the contact tracing expertise that exists in our local authorities and health boards in order to create a workforce that can be rapidly scaled up or down depending on circumstances.

This partnership approach has enabled a workforce to be established quickly with some 700 people, which is more than sufficient to cope with the current low number of people testing positive currently. The initial assumption that a workforce of 1000 contact tracers was based on earlier modelling. If a second wave of this scale occurred, this would require a workforce of some 1,800. All health boards and local authorities are currently implementing their workforce training and recruitment plans and the position will be closely monitored and fully reassessed in September.

This recommendation is accepted.

Recommendation 24

The Welsh Government must confirm, as a matter of priority, the financial support package for local authorities to support the employment of professional tracers, rather than depend on redeployment of existing staff.

Local authorities and health boards will need support and resource. Up to £45m is available this financial year to support a total contact tracing workforce of 1,800 with capacity to contact trace up to 11,000 new positive test cases per week. The position will be kept under constant review.

Financial Implications – None. £45m has been made available in 2020-21. Funding has been allocated to health boards and local authorities to support the Test, Trace, Protect programme. Any additional costs will be reviewed on an ongoing basis.

This recommendation is accepted.

Recommendation 25

The Welsh Government, working with its partners, must ensure a system of clear and repeated public messaging – at a national and local level - about individual responsibilities to self-isolate on symptoms, and the importance of urgent self-referral for testing.

The Welsh Government has been leading on a sustained COVID-19 public awareness campaign since the start of the outbreak. This work has been and continues to be vital in communicating the latest health advice to the public. It is ensuring everyone understands how to get a test as soon as they start displaying symptoms and reassuring them about the role of contact tracing in keeping Wales safe from future outbreaks. Partners such as NHS, local authorities and wider public services communications teams have been given access to the campaign materials. The campaign will continue to focus on reinforcing who, how and when people should get tested, and also the role of contact tracing as lockdown is eased.

Financial Implications – No additional costs. The additional costs will be drawn from programme budgets within the Health and Social Services Main Expenditure Group.

This recommendation is accepted.

Recommendation 26

The Welsh Government must pursue with the UK Government the arrangements for statutory sick pay for social care workers in Wales required to self-isolate. This should be done urgently.

Statutory sick pay (SSP) is a non-devolved matter and Ministers continue to raise the financial impact of isolation at a UK level. The First Minister and Health Minister have written formally to the UK Government on this issue without a positive reply. The Health Minister has raised this regularly in 4 nations Cabinet Health Minister meetings. Employees in self-isolation are entitled to SSP for every day they are in isolation as long as they meet the eligibility conditions, including self-isolating for at least 4 days in a row (including non-working days). People who have been contact traced and required to self-isolate, due to being in contact with someone who has tested positive for coronavirus, are also covered under the regulations UK Government made on 27 May 2020, subject to eligibility criteria.

Financial Implications – None.

This recommendation is accepted.

Recommendation 27

The Welsh Government must provide further information about the protocol on cross-border arrangements.

Processes are in place to enable the sharing of data and information between England and Wales to support contact tracing. The process of sharing information occurs daily between Public Health England and Public Health Wales, electronically via a secure system (and vice-versa) and is underpinned by a data-sharing agreement between both organisations. The Test, Trace and Protect or Test and Trace system where the person resides, is the one that takes the lead to make contact with the individual.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Financial Implications for local government /funding for adult social care

This recommendation is accepted.

Recommendation 28

The Welsh Government must, as a matter of urgency, put in place a short-term, guaranteed funding commitment to support adult social care services to mitigate the financial impact of Covid-19. This commitment must be developed in consultation with service providers, including local government.

The Welsh Government has allocated to date over an additional £155m to meet the costs faced by local authorities in responding to COVID-19. This includes just under £63m to help them meet the additional costs adult social care providers are incurring.

The financial pressures local authorities are under due to loss of income are recognised and a further £78m to assist local authorities with these costs has been agreed.

The Welsh Government is committed to working closely with the Welsh Local Government Association (WLGA) and the Society of Welsh Treasurers to understand the impact of the pandemic on local government and act as required to address this.

Financial Implications – Around £155m has been made available to local authorities in Wales to support additional costs from COVID-19.

Winter for the NHS and social care sector is always challenging, but this winter in particular brings additional issues and concerns. The Winter Protection Plan is under development and will seek to provide a national framework under which organisations will be collaborating to produce integrated plans that will deliver seamless care across the health and social care sector.

Earlier this week the Welsh Government also announced more than £260m for local authorities. This will help them prepare their budgets and ensure they are able to cover increased costs and manage the additional cleaning requirements to support our collective approach to COVID-19.

I will update members of the committee when the Winter Protection Plan is issued. I hope this information is helpful.

Yours sincerely,

A handwritten signature in black ink that reads "Vaughan Gething". The signature is written in a cursive, flowing style.

Vaughan Gething AS/MS

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Response to the recommendations in the Health, Social Care and Sport Committee Report – Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales

Personal Protective Equipment (PPE)	
<p>Recommendation 1 The Welsh Government must, as a matter of urgency:</p> <ul style="list-style-type: none"> ▪ publish a strategy for securing a resilient supply of PPE; ▪ stockpile appropriate PPE in sufficient quantities for any future outbreak; ▪ keep under review the PPE it has stockpiled to ensure that it remains of adequate quality and is fit for purpose, including that the design and fit is appropriate for all wearers and suitable for staff, patients or carers who are deaf or hearing impaired ▪ publish a strategy for ensuring resilience of distribution arrangements for PPE; ▪ work with partners to ensure that guidance on PPE is kept up to date in the light of the most recent scientific advice, and communicate this advice clearly to staff. 	
<p>Response – Accept A strategic plan for PPE Procurement for Health and Social Care is in development. This work is being coordinated through the PPE Stock, Sourcing and Distribution group, chaired by Welsh Government with representation from NHS Wales Shared Services Partnership (NWSSP), Local Health Board PPE Operational Executive Leads and the Association of Directors of Social Services. The plan will be developed as part of the wider winter preparations undertaken by Health and Social Services within Welsh Government.</p> <p>The strategic plan will include steps to increase levels of stock and expand storage capacity to secure an appropriate winter ‘buffer’ of PPE supplies, as well as replenishing our pandemic stock. Recent investment in stock management systems and modelling capability has ensured that we are in a better-informed position on ‘burn-rates’ on PPE usage, and demand and supply analysis by product and sector as we prepare for the winter period. This will continue to be refined and developed. To further build resilience, the plan will consider securing products from international suppliers as early as possible and blending more Welsh-based manufacturers of PPE into supply lines.</p> <p>Wales has contributed to formulation of guidance, via membership of the UK infection prevention and control (IPC) Cell, and adheres to the UK evidence based IPC guidance (and accompanying Personal Protective Equipment (PPE) tables) https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control</p>	

A Nosocomial Transmissions Group (NTG) has been established across Welsh Government, health and social care, jointly chaired by the Deputy Chief Medical Officer and the Chief Nursing Officer. The purpose of the group is to advise, support and provide direction on the actions needed to minimise nosocomial transmission and enable the safe resumption of services.

IPC guidance, including that on PPE, forms an integral part of the remit of the NTG and to facilitate this, a NTG sub-group, focussed upon IPC, chaired by a Director of Nursing has been established. This group comprises representation from health and social care in Wales as well as Health Education and Improvement Wales (HEIW) and amongst other work will develop the core IPC training standards and revise cleaning standards. The IPC group will oversee a survey and training needs analysis of workforce IPC education, training and capacity of both health and social care settings. A task and finish group has been directed to develop standardised and current IPC education and training for Wales.

Financial implications: PPE costs arising from the development of the strategic plan for Health and Social Care will be met through the £800m stabilisation package to support the Welsh NHS to continue to respond to and recover from the impact of the coronavirus crisis, announced by Welsh Ministers on 5 August.

Recommendation 2

The Welsh Government must review its own systems to ensure the mechanisms are in place to enable manufacturers in Wales to respond quickly in supplying appropriate PPE in the event of any future outbreaks. This must include having procurement arrangements that are able to respond in a timely manner.

Response – Accept

Welsh businesses have an important role to play in strengthening our resilience to a second peak of Covid-19 and the risks posed by a no-deal Brexit. Our PPE procurement plan for health and social care will blend local manufacture with international supply, and we anticipate increasing orders from Welsh businesses over the coming year as their production of PPE items come on-stream.

CERET (The Critical Equipment Requirement Engineering Team) was established March and is chaired by Industry Wales to provide a conduit between the health sector and industry and expedite a supply pipeline of PPE. CERET has supported a number of Welsh-based manufacturing organisations to bring a manufacturing capability to Wales.

Industry Wales and their partners will be integral to informing our future engagement with business regarding future PPE requirements as well as exploring the potential to on-shore more of our other procurement requirements.

We have used the current Covid-19 provision for direct procurement awards to engage local business in PPE supply chains. We are keen that we continue to use every lever possible so that those businesses who stepped up at a critical point in the onset of the pandemic can continue to access public contracts so that we can better use public expenditure to support economic and social wellbeing across Wales.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 3

The Welsh Government must ensure that third sector organisations providing vital care services have reliable access to appropriate PPE.

Response – Accept

Welsh Government has funded NWSSP to supply PPE to the health and social care sectors in Wales. Where third sector organisations operate in support of the statutory health and social services, they are supplied with PPE by Local Health Boards or local authorities in order to carry out those functions. A number of third sector organisations providing medical care, such as hospices, have been part of NWSSP’s core distribution for many years and this has continued throughout the Covid-19 response.

With regard to social care, NWSSP provide PPE directly to local authorities through their Joint Equipment Stores (JES) for onward distribution to care providers. NWSSP will continue to source and distribute PPE to local authorities to meet the needs of the social care sector for the remainder of this financial year, maintaining a stable supply of PPE throughout the recovery phase.

We recognise that local authorities are best-placed to identify the care providers operating within their local area which require PPE, including services provided by third sector organisations. As NWSSP will supply PPE to meet the need identified by local authorities, we do not consider it necessary or practical to have an additional direct distribution route to third sector organisations.

Financial Implications – No additional financial implications. This is covered in the strategic PPE plan referenced above.

Testing

Recommendation 4

The Welsh Government, and its partners, must ensure that there is local access to testing for anyone who needs it, as and when they need it. GPs and primary care need to be an integral part of these arrangements.

Response: Accept

We now have a national testing infrastructure that means anyone who needs a test can access one. An extensive network of testing facilities is available across Wales, from Coronavirus Testing Units, to Mobile Testing Units and Mass Drive-through Testing centres. Home testing kits are available for those that are unable to attend test sites. Individuals can apply for tests

online via the GOV.UK platform or via telephone through the 119 service. We will continue to explore community based provision through local sites and utilise access to home testing kits in community settings which can provide rapid results.

Financial Implications – The financial implications of the testing in Wales will be covered from a combination of funding as part of the direct UK infrastructure and the £800m stabilisation package to support the Welsh NHS to continue to respond to and recover from the impact of the coronavirus crisis, announced by Welsh Ministers on 5 August.

Recommendation 5

The Welsh Government, working with its partners, must ensure an ongoing campaign of clear, consistent and repeated public messaging – at a national and local level – about when to seek a test for Covid-19 and how to do this.

Response: Accept

Welsh Government has been leading on a sustained COVID-19 public awareness campaign since the start of the outbreak. This work has been and continues to be vital in communicating the latest health advice to the public, ensuring everyone understands how to get a test as soon as they start displaying symptoms, and reassuring them about the role of contact tracing in keeping Wales safe from future outbreaks.

The campaign to-date has included a digital campaign, media coverage, community outreach, print advertising, social media and radio adverts. Over 450 pieces of campaign materials have been produced in 34 different languages. Partners such as NHS, Local Authority and wider public services communications teams have been given access to the campaign materials to use on their internal and external communication channels.

The campaign will continue to focus on reinforcing who, how and when people should get tested, and also the role of contact tracing as lockdown is eased.

The Technical Advisory Group have also created a Risk Communication and Behavioural Insight Group, chaired by Professor Ann John in order to provide advice on effective risk communication, behavioural science and engagement.

Financial Implications – The additional costs will be drawn from programme budgets within the Health and Social Services Main Expenditure Group.

Recommendation 6

The Welsh Government should ensure there is similarly clear and consistent messaging about the value of testing, not only in identifying people with the virus but to assist in research and development of future solutions.

Response: Accept

Welsh Government has been leading on a sustained COVID-19 public awareness campaign since the start of the outbreak. This work has been and continues to be vital in communicating the latest health advice to the public, ensuring everyone understands how to get a test as soon as they start displaying symptoms, and reassuring them about the role of contact tracing in keeping Wales safe from future outbreaks.

The campaign to-date has included a digital campaign, media coverage, community outreach, print advertising, social media and radio adverts. Over 450 pieces of campaign materials have been produced in 34 different languages. Partners such as NHS, Local Authority and wider public services communications teams have been given access to the campaign materials to use on their internal and external communication channels.

The campaign will continue to focus on reinforcing who, how and when people should get tested, and also the role of contact tracing as lockdown is eased.

Welsh Government is supporting Health and Care Research Wales who are leading on the communications with the public on recruiting people to help with the research and development of future solutions.

The Technical Advisory Group have also created a Technical Testing Advisory Group, chaired by Professor Robin Howe in order to provide advice on COVID-19 testing in Wales. Several public facing guidance documents on testing have been published by TAG.

Financial Implications – The additional costs will be drawn from programme budgets within the Health and Social Services Main Expenditure Group.

Recommendation 7

The Welsh Government, working with NHS Wales, must develop a clear plan for regular and repeated testing of health and social care staff, including asymptomatic staff.

Response: Accept

The Welsh Government's testing strategy published on the 15th July on gov.wales outlines the plan for testing of health and social care staff. We are working with LHBs to agree a whole system testing approach for Wales and we will continue to review our testing policy for health and care settings as the evidence evolves. We will support LHBs through our NHS Planning Framework to mobilise testing for both staff and patients. In line with the Technical Advisory Group advice, when the prevalence of the disease is low, as it is now, care needs to be taken in using RT-PCR tests as a screening tool. Low prevalence of the disease is

likely to generate a higher rate of false positives and false negatives. We will adapt our approach according to need in high prevalence situations and in line with scientific advice.

For critical worker screening, this may lead to significant unnecessary exclusion from work which has to be balanced against the risk to patients of transmission particularly where they are vulnerable and at risk of more severe illness. The balance of risks needs to be carefully considered.

We are currently utilising additional NHS testing capacity to routinely and strategically test asymptomatic frontline staff as part of infection prevention and control measures.

Financial Implications – The financial implications of the testing in Wales will be covered from a combination of funding as part of the direct UK infrastructure and the £800m stabilisation package to support the Welsh NHS to continue to respond to and recover from the impact of the coronavirus crisis, announced by Welsh Ministers on 5 August.

Recommendation 8

Given the concerns about a future second spike of infection, the Welsh Government, working with its partners, should assess the likely future demand for testing and take steps to ensure there is sufficient capacity so that anyone who needs a test will be able to access one quickly and easily. As part of this, the Welsh Government and partners must remain alive to the development of different types of testing models.

Response: Accept

Estimating the need for testing is affected by a number of variables: the spread of the disease, the incidence of new cases and transmission rates in the community, the prevalence of symptoms, and the emerging evidence on how testing can best be deployed to prevent infection. We will continue to review new scientific advice, our modelling and international experience and we will keep this evidence under review and adapt our estimates of need accordingly.

We currently have sampling capacity that more than meets our current requirement, with our Welsh laboratories holding capacity for over 15,000 per day and we also have access to wider UK capacity, which is being used for population testing, surveillance testing in care homes and for key workers. Welsh capacity is being used to respond to clinical need and outbreak management. We are not using all of this capacity, reflecting the low prevalence of the disease at present. But it is vital that we maintain the capacity to respond to spikes in testing need arising from outbreaks. However, we know that the end to end process and the effective staffing and resources will require contingency plans with partners to meet any spike in demand.

The Modelling Subgroup of the Technical Advisory Group (TAG) have refined the UK Cabinet Office Commission for a Reasonable Worst Case for Winter using the Welsh data. Two Welsh R Models have been developed to help support strategic planning for the winter.

Financial Implications – The additional cost for the Reasonable Worst Case for Winter Welsh R Model work is £250K and will be met from programme budgets in the Health and Social Services Main Expenditure Group.

Recommendation 9

The Welsh Government must ensure that all patients being discharged from hospital directly into a care home have been tested in accordance with latest best practice to ensure maximum protection for residents and staff.

Response: Accept

The Welsh Government's test strategy published on 15 July, in order to safeguard those residents currently living in care homes, all potential new residents and all patients being discharged to a care home or a hospice from hospital will continue to be tested before admission into a care home.

For people being discharged from hospital, test results must be available prior to discharge. We have also established an additional discharge pathway for people who test positive or are still infectious; they will go to step-down care to be cared for and will be tested again to ensure a negative test result before returning to their care home. This is set out in the guidance, *Covid-19: update to step-down and step-up care arrangements guidance*: <https://gov.wales/hospital-discharge-service-requirements-covid-19>.

Testing of patients leaving care homes has been in place since 2nd May <https://gov.wales/testing-process-care-homes-covid-19.html>. The Technical Advisory Group have recently published revised testing regime for patients leaving hospitals for care homes <https://gov.wales/technical-advisory-group-testing-criteria-discharging-asymptomatic-patients-care-homes>. The guidance seeks to improve flow by further evaluating positive testing against threshold levels and antibody positivity.

Financial Implications – No additional as in line with existing policy. The financial implications of the testing in Wales will be covered from a combination of funding as part of the direct UK infrastructure and the £800m stabilisation package to support the Welsh NHS to continue to respond to and recover from the impact of the coronavirus crisis, announced by Welsh Ministers on 5 August.

Recommendation 10

The Welsh Government must ensure that:

- testing within care homes takes place on a regular and systematic basis,
- such tests are administered by suitably trained individuals rather than using home testing kits and
- Sufficient capacity is available to support both of the above.

Response – Accept in principle/ reject/ accept

Accept in principle - There has been regular and systematic testing in care homes in Wales during the past few months. All residents and staff in care homes were tested during May and June. On 15 June we introduced a policy to test all care home staff on a weekly basis, which was extended from an initial period of four weeks to eight weeks. When releasing the Welsh Government's Testing Strategy on 15 July, the Minister for Health and Social Services indicated that the frequency of testing care home staff would be reduced to fortnightly if prevalence rates remained low. The results of the testing have been closely monitored and prevalence rates have remained low. However, as part of developing a more targeted and differentiated approach to testing, where prevalence remains high or we see a spike, more regular, systematic testing may be maintained or reintroduced.

In line with the Welsh Government Testing Strategy, testing must have a 'clear purpose' and regular and systematic testing in care homes must be informed by analysis of scientific evidence and consideration of levels of vulnerability and risk of transmission. However, work will continue to support, train and advise care homes on testing and on infection control measures.

Reject - Local health boards have provided training for administering tests using home testing kits and extensive guidance is available via gov.wales. Home testing kits delivered to care homes as testing satellites have provided an effective and flexible approach that meets the particular needs of care homes.

Accept - There is sufficient capacity in Welsh labs and the UK Lighthouse labs to enable testing in care homes in Wales. Repeat testing occurs via the Lighthouse labs model through home testing kits. Where incidents occur (2 or more positive cases) then we utilise PHW labs and sampling routes where sampling is administered by trained individuals to support outbreak management. This enables a more flexible, responsive approach to outbreaks supporting the TTP process.

Financial Implications – No additional as in line with existing policy. The financial implications of the testing in Wales will be covered from a combination of funding as part of the direct UK infrastructure and the £800m stabilisation package to support the

Welsh NHS to continue to respond to and recover from the impact of the coronavirus crisis, announced by Welsh Ministers on 5 August.

Shielding of Extremely Vulnerable People

Recommendation 11

The Welsh Government must take steps to:

- ensure there are no further breaches of patient data going forward, and
- better communicate with people who have been advised to shield. This needs a clear, well-structured, responsive, timely and transparent approach, and must be an integral part of the future strategy for support to this very vulnerable group of individuals.

Response - Accept

The Information Commissioner's Office have closed the investigation into the breach that took place with no regulatory action, recognising that it was a case of human error and also that remedial action was swift. Whilst this incident was unacceptable, lessons have been learned, including the importance of Welsh Government officials working more closely alongside NWIS colleagues to ensure issues and questions with regard to data can be swiftly resolved. In addition to a more structured set of meetings in place with NWIS to discuss the Shielded Patients List (SPL), a data group has been established within Welsh Government with attendance by NHS Delivery Unit representatives to ensure appropriate data matters are discussed and issues resolved promptly with the onward sharing of data to Local Authorities and other partners.

We have been responsive to feedback from stakeholders throughout the process for shielding but recognise that active engagement with interested parties had been lacking. Since June, we have had a part-time member of staff dedicated to stakeholder engagement and have run a number of events where stakeholders have been able to discuss shielding and related communications with the policy team. This has influenced both the content and method of distribution of our communications materials. The Chief Medical Officer for Wales and his Deputy have met with the Disability Equality Forum on three occasions in recent months to hear directly from and respond to the queries from this Group. We are committed to continuing to do better in this area.

Financial implications: No additional. Funding for shielding communication is allocated from within programme budgets in the Health and Social Services Main Expenditure Group.

Recommendation 12

The Welsh Government must re-examine the arrangements with major supermarkets to ensure it can satisfy itself that there will be sufficient capacity for online food shopping and home delivery to meet demand, particularly during the coming winter period.

Response: Accepted in principle

We engage regularly with the major retailers offering priority online delivery slots to people who are shielding and they have reassured us they will continue to make these available.

Welsh Government has worked with seven major food retailers, sharing data to enable them to prioritise on-line orders and home deliveries for people who are shielding. We welcome the effort these retailers have made to expand their on-line ordering and home delivery operation, and to prioritise shielding people.

Over 269,939 orders have been placed for on-line deliveries from the shielding population in Wales, with 249,419 currently delivered (w/e 24 July 2020). Geographic coverage provided by online shopping is extensive, with online shopping offered by two retailers across the whole of Wales. A third retailer provides additional coverage for the vast majority of Wales and another provides coverage to 89% of the Welsh population.

The Minister for Environment, Energy, and Rural Affairs regularly meets major food retailers and her officials have also held discussions with seven main retailers offering on-line ordering. Priority online delivery slots are working well and retailers have confirmed they will carry on ensuring that there are priority slots for shielding people after shielding advice is paused on 16 August.

Financial implications: None

Recommendation 13

The Committee recognises that there is a cohort of people not on the shielded patients list who are otherwise vulnerable or normally rely on online food shopping and delivery services. The Welsh Government must look at how best to identify and offer support to these people.

Response: Accept

The Welsh Government has identified that there are people who are vulnerable because of their age, because they are pregnant or because of their health condition and are therefore at increased risk of Covid 19. Others may be economically vulnerable and not able to afford food. The Welsh Government has been working with local authorities and county voluntary councils who have been supporting both these groups through providing access to food, access to support and wider befriending support. This has included linking people to volunteers who can do their shopping or provide other support.

The Minister for Housing and Local Government wrote to all local authority leaders in April to scope the extent of support provided for non-shielding vulnerable people and was reassured that effective support is in place. Ministers have agreed that there will be a further letter to leaders and CVC chief executives in August to enable them to update the information they provided.

Financial implications: Under the Test Trace Protect scheme, £1m has been agreed as part of the Local Government Hardship Fund to support local authorities in the Protect element of the scheme, to help those people who are required to isolate as a result of contract tracing and no access to any support from family or friends. This will be included in the general strand of the fund and the amount available will be kept under review.

With regard to the Third Sector:

- Almost £7m has been distributed in emergency grants and loans to 150 organisations through the Voluntary Sector Emergency Fund since the start of the pandemic, potentially benefitting over 730,000 individuals.
- We have also provided each Voluntary Council with £25,000 to support local organisations to respond to their community needs; as at 31 July this fund has supported over 200 organisations.
- These funds have enabled the organisations to support the most vulnerable in our communities including those who are shielding
-

Recommendation 14

The Welsh Government should commission a focused and rapid review of the current arrangements for delivery of medicines to ensure they are robust, reliable, safe and sustainable, and able to meet both current demands and potential future pressures, especially during the winter months.

Response: Accept

We have undertaken a review of the Covid-19 medicines delivery arrangements in consultation with stakeholders and participants. The findings of the review will inform the need to respond to a further spike in the autumn or to local outbreaks of community transmission.

The National Prescription Volunteer Delivery Scheme (The Volunteer Scheme) and the Royal Mail Track 24 Click and Drop Service (The Royal Mail Service) were established to ensure prescription medicines continued to be made available to those shielding and those who were self-isolating with no other means of support during lockdown. The Volunteer Scheme was fully rolled out by 5th May and the Royal Mail Service became operational across all of Wales on June 1st. Agreements are in place to continue and fund both until 30th September.

The Volunteer Scheme and Royal Mail Service were introduced to increase capacity and resilience of pre-existing medicines delivery arrangements operated by community pharmacies, and dispensing doctors, in response to the additional demand resulting from measures taken to reduce the spread of COVID-19. The Committee’s report refers to the arrangements needed to meet current demand; we can confirm the number of volunteers recruited to support the Volunteer Scheme and the capacity of the Royal Mail service exceeds current demand from pharmacies and dispensing doctors across Wales, many of whom did not require additional support. We do not, therefore, consider capacity to have been an issue in terms of the current arrangements.

The Committee’s recommendation also refers to potential future pressures. The current arrangements are restricted to the shielding period ending on 16th August. Following the advice from the Chief Medical Officer to pause shielding, both the Volunteer Delivery Scheme and the Royal Mail Service will continue, as planned, to support these patients until 30th September. We are now working with Royal Mail, Pro Delivery Manager and third sector organisations such as British Red Cross and St John Ambulance Cymru to discuss the logistics of a ‘paused model’ of support for medicines delivery to allow rapid remobilisation should a second wave occur in the winter months. This would allow arrangements to be reinitiated rapidly in the event of a significant subsequent wave of COVID-19.

Delivery services are provided by community pharmacies on a commercial basis and not as part of NHS terms of service. However, we have been reassured that all community pharmacies have arrangements in place to ensure those patients we have prioritised receive their medication and have repurposed £5.8m within the Community Pharmacy Contractual Framework funding to support these arrangements throughout 2020-21 should they be required. For patients not in prioritised groups, many pharmacies continue to offer private delivery arrangements.

Financial Implications – £5.8m within the Community Pharmacy Contractual Framework funding has been re-purposed to support delivery of medications throughout 2020-21

Recommendation 15

The Welsh Government must work in partnership with local authorities to review existing support arrangements for shielded people, and implement improvements as necessary.

Response: Accept

The relationship with Welsh Local Government Association, Local Authorities, Wales Council for Voluntary Action, Community Voluntary Councils and the shielding policy team is well established and has been a vehicle for open discussion on what could be better. As well as providing a fast track response to queries and issues from Local Authorities, the shielding team have direct contact through WLGA and WCVA multiple times per week to ensure issues are raised, discussed and resolved in a timely

manner. As the relationship has developed and the implementation issues have become less, this relationship has supported improved communications, in line with other stakeholders, to improve information sharing on announcements and guidance changes at an earlier stage.

We recognise that our relationship with our Local Authority partners is key in supporting those who have been shielding as the advice to shield is paused, whether it is because of an ongoing vulnerability or as part of their role in supporting the Test, Trace Protect programme and involvement in outbreak management.

At Ministerial level, there has been weekly contact with leaders by a variety of Ministers as appropriate. The Minister for Health and Social Services has attended for conversations on shielding and the Test, Trace, Protect system.

We intend to continue to invest in these important relationships, with a focus on continuous improvement, to support our citizens.

Financial implications: None

Recommendation 16

The Welsh Government must ensure that there is clear guidance made available to those who are shielding about accessing routine healthcare services and how to do this safely.

Response: Accept in principle

The letters from the Chief Medical Officer contain information for those who are shielding on what to do in relation to attending health settings for routine care and planned appointments. However, it is challenging to make this more specific to the setting the individual is attending. Whilst advice to shield has been in place, the advice was to avoid the settings wherever possible and when attending due to an absolute requirement it was important to communicate directly with the setting you were visiting to highlight that you were shielding.

When the advice changed in relation to the wearing of face masks (13th June), it was clarified that people who had received a shielding letter from the Chief Medical Officer for Wales (including a carer of patient or child who is on the Welsh shielded list) should wear a medical mask when there is an unavoidable need to access health or social care settings. Masks should be provided to people in this category if required.

Financial implications: None

<p>Recommendation 17 The Welsh Government must ensure there is clear guidance provided for families and carers of people who are shielding about returning to work, and the support they can expect.</p>	
<p>Response: Accept in principle It is important to note that there is a broad range of people, with actual or perceived vulnerability, who are worried about returning to work. As a Government, we aim to provide guidance which would support all of those individuals with the appropriate action to take. In all instances the most important conversation to be had is with the employer, and this should be done as early as possible in order to facilitate a safe return to work. Employers have a legal obligation to minimise the risk of exposure to COVID 19 in the workplace. Advice is available via the ‘Work, skills and financial support’ area of our website https://gov.wales/work-skills-financial-support on how to stay safe at work and also how to access help if people have concerns around money or the security of employment.</p>	
<p>Financial implications – None</p>	
<p>Test, Trace, Protect Strategy</p>	
<p>Recommendation 18 The Welsh Government must take the opportunity now to review all arrangements to ensure that the scale of the infrastructure, the technological rollout and the necessary recruitment exercises are in place to ensure an efficient and effectively functioning contact tracing system. The system must not be compromised because of a lack of planning, resources or technology, when there has been time to prepare and important opportunities for learning.</p>	
<p>Response: Accept The TTP system has been designed to scale as required with regional plans in place to support this. Resourcing, infrastructure and capacity planning have been undertaken based on the latest modelling and scientific advice.</p> <p>Working in close partnership with PHW, NWIS, health boards and local authorities, we are making continual improvements and refinements at pace and at a system wide level, to ensure that contact tracing continues to be run efficiently and effectively.</p>	
<p>Financial Implications – No additional costs. Funding has been allocated to health boards and local authorities to support the Test, Trace, Protect programme.</p>	

Recommendation 19

The Welsh Government, working with Public Health Wales, must aim for all test results to be returned within 24 hours.

Response: Accept in principle

We know speed is vital to the effectiveness of the contact tracing system. We are working at pace with health board testing leads and Public Health Wales on a number of improvements. An additional £32 million in funding has been approved for Public Health Wales to implement improvements to ensure faster results to support the contact tracing process. This includes:

- Improving in-lab processes to enhance efficiency and speed.
- Provision of extra staff and equipment for the Public Health Wales regional laboratories based at University Hospital Wales, Cardiff, Singleton Hospital, Swansea and Ysbyty Glan Clwyd, Rhyl, so they can operate 24 hours a day, seven days a week.
- Creation of six Hot Labs at acute hospitals across Wales, which will have rapid, under four hour, testing equipment and new testing equipment for other conditions to free up staff to work on Covid-19 testing. They will operate from 8:00am – 10:00pm, seven days a week.

It is expected the three regional laboratories will be able to operate 24 hours from October. The six new Hot labs will be up and running in November. Work is underway to implement these changes with Public Health Wales undertaking a recruitment drive to recruit up to 160 staff into the new roles. Additional activity has also focused on improving courier scheduling and processes.

In addition to the improvements within the labs we are working with partners to improve and optimise the pre-lab turnaround time by increasing the throughputs of sampling sites, frequency of sample collection, speed at which the samples reach the labs and ensuring an effective arrival time.

There are some testing routes which are not set up to achieve a turnaround within 24 hours. Home testing for example cannot operate within this timeframe. Similarly Care Homes have some flexibility in how the tests are administered to reflect staff shift patterns and working hours. We will always seek to deliver the fastest time possible in line with the aims and purposes of the tests being undertaken.

Officials are also working to improve accessibility to local testing by introducing new hyper-local walk-in sampling sites and mobile pop-up sites which will mean that symptomatic individuals can access a test quickly.

<p>Financial Implications – Whilst work is ongoing with NHS Wales on this, funding for improvements will be met from the £800m stabilisation package to support the Welsh NHS. Funding approval has been provided of £32 million to speed up turnaround times.</p>
<p>Recommendation 20 The Welsh Government should move immediately to a system where contact tracing begins either on receipt of a positive test, or within 24 hours.</p>
<p>Response: Reject</p> <p>Contact tracing begins on receipt of a positive test. The vast majority of those who are tested return a negative result (93.5% negative as at August 9th) Initiating contact tracing before test results are known could result in significant negative impacts on those contacts asked to isolate unnecessarily. TTP relies on people adhering to the advice given and we need to be very mindful of this in considering the behavioural impacts of any approach. Asking people to isolate without evidence that they need to do so could undermine confidence in the system. It would also require significant additional resources within contact tracing teams. Our approach takes into consideration both the latest medical advice and the broader socio economic impacts of asking close contacts to self isolate. This is an evolving situation and subject to ongoing review.</p> <p>Financial Implications – No additional costs. Funding has been allocated to Health Boards and Local Authorities to support the Test, Trace, Protect programme.</p>
<p>Recommendation 21 The Welsh Government must ensure there are systems in place to both monitor effectively the false negative rate, and to ensure testing is delivered responsively and flexibly to minimise the false negative rate.</p>
<p>Response: Accepted in principle The testing strategy published on the 15 July outlines how we will deliver testing for Wales. Low prevalence of the disease is likely to generate a higher rate of false positives and false negatives. False negatives are by their nature hard to measure in the system, however work is underway to provide an estimation of false negative rates based on the clinical sensitivity of testing.</p> <p>Financial Implications – No additional costs. Funding will be drawn from agreed budgets for testing as described above.</p>
<p>Recommendation 22 In consultation with Public Health Wales, the Welsh Government should:</p>

- publish a strategy to increase the number of people presenting for tests in order to utilise more fully the available testing capacity;
- take steps now to provide assurances that 20,000 tests per day will be able to be delivered; ensure that safeguards are in place to guarantee that capacity from facilities outside Wales is fit for purpose and sufficient to meet demand.
- ensure that the system is able to respond to increases in demand, and expand to meet these.

Response - Accept

In collaboration with Public Health Wales, Local Health Boards and the UK Government's Department of Health and Social Care, we have developed a national testing infrastructure to ensure everyone who needs a test is able to access one easily and quickly. Our communications strategy is focussed on reinforcing who, how and when people should get tested, encouraging those with symptoms to access testing. Our communications strategy is focussed on reinforcing who, how and when people should get tested, encouraging those with symptoms to access testing.

Our Testing Strategy released on 15 July outlines how we will utilise our testing capacity effectively to ensure that those requiring a test have access to one. The strategy also outlines how tests will be routed to provide optimum pathways and outcomes RT-PCR testing is and will continue to be deployed within defined targeted settings or cohorts in line with Technical Advisory Group advice. We have an extensive network of sampling and testing facilities of drive-through Mass Testing Centres, Mobile Testing Units and Coronavirus Testing Units, and home testing kits available for those unable to attend testing sites

We have and continue to take active steps to build our testing capacity. Our Welsh Laboratories hold capacity for over 15,000 test per day alongside access to wider UK capacity used for population testing, testing in care home and for key workers. New sampling routes via walk-in Local Test Sites will help to bolster capacity alongside increased provision from UK Lighthouse Labs.

We continue to work closely with UK government colleagues to ensure that the provision offered from facilities outside of Wales is fit for purpose and sufficient to meet demand. Our strategy enables us to route tests according to need ensuring an effective response.

Extensive modelling work is helping to inform requirements for capacity planning. Reserve Mobile Testing Units can be drawn on flexibly to help respond to outbreaks ensuring an agile response to outbreak management. We have already seen these used to good effect in responding to outbreaks within Wales.

Financial Implications – No additional costs. The financial implications of the testing in Wales will be covered from a combination of funding as part of the direct UK infrastructure and the £800m stabilisation package to support the Welsh NHS to continue to respond to and recover from the impact of the coronavirus crisis, announced by Welsh Ministers on 5 August

Recommendation 23

The Welsh Government must, as a matter of urgency review its decisions about the number of staff needed for contact tracing in order to assure itself and the public that the system will be able to function effectively at times of highest demand, and can flex and respond according to changes in demand. It should publish the results of the review.

Response - Accept

The Welsh Government has not set a target regarding the number of staff needed for contact tracing.

The policy is to build on and develop the contact tracing expertise that exists in our local authorities and health boards in order to create a workforce that can be rapidly scaled up or down depending on circumstances.

This partnership approach has enabled us to quickly establish a contact tracing workforce of some 700 which is more than sufficient to cope with the current low number of people testing positive. The initial assumption that a workforce of 1000 contact tracers would need to be in place by 1 June was based on earlier modelling of the spread of the virus.

Going forward, all regions have undertaken detailed contact tracing workforce resource planning based on the assumption that there will be a very significant second wave of the virus in the autumn which, at peak, could require up to 11,000 new positive cases per week to be contact traced.

A second wave of this scale would require a total workforce of some 1,800 and Welsh Government has subsequently allocated funding of £45m to the regions to fully meet the cost of a workforce of this size. Requirements are being continually monitored and there is a major review planned for September.

All health boards and local authorities are currently implementing their workforce training and recruitment plans and the position will be closely monitored and fully reassessed in September to ensure that it is sufficient.

Financial Implications – None. £45m has been made available in 2020-21. Any additional costs will be reviewed on an ongoing basis.

Recommendation 24. The Welsh Government must confirm, as a matter of priority, the financial support package for local authorities to support the employment of professional tracers, rather than depend on redeployment of existing staff.

Response: Accept

We are acutely aware that local authorities and health boards will need our full support and the resource implications will be high.

We have made up to £45m available this financial year. This is sufficient to support a total contact tracing workforce of 1,800 with capacity to contact trace up to 11,000 new positive test cases per week.

The position will be kept under constant review as we move forward.

Financial Implications – None. As above £45m has been made available in 2020-21. Funding has been allocated to health boards and local Authorities to support the Test, Trace, Protect programme. Additional costs will be reviewed on an ongoing basis.

Recommendation 25

The Welsh Government, working with its partners, must ensure a system of clear and repeated public messaging – at a national and local level - about individual responsibilities to self-isolate on symptoms, and the importance of urgent self-referral for testing.

Response: Accept

Welsh Government has been leading on a sustained COVID-19 public awareness campaign since the start of the outbreak. This work has been and continues to be vital in communicating the latest health advice to the public, ensuring everyone understands how to get a test as soon as they start displaying symptoms, and reassuring them about the role of contact tracing in keeping Wales safe from future outbreaks.

The campaign to-date has included a digital campaign, media coverage, community outreach, print advertising, social media and radio adverts. Over 450 pieces of campaign materials have been produced in 34 different languages. Partners such as NHS, Local Authority and wider public services communications teams have been given access to the campaign materials to use on their internal and external communication channels.

The campaign will continue to focus on reinforcing who, how and when people should get tested, and also the role of contact tracing as lockdown is eased.

<p>Financial Implications – No additional costs. The additional costs will be drawn from programme budgets within the Health and Social Services Main Expenditure Group.</p>
<p>Recommendation 26 The Welsh Government must pursue with the UK Government the arrangements for statutory sick pay for social care workers in Wales required to self-isolate. This should be done urgently.</p>
<p>Response: Accept Concerns continue to be raised with UK Ministers about the financial impact of isolation. Statutory sick pay in itself simply cannot cover cost of living expenses and poses a risk to financially vulnerable individuals and families in our communities. Statutory sick pay (SSP) is a non-devolved matter and we are strongly urging the UK government to take action to ensure appropriate financial support for those expected to self-isolate.</p> <p>Employees in self-isolation are entitled to SSP for every day they are in isolation as long as they meet the eligibility conditions, including self-isolating for at least 4 days in a row (including non-working days).</p> <p>People contact traced and required to self-isolate due to being in contact with someone who has tested positive for coronavirus, are also covered under the regulations UK Government made on 27 May 2020, subject to eligibility criteria.</p> <p>If people cannot work from home whilst they are self-isolating, they may also be entitled to an Employment Support Allowance accessed through gov.uk.</p>
<p>Financial Implications – None.</p>
<p>Recommendation 27 The Welsh Government must provide further information about the protocol on cross-border arrangements.</p>
<p>Response: Accept The necessary processes are in place to enable the sharing of data and information between England and Wales to support contact tracing.</p> <p>The Customer Relationship Management (CRM) system in Wales identifies cases and contacts who reside outside of Wales and places them in a separate queue to other contacts for sharing with PHE. The process of sharing this data and information between England and Wales occurs daily between PHW to PHE, electronically via a secure system (and vice-versa) and is</p>

underpinned by a data-sharing agreement between both organisations. The TTP or Test and Trace system where the person resides, is the one that contacts them.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Financial implications for local government and funding for adult social care

Recommendation 28. The Welsh Government must, as a matter of urgency, put in place a short-term, guaranteed funding commitment to support adult social care services to mitigate the financial impact of Covid-19. This commitment must be developed in consultation with service providers, including local government.

Response: Accept

As the Committee acknowledges, local authorities have been an integral part of the response to the pandemic providing vital services and support in their communities in difficult circumstances. To enable this, we have allocated to date over an additional £155 million to meet the costs faced by local authorities in responding to Covid-19. This includes approximately £63 million (as outlined below) to help them meet the additional costs adult social care providers are incurring. Added to this, we recognise the financial pressures local authorities are under due to loss of income and so have allocated a further £78 million to assist local authorities with these costs. We will continue to work closely with the WLGA and the Society of Welsh Treasurers to understand the impact of the pandemic on local government and act as required to address this.

In relation to the financial impact of Covid-19 on adult social care providers, as an immediate response to the pandemic the Welsh Government made available to local authorities up to £40 million to help them meet providers’ additional day-to-day costs. This package of support was developed in consultation with stakeholders and was to enable providers to continue to operate at this time so as to maintain their care provision. This funding was originally for April and May but was extended to cover June.

While this provided much needed support to the sector, many providers continue to face financial pressures, particularly care homes who are facing the additional challenge in relation to a loss of income caused by lower occupancy rates than usual. As a result we have already committed to provide further funding over a longer period of £22.7 million to enable local authorities to continue to assist adult social care providers with these on-going costs. This further injection of funding has again been developed in partnership with stakeholders and is available until the end of September, when the situation will be reviewed. This commitment provides both adult care social providers and local authorities with an assurance over how unplanned costs arising from the pandemic will be met in the short-term while we assess the longer term impact of Covid-19.

Financial implications: £155m available to local authorities in Wales to support additional costs from COVID-19.