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

Mark Isherwood MS
Chair – Public Accounts and Public
Administration Committee
Welsh Parliament
Cardiff Bay
Cardiff
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Our Ref: JP/LC

31st January 2022

Dear Chair,

Thank you for the Committee's letter on the 10th December 2021 following my session on the 17th December 2021. Please find below a response to your action points in the order raised in your letter.

Social Care

WeCare Wales have been running an ongoing recruitment and retention campaign which commenced in August 2021 involving a variety of advertising including TV adverts, social media promotion, cinema adverts, digital displays at supermarkets and print advertising at bus stations.

This has resulted in increased traffic on the WeCare.Wales jobs portal: this has varied but has been as much as triple in comparison to prior to the start of the campaign. TV advertising reached 65% of the adult population in Wales during the first two months of the campaign (August/September 2021). Unfortunately, because social care is diverse and largely in the independent sector, we do not have access to further statistics on the impact on jobs applied for or employment taken up.

Plans for further media activity are continuing until the end of this financial year with total of £481,000 invested, including the production of a new TV advert to further stimulate interest in the sector.

The WeCare.Wales jobs portal advertises several hundred jobs at any one time. All campaign activity is directed to the portal which also has information on free online "Introduction to Social Care" training, a 3 day online programme covering the essentials needed to start working in social care such as communication, safeguarding and working practices. Evening time slots are also running to ensure full flexibility of the programme.

Protective Personal Equipment (PPE)

Given the work already ongoing in this area, Welsh Government currently have no plans to undertake or commission the type of study described in the Committee's letter, but will await with interest the results of any such study in England.

All staff deaths are investigated by Health Boards as required by the Health and Safety Executive (HSE), to determine if they should be reported as occupational exposure under RIDDOR (the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013).

All patients who acquired COVID-19 in hospital are being investigated as required by the *Putting Things Right* Regulations. Welsh Government has invested in this work to ensure its full and rapid coverage.

Funding and Finances

As at the 31st December 2021, NHS organisations are reporting an overall cumulative deficit of £34.5m and are forecasting a year-end outturn deficit of £49.1m. The overall deficit is due entirely to the financial positions of Hywel Dda and Swansea Bay University Health Boards. These two organisations are forecasting a year-end deficit outturn of £25m and £24.4m respectively. All other NHS organisations are reporting small underspends as at the end of December, and are forecasting financial balance or a small underspend at the year-end.

As was captured in the national recovery plan "NHS Wales Covid-19 Looking forward" in March 2021, system wide recovery was required to ensure equity and realistic recovery. It clearly identified key areas of priority, which the additional investment then and in the future should be targeted at;

- Reducing health inequalities to achieve a fairer Wales – examples include, increased research, to support the delivery of the new liberty protection standards, and to provide additional prison health support.

- Building more responsive primary and community care- an example includes, additional investment to support removal of the backlog in annual health checks for chronic conditions. Pharmacy support to increase range of services available via community pharmacy services

- Creating supportive mental health services- Service redesign and alternative support such as online and telephone support and additional investment to in support mental health scheme

- More effective and efficient hospital services- given direct to health boards to support additional diagnostic, treatment and review services provided internally or through external commissioning arrangements

- Better working between health and social services- additional investment to regional partnership boards to support effective partnership solutions particularly around improving delayed transfers of care and flow through the system

- Supporting and building a resilient workforce- additional money was provide to support the wellbeing of both the NHS and Social care workforce. Also used to support additional recruitment and retention activity across both sectors.

- Providing accessible digital support- increasing digital support for the 111 urgent care system, increasing digital support for virtual review of patients both in primary and secondary care

The aim of the recovery plan and the prioritisation of the investments was to reduce the significant impact of Covid-19 on our health and social care system, patients and staff. The areas identified provide a structure to identify where investment should be targeted as we start on the road to recovery.

PPE Stock levels

An update on the publication of PPE stock data is included under Recommendation 5 in the **Auditor General Report – PPE** section below.

To ensure appropriate PPE is used in each setting, Wales follows the PPE requirements set out in the UK-wide Infection Prevention and Control (IPC) guidance. The IPC guidance is for the four UK nations and is based on a continuous review of the available evidence.

Throughout the pandemic, via membership of the UK IPC group, Wales has played and continues to play an active part in the development and continual evaluation of the IPC guidance including the risk based requirement for PPE in health and social care settings. Wales, like all UK countries, has adhered to this guidance and will continue to do so.

NHS Wales Shared Service Partnership (NWSSP) are responsible for the procurement and supply of the required PPE items into health and social care settings and are supported by the NWSSP Surgical Materials Testing Laboratory (SMTL) in ensuring the PPE provided meets technical and quality standards.

NHS and social care provider organisations are responsible for the implementation of the guidance within individual health and social care settings.

I would also like to take this opportunity to assure the Committee that the supply and distribution of high quality PPE to frontline health and social care workers continues to be a critical part of the Welsh Government's response to the ongoing COVID-19 pandemic.

Since the start of the pandemic over 1.2 billion items of PPE having been issued. Of these, over 500m have been issued to social care. At no point has Wales run out of PPE at a national level.

The PPE position in Wales remains stable. Lessons learnt from the initial phase of the pandemic were reflected in NWSSP's *PPE Winter Plan* (September 2020) and in the current NWSSP *Longer-term PPE Plan* (October 2021). Key components of both plans are ensuring the ongoing procurement and supply of free PPE to health, social care and wider primary care settings. In addition, NWSSP have been asked to maintain a usable contingency stockpile of core PPE items of no less than 16 weeks supply (based on the issue rate at the height of the pandemic) to maintain preparedness.

For items where this contingency level hasn't already been met or exceeded, secured orders are in progress and a new, fully compliant PPE framework is being established for core PPE items to ensure the ongoing resilience of supply chains.

This level of support on the provision of PPE will continue with the Programme for Government committing Welsh Government to continue to provide free PPE for health and social care for as long as is needed to deal with the pandemic.

The approach will be kept under review including in response to the findings of the PPE workstream of the *UK Review of Emergency Preparedness Countermeasures Advisory Board* which Welsh Government expects to report in early 2022.

Covid deaths for Health Boards

The numbers of patients who may have contracted COVID-19 while in hospital in Wales are reported via the Rapid Covid-19 surveillance dashboard, with the relevant page accessible via the link below:

Rapid COVID-19 virology - Public | Tableau Public

The information is broken down by various definitions of onset, and can be interrogated by date and Health Board area.

Information relating to COVID-19 deaths can similarly be accessed via the dashboard, with the link to the relevant section below. Please note that the death figures include any report to Public Health Wales of a death in a hospitalised patient or care home residence where COVID-19 has been confirmed with a positive Laboratory test and the clinician suspects that this was a causative factor in the death. The Office for National Statistics produces regular mortality statistics based on death certificates.

Rapid COVID-19 virology - Public | Tableau Public

Further analysis on COVID-19 related mortality is being undertaken and I will share the outputs of that with your committee when it is available.

Vaccine equity

Vaccine equity is not only important from a public health perspective, it's also a matter of social justice. We know that many of those under-served groups in our communities have been disproportionately affected by the effects of Coronavirus. We are also aware that there are significant health inequalities which have been exacerbated by the pandemic. Furthermore, it is recognised that vaccine hesitancy is far greater in the under-served population groups in our society.

Vaccine equity is a key principle of Wales' vaccination programme. The 'nobody left behind' campaign set out in the phase 3 Autumn and Winter Covid-19 Vaccination Strategy (Annex B) is built on the premise that everyone should have fair access and fair opportunity to take up the offer of a COVID-19 vaccination.

A COVID-19 Vaccine Equity Committee (VEC) was established jointly by Welsh Government (WG) and Public Health Wales (PHW) early on in the roll-out of the Vaccination Programme to identify barriers to take-up and causes of hesitancy and advise on additional support to increase coverage across under-served groups in our communities. It includes many umbrella organisations which work with and represent the interests of under-served groups, providing insight and access to these communities.

The VEC and the supporting COVID-19 Vaccine Equity Strategy sets out the aim that everyone in Wales who is eligible for COVID-19 vaccination has fair access and fair opportunity to receive their vaccination. It is informed by Public Health wales' monthly enhanced surveillance report which monitors and highlights equity gaps in uptake and helps tailor engagement and communication activity.

All Health Boards have outreach workers, and communications plans aimed at addressing the specific concerns raised which gives a voice to people of diverse backgrounds and in areas of socioeconomic deprivation. Offering opportunities to catch-up and local interventions to address barriers is important to keep narrowing the gaps.

Working with Health Boards and a wide range of partners, we are encouraging vaccine take-up by making it as easy as possible to get a vaccine by offering a flexible service according to local circumstances. For example:

- Mass vaccination centres throughout Wales offer extended hours at evenings and are open at weekends.
- Transport or travel initiatives have been in place in many areas;
- Outreach services, pop up clinics and mobile services have taken the vaccine to communities who may otherwise not take up their offer.
- With partner support, vaccine clinics have been held in familiar settings such as faith, cultural and community centres.

It is also important that people have access to accurate, reliable and accessible information so they can make an informed choice about taking up their offer of the vaccine. This is why, for example:

- Information materials have been produced for different audiences and in a wide range of languages and accessible formats;
- There have been engagement events and information webinars, often facilitated by faith leaders or clinical experts.
- Health Boards will consider how and where lessons identified during the first phases of the vaccine programme can be implemented for the booster phase.

Vaccine equity will continue to be a key principle as we begin the process of transitioning the COVID-19 vaccination programme to business as usual.

Vaccine Workforce

In response to the emerging information about Omicron and its impact, an accelerated booster delivery plan was developed on 13 December to rapidly increase the workforce capacity to offer all those eligible a booster vaccination before 31 December. This included.

- NHS staff from redeployed from other services and teams
- NHS staff from national or central teams redeployed
- Fire service personal
- Local authority personal
- Military support (MACA) with 70 staff across a range of roles in support of vaccination until end of January
- Exploring use of staff in other government departments.

Due to the nature of the pandemic and the need to provide people with the maximum protection in response to waves of variants over the last year, there have been times when there has been a need to significantly uplift the vaccination workforce.

An example of such a short sharp effort was in response to omicron, the vaccination workforce capacity was significantly increased through the mechanisms mentioned above, on a short-term basis, to ensure all those eligible received an offer for a booster vaccination before 31 December. To mitigate the impact on the NHS as much as possible, there was a campaign to use volunteers from non-NHS workforce from other public and emergency services, voluntary sector, retirees and students. However, there was undoubtedly an impact on other NHS services, procedures and scheduled care. Once uptake numbers began to reduce, workforce models and rotas have been adjusted with redeployed staff returning to their normal (pre- vaccination) services. Normal services have already begun to resume since the beginning of the New Year.

In addition, higher short-term sickness rates and isolation have had more of an impact on the current phase, than in previous phases, due to higher community prevalence of COVID-19.

Future workforce planning at a national and local level has and will continue to take account of the additional pressures on the health and care system. All NHS Wales organisations aim to use a workforce model split between core staff and flexible staff. The strength of this model is the agility to step up and down dependent on the path of the pandemic, any future waves and on future vaccination planning.

A recruitment drive for unregistered professionals continues in each Health Board to stabilise the workforce models. Health Boards are planning for current demands, such as vaccinating 5-11 year olds at risk which requires paediatric staff, and future demands, such as any further boosters.

The on-boarding of staff from advert to commencement is constantly under review to shorten the process for these priority posts. This is a process led through workforce teams in both Health Boards/trusts and NHSSSP.

Cross Border issues

All four nations have adhered to the Joint Committee on Vaccination and Immunisation (JCVI) advice throughout the vaccination programme. Whilst the operational delivery might differ slightly, the core eligibility and prioritisation is the same in all four nations. We meet on a four nations basis weekly to discuss developments, supply, delivery, progress and challenges.

Health Boards also have good relations with their English counterparts across the border which supports those people who live in Wales and access health services in England and vice versa.

We have a data sharing agreement in place between England and Wales for the transfer of vaccination data, and this is happening. We are also working with other UK Nations and the relevant Crown Dependencies in agreeing the necessary data flows. This will resolve the outstanding issues re non visibility of vaccinations administered in other UK geographical territories. We are not aware of any cross border problems as presented.

Welsh Health Specialised Services Committee (WHSSC) Governance

In relation to the three recommendations for the Welsh Government contained in the Auditor General for Wales's report of May 2021 into Welsh Health Specialised Services Committee (WHSSC) Governance arrangements, please see response below:

Recommendation 5: Independent Member recruitment

In July 2021, the Minister for Health and Social Services agreed that more work should be done with the NHS in Wales to explore a system of remuneration for the independent members of WHSSC in order to attract and retain members. Welsh Government Health and Social Services officials subsequently worked with the Chair and Committee Secretary of WHSSC on the principles which should underpin such a change. A paper was considered by the NHS Wales Chairs on 5 October and further engagement with representatives of the Chairs also took place following that meeting.

The immediate risk to the quoracy of WHSSC has been averted by the appointment of two new members under the existing, non-remunerated arrangements, however there is still a need to achieve resilience going forward. Measures to remunerate WHSSC independent members are therefore being developed for agreement by the members of WHSSC in the next few months, and will be reviewed after 12 months' operation. Remuneration of independent members of WHSSC recognises the additional time commitment required by Health Board independent members when fulfilling the role of a WHSSC independent member. However, if remuneration does not prove to be the solution it is acknowledged that, as mentioned in the Audit Wales report, legislative amendment may be required in order to accommodate widening the pool from which independent members can be drawn. If this were required it would need to be considered in light of Ministerial legislative priorities and is not on the programme at this stage.

Welsh Government officials will continue to work alongside WHSSC as they proceed with agreeing the arrangements for appointment of the independent members via the Joint Committee governance arrangements.

Recommendation 6: Sub-regional and regional programme management (linked to recommendation 2 directed to WHSSC); and
Recommendation 7: Future governance and accountability arrangements for specialised services

WHSSC has indicated that it is strengthening its own capacity in relation to the programme management around new commissioned specialised services. This is being achieved through the appointment of a number of key staff and the use of a common approach to project management. When services are not the sole responsibility of WHSSC, they will contribute to the programme arrangements.

In terms of the wider picture, we are also still considering, with Ministers, plans for a new national executive, as set out in A Healthier Wales, to provide stronger leadership and strategic direction to the health system. This work was paused in order to focus efforts on the pandemic response and I cannot pre-empt the Minister's decision on these plans in this letter. However, I undertake to write to you again to set out these areas in more detail once a decision has been made.

Whilst I do not anticipate that WHSSC will be directly impacted by the national executive plans, we did commit in A Healthier Wales to review other parts of the governance of NHS Wales, recognising for example that some of the arrangements for hosted national functions are complex. Whilst it would still be our intention to review these arrangements, they cannot be considered a priority during the current pandemic.

Auditor General Report - PPE

You asked for a written update on the actions taken in response to the recommendations of the Auditor General Report, including further details on the procurement plan and the expectations that Welsh Government is now putting on potential suppliers. Please see below.

Recommendation 1 *– As part of a wider lessons learnt approach, the Welsh Government should work with other UK countries where possible to update plans for a pandemic stockpile to ensure that it is sufficiently flexible to meet the demands of a pandemic from different types of viruses.*

Action taken – Welsh Government representatives are attending meetings of the *UK Review of Emergency Preparedness Countermeasures Advisory Board* (chaired by DHSC) and are expecting the PPE workstream to report in early 2022. Public Health Wales (PHW) are also engaged and will provide advice to Welsh Government on the PPE recommendations as the work develops.

In the meantime and to maintain preparedness, Welsh Government have asked NWSSP to maintain a 16 week usable contingency stockholding of all key PPE items (based on the highest 16 weeks usage rate during the pandemic).

Recommendation 2 - *In updating its own plans for responding to a future pandemic, the Welsh Government should collaborate with other public bodies to articulate a set of pan-public sector governance arrangements for planning, procuring and supplying PPE so that these do not need to be developed from scratch.*

Action taken - As reflected in the AGW's report, working collaboratively with stakeholders is at the heart of the Welsh Government and NWSSP's response on PPE procurement and supply. Best practice and lessons learnt on PPE have been collated throughout the pandemic and these include a recognition that, in some cases, governance and finance frameworks were designed as the pandemic progressed resulting in some duplication of effort. To address this Welsh Government has reviewed all the governance arrangements on PPE and ensured the terms of reference are clear on the accountability between governance groups and teams. The review also ensures that the decision-making and controls framework for PPE have been articulated and agreed in advance so that PPE governance requirements can be built into contingency plans.

These arrangements are being kept under review, for example to ensure alignment with the broader Four Nations and Emergency Preparedness Countermeasures approach.

Recommendation 3 *- Shared Services should work with NHS and social care bodies to maintain an up-to date stock management information system that provides timely data on local and national stocks of PPE that can be quickly drawn upon in a future pandemic to support projections of demand and availability as well as providing a robust source of information for briefing stakeholders.*

NWSSP have advised that they have now purchased and embedded their PPE Stockwatch system across all Covid stores in the NHS and social care. In addition PPE stock information is now captured within NWSSP's Oracle Inventory system as part of NWSSP's business-as-usual reporting.

Recommendation 4 *- In updating the strategic approach to PPE, Shared Services and the Welsh Government should work together to develop a clear direction in terms of:*

- *A return to competitive procurement and an end to emergency exemptions.*
- *Fuller consideration of the wider criteria usually applied to procurement, such as sustainable development and policies on modern slavery.*
- *The intentions and aspirations in relation to the domestic PPE market, including the balance between the potential benefits of resilience through local production capacity against the potentially increased costs compared to international manufacturers.*
- *The size and nature of the pandemic stockpile it intends to hold, considering the benefits and costs of holding and maintaining stock and the timing of purchases given the ongoing disruptions to the PPE market.*

NWSSP's *Longer-term PPE Plan* (October 2021) has been finalised and agreed by NWSSP and Welsh Government PPE governance groups. This plan sets out NWSSP's strategic approach to the ongoing procurement and supply of PPE.

In line with this plan a fully compliant framework contract for future competitive procurement has been tendered for five core PPE items (Gloves, Type IIR Masks, Visors, Thumb-Looped Gowns and Wipes). Products not included on the Framework, such as FFP3 masks, have robust inward supply lines through UK central procurement arrangements. The framework contract has been evaluated and awarded in part with final testing of products underway by SMTL. It will become fully operational during the course of January and February 2022. The awarding of the new framework contract fully considered the points raised including supply chain resilience, foundation economy, modern slavery, Wellbeing of Future Generations Act and decarbonisation.

The pandemic stockpile for PPE is currently managed to ensure a 16 week stock in hand position (based on issues at the height of the pandemic) for all core PPE lines. The resilience of our inward supply lines and access to new sources of PPE (if required) through the contract framework will ensure that this stockpile reflects a resilient and robust level of security to meet current and future demand.

Recommendation 5 *- To increase confidence in stocks and supplies at the national level, Shared Services should work with the Welsh Government to publish details of the amount of stock it holds of each item alongside the regular publication of data on the numbers of items issued.*

Action taken – Ministers did not feel it was proportionate to routinely publish national stock data. It should also be noted that publishing national stock data would not provide an accurate picture on stock levels as it would not reflect local stockholdings which are often significant.

Welsh Government continue to publish a monthly statistical release on PPE items issued based on management information provided to the Welsh Government by NWSSP. Data on stock levels is currently published when requested.

Recommendation 6 *- Shared Services should: check that it has published contract award notices for all contracts where it is required to do so; review those that it has published to ensure they are accurate; and ensure that it publishes contract award notices within the required timeframe for future contracts.*

Action taken - NWSSP have reviewed all existing contract awards and have taken corrective action where necessary to ensure contract award notices have been published.

In addition NWSSP undertook a refresh of their internal operating procedures to ensure future compliance with the requirements to publish notices for contracts.

Recommendation 7 *to review whether the Sell2Wales site needs updating to allow bodies to publish retrospective contract award notices more efficiently without relying on suppliers to sign-up.*

Action taken - NWSSP have updated Sell2Wales to reflect all direct awards. Welsh Government undertook a review of the Sell2Wales site which identified potential options for publishing direct awards in future, however these options required administrative effort from both the buyer and seller. In addition NWSSP have advised that the establishment of a new PPE Framework means there is a greatly reduced risk of future direct awards given a more resilient supply chain will be in place – on this basis the options identified in the Welsh Government review were not progressed.

Recommendation 8 *Given public interest in the awarding of PPE contracts and to promote confidence in the procurement system, the Welsh Government and Shared Services should publish details of the contracts awarded under emergency exemptions in a single place that is easy to access.*

Action taken – NWSSP have published a full listing of PPE contracts awarded on their website.

Auditor General report – vaccination programme

As we transition from pandemic to endemic, it is inevitable that Covid-19 Vaccination is part of the process of learning to live with the virus. In adapting to a business as usual approach (in a similar vein to other immunisation programmes) we will continue to be led by the latest clinical and scientific evidence and advice from the JCVI, which has proved appropriate and proportionate throughout the pandemic, in terms of the timing and eligibility for future booster doses.

At a national and local level, we are now looking at what an Integrated Vaccination System would look like, both from a Covid-19 perspective and all other immunisations perspective. We are considering and planning for how delivery of the Covid-19 vaccination programme sits with other immunisations – taking what we have learned from deployment to date. We have a responsibility to ensure a future service which is fit for purpose going forward, including ensuring it is sufficiently resilient to cope with future outbreaks or major incidents. Capitalising on the workforce situation is also important, ensuring that the vaccination expertise gained by staff is utilised and developed. Consideration of the future position from the perspective of value for money, efficiency and effectiveness is essential, while delivering a patient friendly, accessible and equitable service.

As we move from emergency response, it has provided time to rationalise our oversight and governance, standing down daily meetings and sit reps to provide more space for a combination of responsive and future planning work. We continue to report to the Minister for Health and Social Services and the First Minister on a regular basis and the Covid-19 Vaccination Programme Board continues to meet bi-weekly to provide oversight.

These governance arrangements will be reviewed in line with our increased focus on future planning towards a more integrated approach.

As outlined above, the Covid-19 vaccination programme will continue to make the most of the current infrastructure and approaches to reach the most vulnerable and underserved communities, pivoting services to reach out and into communities in line with local data and intelligence. We will not lose sight of our 'nobody left behind' principle.

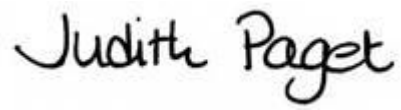
High level planning has begun to develop a whole system workforce plan for the next phase of the programme, which, as outlined above, is looking at the potential to develop an integrated vaccination service with the aim to deliver a model that can adapt to the increasing population health requirements.

Since the start of December, we have had the fastest roll-out of the booster programme in the UK. We have administered more than 1.8 million boosters and third doses. That is more than two thirds of our population aged 12+ (67%).

As part of future planning it is assumed that there will be a need for the vaccine estate to be flexible to respond to surges, with the likelihood of future waves and variants being ever present. The infrastructure will need to adapt to suit the current demand, including vaccine supply, workforce and estate. The effective Health Board blended model will continue to be pursued, ensuring flexibility for services and accessibility and equity for patients.

I hope I have provided clarity on the areas set out in your letter but if you would like further information please let me know.

Yours sincerely



Judith Paget CBE

cc: Minister for Health and Social Services
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