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

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Dear Mr Ramsay.

Thank you for your letter of the 16 November regarding my evidence session with the Public Accounts Committee. Please find outlined below some additional information to your queries.

A note on the main findings from the peer review of the Quarter 2 Plans submitted by NHS organisations and how the shared learning be put into practice.

We have now moved on from our Quarter 2 plans. The NHS Wales Q3/Q4 Operating Framework was issued on 24 September 2020, requiring plans for all NHS organisations to be submitted to Welsh Government by 19 October 2020. These plans have been received and reviewed and it is clear that NHS organisations have continued to build on their planning for the remainder of the year, under very challenging circumstances.

The plans are taking a risk based approach and all recognised the 4 harms as a key context in which care and services are being delivered and will provide a consistent context for future planning. There is a great deal of positive actions being seen, including stronger partnerships across health and social care (including the third and independent sectors), strengthened local governance to improve decision making and, importantly, a strong commitment to the well-being of staff. Plans also demonstrate innovation and new ways of working including use of technology and digital solutions to deliver services differently during the pandemic. An example being virtual consultations between clinicians and their patients, which has received a positive response. Our NHS and social care organisations will continue to review their new ways of working with a view to delivering those services beyond the pandemic where there is a benefit in doing so.

In the current pandemic environment, there has also had to be a greater understanding of the granular detail of plans and whilst a huge effort is being made to deliver their plans, we cannot hide from the challenges placed on our health and social care services in having to balance their core services with the additional Covid-19 activity. The greater the level of transmission rates in communities, the harder that balance will be to maintain. Workforce is a key challenge and organisations have had to plan with flexibility in order to respond to the current

pandemic crisis. For example, an added complexity and demand for Q3/4 will be the vaccine deployment. This has involved the need to make most use of the skills and resources available and this is why partnership working is so important.

We must also recognise that since these plans were developed, we have seen a rise in Covid related activity and you will know that we implemented a 'fire break' with tighter restrictions over a two-week period to help reduce the spread of infection. This will mean that services have had to make difficult decisions to ensure care is provided to those based on need. We will continue to work closely with our key partners and monitor the position going forward.

An update on the outcomes of the meetings the Finance Director has had with each organisation to review their financial plans and latest year-end forecasts.

As, I referred to in my letter of 3rd November, I was determined at the beginning of the emergency period to ensure that sound processes of financial governance and management were secured from the outset by NHS organisations, recognising that decision-making had to be undertaken at pace to put in place the necessary interventions. I issued Accountable Officer and financial guidance to Chief Executives on 30th March outlining key considerations in taking urgent decisions in a pandemic environment, in line with the standards of 'Managing Welsh Public Money'.

I ensured that all NHS boards stood up appropriate governance structures to manage the emergency response locally, with Gold command taking major investment decisions within each organisation. Weekly communication meetings across the NHS Wales finance function were established and have continued with senior Health and Social Services Group finance officials and the Director of the Finance Delivery Unit to ensure an effective system-wide response. This included:

- a Finance Cell, chaired by my Director of Finance and including senior finance officials and representatives of the NHS Directors of Finance to ensure system over-sight and influence to all major issues and ensuring alignment of policy and operational delivery from a financial perspective across NHS Wales.
- a weekly call with all NHS Directors of Finance and senior officials to explore all emerging operational issues and risks that require a system response, and ensuring clear, consistent, and frequent communication on all issues to ensure clarity and consistency of approach.

A key focus of these communication channels has been ensuring NHS governance arrangements are fit for purpose, and responsive to the changing needs of the pandemic response. As examples of the issues covered, this has included:

- Review and reprioritisation of internal audit work programmes to support rapid reviews of governance arrangements where required;
- Engagement with Audit Wales on the NHS Wales finance community response; and
- Ensuring clear decision making structures in response to the risk of fraud from the need to significantly increase advance payments to suppliers to source additional PPE amongst global competition within an international supply chain significantly affected by COVID-19

Officials, with support from the Finance Delivery Unit, have established monthly financial monitoring arrangements to ensure that the impact on baseline NHS financial plans could be captured and carefully monitored. A detailed analysis of direct cost impacts, efficiency delivery impacts and offsetting resource savings is submitted monthly to Welsh Government by each NHS organisation.

In addition, bespoke and specific financial reporting exercises have been introduced across the system to key interventions, including workforce, PPE, Test, Trace and Protect, Field Hospitals and Mass Vaccination Planning. These additional monitoring processes have provided support to policy officials and NHS organisations, ensuring clear service, workforce, and financial assessments and building these in to ensure timely decision making through the relevant governance mechanisms for each of these programmes. This has aided Welsh Government officials in managing the financial impact for the NHS of the pandemic on the Health and Social Services MEG budget

To triangulate our approach with other systems, Welsh Government officials with the finance Delivery Unit have maintained regular and consistent engagement with senior NHS and government finance colleagues in Scotland and Northern Ireland, This has been a useful opportunity to share approaches, methodologies, and financial impacts, and to check and test our respective activity as both a peer challenge and also to test our thinking in refining our approaches and ensuring they are comprehensive.

As a key exercise in ensuring robust financial management of the Welsh Government NHS budget, meetings with each NHS finance director were held in early November, and covered the following issues:

- A cumulative assessment and challenge of the financial impact of the pandemic on each organisation, and the financial governance processes to manage this impact;
- A detailed review of both the year to date and forecast outturn positions for each organisation for 2020-21, alongside consideration of the financial elements of the Quarters 3 and 4 plans that had been submitted;
- An assessment by the Finance Delivery Unit of the robustness of financial plans as they aligned to service and workforce plans, which was tested and challenged in the meeting;
- Confirming a clear forecast and set of actions for each organisation, and reflection of good practice and system themes which are now featuring as part of weekly finance directors meetings; and
- Issues that needed to be progressed at a national level, predominately relating to consideration of the financial impact of the developing Mass Vaccination Programme. This will become part of the monthly monitoring process for the remainder of the financial year

In addition, we have confirmed capital resource limits for each organisation for the remainder of the year, based on a review process to ensure outstanding issues and risks have been appropriately captured.

The meetings with each NHS finance director provided a high degree of assurance that organisations now have the funding they need to respond to the ongoing impact of the pandemic and maintain other essential healthcare services over the winter period. Welsh Government have committed to fund all health and social care PPE costs until the end of the financial year, and are also allocating funding to meet the costs of the Test Trace and Protect programme. In addition, £371 million has been allocated to local health boards to support their local plans for the second part of the financial year.

As a consequence of the action we have taken to stabilise the NHS funding position, the only deficits now being forecast for the year-end relate to pre-covid planning deficits in Hywel Dda and Swansea Bay University Health Boards. Betsi Cadwaladr University Health Board is forecasting a balanced outturn following the Minister's announcement of the package of strategic assistance for the Board on the 3rd November.

Details of the mechanisms the NHS has adopted to counter fraudulent practice in procurement.

I refer you to the Written Statement issued by the Minister for Health and Social Services on the 19th November regarding PPE contracts. All contracts for PPE placed by NHS Wales Shared Services Partnership during the pandemic have been subject to review by a Finance Governance Group working within the governance arrangements for Velindre University NHS Trust, which hosts the Shared Services Partnership. The Group included input from NHS Wales counter-fraud specialists, as well as internal audit. In addition, under the requirements of the NHS Wales Act 2006, all NHS contracts above £1 million are submitted to me for review.

An overview of nursing ratios within the NHS and details of the number of retired nurses and doctors who have been re-employed to alleviate service pressures during the pandemic.

The Welsh Government does not hold validated data on what the nursing ratios were within the NHS during the Covid19 pandemic and is therefore unable to give any detailed overview. Nurse staffing has been continuously adapting and evolving to meet the service needs throughout the pandemic.

A number of workforce resources were issued by HEIW in the spring including Covid-19 Workforce Planning Principles which were developed by the sub-group of the Workforce Cell, these 9 principles were to support NHS Wales organisations to adopt a consistent approach to the planning of their workforce during the Coronavirus pandemic and beyond. The principles identify that the workforce will be required to work differently, in new ways and settings and using different approaches including digital resources. The principles recognise the need to plan for surges and the return to the treatment of non-Covid patients and that workforce plans will have to be regularly reviewed to ensure that they remain resilient and adaptable to the workforce changes that will be required. They also highlight the importance of partnership working, the multidisciplinary team approach and the focus on enablement of patients and the wellbeing of the workforce.

The CNO wrote at the start of the Covid-19 pandemic in March 2020 to executive directors of nursing in NHS Wales regarding the professional guidance developed at a UK level regarding the approach that could be taken for staff ratios in critical care settings during the pandemic. This guidance was endorsed by the UK Chief Nursing Officers in association with a wide number of nursing professional associations and covered appropriate staffing levels for critical care throughout the various surge levels.

In July 2020 the CNO then issued a joint letter with the dep CMO, stating that lessons learnt across the UK, both in terms of the practicality and safety of operating at the higher the surge levels/ratios as well as the reality that staffing in most cases has not proved to be the limiting factor for critical care capacity, had led to a review of this guidance. It was agreed that the Critical Care Nursing Exceptional Surge Guidance referred to in the March letter would be withdrawn in Wales and that Health Boards should seek to meet the requirements set out in the Faculty of Intensive Care Medicine's bridging guidance. This week on the 23 Nov the CNO has written to the nurse directors to draw their attention to the Intensive Care Society and the UK Critical Care Nursing Alliance issued statements on nurse staffing for COVID wave two.

Both statements state: '*nurse: patient ratios are maintained at a minimum of one trained critical care nurse* and one registered healthcare professional** for two level 3 beds (compared with the normal 1:1 ratio), and one trained critical care nurse with one registered healthcare professional for four level 2 beds (compared to the normal 1:2 ratio). This should be achieved through the redeployment of staff from outside of critical care, who should have received surge training.'*

The CNO has asked if NHS Wales could support critical care units to ensure the staffing ratios outlined in the statement above are adhered to in order to secure patient safety and staff well-being in the second wave and possibly subsequent waves of the pandemic.

Details of the number of retired nurses and doctors who have been re-employed to alleviate service pressure during the pandemic.

Based on information provided by NHS Wales Shared Services Partnership (NWSSP), we are aware of 40 GMC re-registrants and 53 NMC re-registrants currently deployed across NHS Wales. Please note this is not a rolling total of the temporary deployments to date; this information from the Electronic Staff Record shows active assignments. Temporary re-registrants that have since left would not be captured in these figures.

During July 2020, NWSSP conducted an online survey to establish the level of continued interest of those registrants who previously expressed an interest in returning to NHS Wales in the medium to long-term. Out of the 828 responses, 292 indicated that they would like to explore returning to the professional register permanently. Welsh Government officials are working with NWSSP colleagues to take this work forward.

A note on the Welsh Government review of the Townsend formula.

In my evidence paper to the Committee for the session on 9th March, I included details of the revised formula that had been developed for hospital and community services. It is our intention to use that formula again, updated for more recent population and needs data, to distribute NHS growth funding to local health boards in 2021-22.

Work on further development of the formula for mental health was inevitably paused during the early stages of the pandemic, but restarted during the summer. Following informative engagement sessions with NHS Chairs, Vice-Chairs and the Mental Health Network, work is now underway to develop a formula to distribute mental health growth funding as part of the ring-fenced NHS mental health allocation. It is hoped to conclude this work early in the New Year, and to use the formula for distribution of growth funding to local health boards in 2021-22.

As we enter the second wave of the Covid pandemic, how are you prioritising non-Covid patients and ensuring that certain groups are not being adversely impacted by this prioritisation.

The Covid pandemic has had a significant impact on the NHS's ability to deliver 'business as usual' services. During the first wave the NHS postponed a significant amount of non-covid, non-emergency work, while finding alternative mechanisms for delivering other services. A number of lessons were learnt from the first wave and there has been significant planning to maintain as many services as possible during the second wave. The major focus remains delivering care to those with the greatest clinical need over the last few months, in particular but not limited to maintaining and delivering essential services.

In this context, the essential services framework describes how we define essential, how decisions must still be taken at an individual patient level in discussion with their clinician. The framework aligns with the ethical framework and also advises Boards on the need to seek assurance etc. So, for example, cancer treatments, surgical and other medical treatments, such as: chemotherapy and radiotherapy have been and remain key priority areas. The framework can be found at:

http://www.wales.nhs.uk/docopen/361703 -English

http://www.wales.nhs.uk/docopen/361704 - Welsh

In the second wave, while the focus remains on clinical need, there has been an increased focus on more urgent and routine services as well as covid and essential services.

In terms of planned care, The Royal College of Surgeons developed and issued guidance relating to the appropriate use of clinical prioritisation. The guidance covers a wide range of surgical procedures which by their nature have a clinical priority determining the point at which treatments should be undertaken. All health boards in Wales have implemented this guidance to determine how patients should be prioritised for treatment. It is recognised that this approach has limitations in that it considers risk of clinical harm from a life threatening lens.

Prioritisation at outpatient stage needs to be more clearly defined, work looking at speciality level is being undertaken in conjunction with the development of referral and advice support in primary care. Whilst this is happening health boards are reviewing their outpatient and follow up waiting lists to ensure that those most in need are prioritised.

Clinicians across Wales are regularly reviewing their lists to identify patients who need immediate review and care and are contacting patients to discuss any possible actions to support them while they wait.

The requirement for physical distancing in hospitals has made it more important than ever that we prioritise assessment and treatment of patients in most clinical need in Emergency Departments. To support the reduction in overcrowding, Welsh Government has allocated funding to Health Boards to develop 'contact first' pathfinders and 24/7 urgent primary care centres to ensure people with urgent care needs but who do not need immediate care are either scheduled into a slot at the Emergency Department or are signposted to the right place in the community, first time.

The limited amount of space and physical capacity at the front door of hospitals is also having consequences for the transfer of patients from ambulance vehicles to the care of hospital staff. This in turn can impact on responsiveness to some patients in the community and the Welsh Ambulance Services NHS Trust has implemented a 'demand management plan' that seeks to prioritise patients in most need of a rapid response if ambulance capacity has been impacted by delays in ambulance patient handover.

While hospital care is a significant contributor to planned and unscheduled care the 'workhorse' of the NHS in terms of activity remains Primary Care. A significant amount of work and planning has been undertaken in this area to provide greater resilience.

Throughout the periods of lockdown and restrictions, Primary Care services have been open and available for patients. Utilisation of cluster hubs at the outset initially meant that there was provision for all patients that needed urgent care. As the response to the pandemic developed, so has the response of practitioners, with routine activity rising steadily since the summer.

Through the pandemic, GPs have balanced resuming normal services with responding to the pandemic, through the introduction of new ways of working, such as telephone and video consultations and telephone triage. This has enabled GPs to increase the number of contacts with patients made through the pandemic.

From the end of March, after the initial lockdown, GP activity measured in patient contacts dropped to around 60% of normal activity. This stabilised through the summer, and as a result of the new ways of working, activity has risen considerably, with patient contacts at levels now comparable with 2019, albeit through different delivery models.

Building on previous initiatives, Welsh Government have funded health boards to set up Urgent Primary Centres on a 'pathfinder' basis. These 'pathfinder' centres based

around a cluster footprint will provide same day urgent care to their local community, reducing the pressure on Emergency Department and Out of Hours services,

The reduction in the prevalence and impact of seasonal flu through the delivery of the flu vaccination programme has been a significant priority. GPs have adapted practice to enable the flu vaccination programme to start successfully this year and to date uptake in the vaccine for the various risk groups is higher than at the same date in 2019. Current flu levels are negligible and many of the previous actions for covid 19 e.g social distancing and hand hygiene, will limit flu transmission also.

People recovering from COVID 19 need support from community rehabilitation services and a National Rehabilitation Framework has been published along with a suite of resources to help local services to plan.

While numbers may still be relatively small, some people are experiencing a range of effects such as breathless, fatigue and heart and lung issues. This is increasingly being referred to as Long COVID. At a national level, as we continue to learn about Long COVID, we will continue to update our existing guidance and develop additional resources.

The majority of dental practices remained ‘open’, for remote advice, prescriptions and for face to face assessment/care for urgent cases if absolutely necessary, from the end of March until the end of June. 15 Urgent Care Centres were established across the country. Approximately 2000 patients were being seen in person and treated weekly to June.

Since June dental services have opened more fully, Dentists and officials have developed and published standard operating procedures, as dentistry requires the use of Aerosol Generating Procedures (AGPs). Safe provision of AGPs in dental services, necessitates fallow time of up to one hour in surgeries following treatment procedures, and the utilisation of enhanced PPE in practice.

Improving ventilation and other measures to reduce fallow time has enabled the number of procedures to increase rapidly, with now over 20,000 patients seen each week. Overall patient through put levels are still low compared with 2019, with overall numbers being cared for at around 25% as practices concentrate on urgent care and delayed essential treatments. These treatment visits take longer than routine check-up appointments which impacts on patient numbers. Routine checks are now being resumed and numbers being seen increasing weekly.

During July, after practices initially opened, 74% of procedures were for urgent treatments. This has decreased since, with the proportions of treatments beginning to return to normal levels in recent months.

The volume of optometry services delivered have increased steadily since July. In July, around 47,000 claims for activity were recorded by opticians. This has increased by 38% in September, with over 65,000 claims submitted, 76% of 2019 levels.

Pharmacy services have remained open throughout the pandemic, with practices continuing to respond to the need for new ways of working. For example, practices were provided funding for and implemented measures to ensure social distancing in stores. From the start of the pandemic, there was an increase in demand for prescribing services, particularly emergency supply.

How are you mitigating the risks around clinical negligence claims given the difficult decisions that are having to be made regarding the prioritisation of services during the pandemic

NHS Wales Shared Services Partnership (NWSSP) Legal & Risk Services report that it is very difficult to assess the extent of an increase in clinical negligence claims at this early stage. They envisage concerns/claims in respect of hospital acquired Covid-19 infections, non-Covid-19 treatment such as missed/delayed diagnosis and treatment cases and allegations in respect of consent.

The following measures have been put in place by NWSSP Legal and Risk Services to mitigate the effect of any increased claims and complaints activity due to Covid-19:

- With the support of NWSSP Welsh Risk Pool Services, the collation and analysis a number of key data items from Health Boards and Trusts to help estimate the likely exposure to the risk of COVID related claims.
- A contingency plan for additional staff resource, should a significant number of COVID related cases come in;
- Programmed functionality into our legal case management system to flag and report on all cases that have a COVID related element;
- The provision of individual pieces of legal advice as well as more generic guidance to Health Boards and Trusts on dealing with COVID related matters that could become claims;
- A guidance note is to be distributed shortly focussing on the investigation of Covid-19 related concerns under Putting Things Right and reminding NHS concerns teams of the legal test of qualifying liability;
- Articles on potential Covid-19 related clinical negligence claims in its regular newsletters for NHS Wales with advice on how to prepare now to avoid and defend future claims;
- Attending the virtual Listening and Learning from Feedback Group (LLFG) meeting on 25 September and providing information to members on how to handle potential clinical negligence claims/concerns as a result of Covid-19, including advice on record keeping etc to help defend claims;
- A further panel workshop will be held for NHS concerns and clinical negligence teams on 9 December. Panel members will include a NWSSP Legal & Risk Service representative, the Chair of the LLFG, and an Executive lead with responsibility for infection control/ PPE;
- Focussing on potential Covid-19 related claims and concerns at our client (Health Board and Trust) development day on the 24th November;
- Using the networks to promote a consistent and robust approach to claims and concerns management, all of which are attended by a solicitor

- We are arranging to meet with Board Secretaries to prepare for a possible public inquiry.
- WRP have supported organisations to have a consistent method of capturing incidents related to potential Covid-19 exposure"

We have concerns over the replacement of the Canisc system, and understand that the contract for the Blaenavon Data Centre is coming to an end. Please could you provide us with an update on this situation including the potential impact of the closure and delays in cancer treatments.

The contract for the Blaenavon Data Centre will end in late 2021 and NWIS have a timetabled plan to leave Blaenavon by summer 2021. A new datacentre location has been procured, and the contract is due to be awarded December 2020. All services and systems currently hosted in Blaenavon will be migrated to cloud where feasible or moved to the new datacentre location.

The Cancer Network Information System Cymru (CaNISC) will be moved to the new datacentre location as part of this plan. To manage CaNISC risks in relation to the move, the Cancer informatics Programme Board has accelerated the Cancer Informatics plan, prioritising development to areas where loss of functionality would have greater impact on cancer services. Programme delivery arrangements have been revised to support this approach with teams in NWIS, Velindre, the Cancer Network and the wider cancer service working closely together on both the development and implementation plans.

Significant work has already been undertaken to provide resilience in the event of a system failure and to maintain access to CaNISC case note information. CaNISC case note summaries are now available across Wales as part of the Digital Health & Care Record, independent of the CaNISC system itself, which also has the benefit of making case notes available to GPs and other clinical professionals who are providing patient care but not CANISC users.

On 1 November 2020, Public Health Wales reported that, due to a data transfer problem between it and the NHS Wales Informatics Services 'some recent test results may not have been included' in the data reported for that day. Can you explain what happened and what actions have been taken to avoid any recurrences of the issues.

In relation to the delay in data transfer between the NHS Wales Informatics Services and PHW that was reported by Public Health Wales on 1 November, this related to a failure in the regular data extract from the Welsh Laboratory Information Management System. This was fully resolved and the results were included in the following days published figures. We are aware there have been several examples of delays and problems with the release of data on testing at England/UK level. Generally we are at least as comprehensive, transparent, and real time as any other part of the UK, probably more so.

In August, you provided an update on the implementation of the recommendations in the Committee's report about the management of follow

up patients across Wales. Are you able to provide an update in terms of the data set out in your letter, which pre-dated the pandemic; what does the new data show in respect of the position at a regional and national level

The overall size of the follow up waiting list has continued to fall during the last few months. There are 767,060 patients waiting for a follow up at the end of October 2020 compared to 805,318 in March 2020.

There has been an increase in the number of patients who are over 100% delayed from 170,694 at the end of March 2020 to 200,030 at the end of October 2020. This is due to the challenges of actually reviewing patients over the last few months. Work is in place to increase virtual reviews with a focus on long waiters.

Yours sincerely

Dr Andrew Goodall