Operational Plan

2021-2022

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales

Contents

Executive Summary

Public Health Wales has mounted an unprecedented *health protection response* to the coronavirus pandemic since early 2020. This has been in support of the policy direction set by the First Minister of Wales in *Leading Wales out of the Coronavirus Pandemic*, and delivery of the Welsh Government's Test Trace Protect Strategy. The nature of our, and the wider system's, response has evolved significantly during this time and has been delivered in the context of the United Kingdom's exit from the European Union and additional investment in public health.

The response to the pandemic has involved the mobilisation of the full weight of the organisation's resources and been our highest priority. Alongside this, we also commenced work around the longer-term direct and indirect public health implications on the people of Wales. This was reflected in our in-year Operational Plan 2020/2021, which was agreed in October 2020. The Plan focused on maintaining the primacy of our ongoing health protection response, while undertaking clearly defined key population health activity within a small number of areas. Our in-year Operational Plan, and this updated version for 2021/2022, sets out the variation to our previously approved plans, particularly our Strategic Plan (otherwise known as our Integrated Medium Term Plan).

During early 2021, we have refreshed our Operational Plan to ensure that it clearly articulates the planned action on our agreed priorities. As part of this process, we validated our existing priorities and refreshed the underpinning milestones to ensure that we were delivering maximum value in our role as the National Public Health Institute for Wales. This has been guided by our long-term strategy *Working to Achieve a Healthier Future for Wales*[1], and a number of key strategic prevention-focused drivers, particularly the Well-being of Future Generations (Wales) Act and the upcoming Socio-economic Duty.

Our progress to date is a result of the efforts and commitment shown by our staff, particularly over the last year as we have worked tirelessly in response to the coronavirus pandemic. We have seen staff mobilised from across the organisation to support our direct response, which has allowed us to draw on a range of public health, leadership and management skills. We recognise the impact that this has had, both personally and professionally, and our focus is on ensuring that we continue to prioritise and support our staff's well-being, welfare and resilience during this year. Our approach to this is set out within the People and Organisational Development chapter of this plan.

While our focus will continue to be on ensuring the delivery of an effective and sustainable *response* to COVID-19, we also recognise the importance of undertaking work on the wider *population health* implications for the people of Wales and we will do this by working closely with our partners. It is critical that we are able to understand fully the broader impacts (both positive and negative) of COVID-19, including on vulnerable groups and in relation to health inequalities and learn how to prevent them in the future. Following work undertaken during late 2020 to reactive our screening programmes, we will continue to prioritise, as the pandemic response allows and depending on the speed of additional recruitment into our enhanced

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[1] https://phw.nhs.wales/about-us/our-priorities/

health protection response, the *reactivation of our essential public health functions, programmes and services* in a planned way.

It is also vital that we continue to *capture learning* from the rapid delivery of our response to COVID-19. We have evaluated our activity to-date, identified lessons and begun to systematise processes to share this learning. We will build on this as we deliver this plan, including continuing to develop our organisational narrative in relation to the COVID-19 pandemic.

Over the next 12 months, recovery will become a key focus for the organisation. This will include the gradual re-mobilisation of staff back to their core roles to enable the reactivation of our core and statutory public health functions – in whole or in part, through this year. Our *enabling functions* are key to this and will support us as we 'recover new' from the pandemic and evolve as an organisation, along with playing an essential role in the delivery of our public health priority areas. We recognise the need to be vigilant of the threat from new variants, particularly where there is evidence of vaccine escape. Our response to the pandemic needs to reflect changing demands and we will ensure our surge plans are agile and effective.

A key element of this work will be the review of our long-term strategy and completion of work to develop a small number of population health outcomes by which we will measure progress. We will also commence, in early 2021/22, an organisational-wide discussion with staff about future ways of working. The action that we will take within each of these areas is set out in this refreshed Operational Plan for 2021/22. Their delivery is guided by our long-term strategy and seven strategic priorities, which are set out in the diagram below:
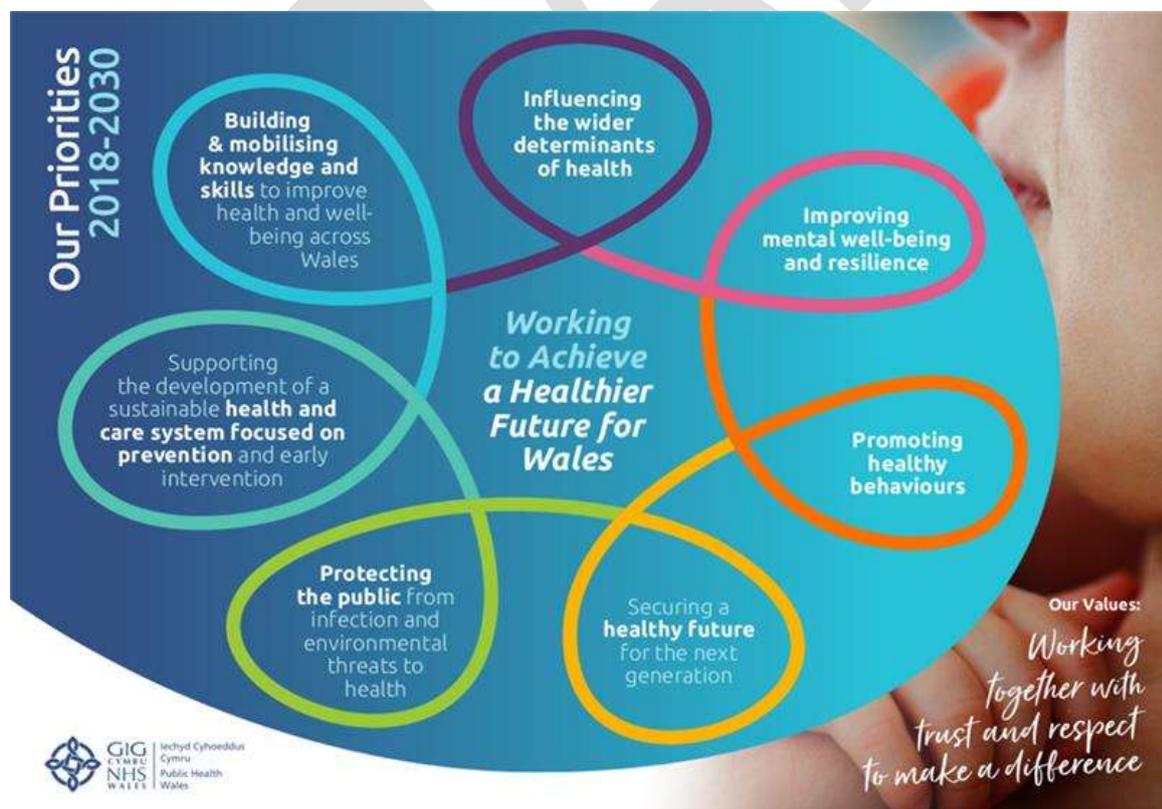
We also have changes to the Executive Team with new people joining us in pivotal roles. Our new National Director of Health Protection and Screening Services and our new National Director of Public Health Knowledge and Research join us in June and July respectively, together with a new substantive Director of People and Organisational Development. Each of these Directors will want to reflect on their respective directorate structures through the year in order to ensure that we are best designed to deliver our functions effectively.

Also, in consideration of the significant impact of COVID-19 on the broader population health harms, we will be bringing our Health and Well-being Directorate and our World Health Organization Collaborating Centre on Investment for Health and Well-being together into a single combined powerful force to help combat the population harms we face in Wales. These changes will need to be paced as we continue to travel through the pandemic and in order to fully engage and support our staff as we continue to evolve as the National Public Health Institute in Wales.

Part 1

Part 1 – Introduction

1.1 Overview

The purpose of this Operational Plan is to set out the activity that Public Health Wales will deliver in 2021/22. The development of the plan has been informed by our long-term strategy, key public health challenges facing Wales and a number of strategic drivers.

In developing the plan, we recognise that its delivery will need to be subject to ongoing review and dependent on:
* the need to meet potential future COVID-19 surges or peaks
* our ability to recruit sufficient numbers of suitably qualified staff as part of the implementation of Welsh Government investment into our Health Protection Service.

We therefore need to ensure that we have robust arrangements in place to manage delivery and make decisions over potential in-year changes to this plan. These arrangements are set out within the Performance and Delivery section of this plan.

1.2 Strategic direction and outcomes

Our existing long-term strategy and key legislation, such as the Well-being of Future Generations Act (Wales) 2015 and forthcoming Socio-economic Duty, have informed and guided decisions that we have made around the delivery of our COVID-19 response to-date and the actions set out within this plan. We have used these to ensure that we maintain our focus on key long-term prevention, including the wider impacts of COVID-19, while effectively responding to the immediate demands of the pandemic.

We recognise that, in light of the seismic changes resulting from the pandemic in Wales, we need to review our long-term strategy and this is a key part of our recovery work. It will assess whether our current strategy remains valid or needs to be revised/refreshed in light of the experiences and learning from COVID-19 and horizon scanning of future opportunities and challenges. Given the close working with NHS, local authorities and other partners throughout the pandemic, we will actively engage them in the review of our Strategy. Aligned to our strategy refresh, we will also complete the work commenced in late 2019 - put on hold as a result of COVID-19 - to develop and agree a set of population health outcomes. These will guide and inform our future activity and allow us to assess progress in the delivery of our strategy.

1.3 Recovery

The prevalence of COVID-19 cases and the number of COVID-19 incidents and outbreaks have fallen significantly in recent months percentage of the Welsh public vaccinated against COVID-19 continues to grow. Consequently, we are now progressing into the Recovery Phase for the organisation in order to coordinate the gradual mobilisation of our staff back to their core roles and aim to achieve the reactivation of our core and statutory public health functions – in whole or in part, through this year. However, at the time of writing, the emergence of the Delta

variant requires us to be vigilant of and responsive to the threats of new variants, particularly those that have signs of vaccine escape. It is essential that this is done in a way that:

- ❖ we can continue to effectively maintain our health protection response to meet the various and continued phases of the pandemic
- ❖ we can respond rapidly to mobilising our staff back into the response if needed in the context of a resurgence of the pandemic
- ❖ aligns to the recruitment and appointment of additional staff into our Health Protection Division over the coming months in order to enable us to move to an enhanced business as usual operational model
- ❖ enables our staff to have some downtime as they transition between different roles, or continue in their current roles
- ❖ supports the re-induction and any re-training of our staff that may be required as they return to their core roles where appropriate.

We have therefore established a Recovery Coordination Group and the priorities for the group are to:

- ❖ oversee the planned and managed incremental release of staff from the incident response to their substantive roles
- ❖ ensure an ongoing level of support for Acute Health Protection response
- ❖ develop a clear plan to 'surge' staff resource back to the response if/as required
- ❖ recognise the fatigue staff feel after working on the response for the past 15 months and action what further can be done to support staff.

The Recovery Coordination Group will pull together a number of pieces of work already ongoing to gradually bring the organisation in to recovery.

There is a clear requirement for us to organise ourselves as effectively and optimally as we can in order to gain maximum traction in tackling the population health challenges that we face today and in the coming years. As we come out of the pandemic, we will use this opportunity to continue to learn and evolve. Aligned to our plans for reactivation and recovery is a planned programme of organisational change that will encompass a review of our services, programmes and functions and enable us to focus on:

- ❖ Our unique role as a system leader for public health and where we add most value in the system.

- ❖ Building on our strong foundations and our learning through the pandemic.

- ❖ Combining our skills effectively and focusing on doing what only we can (and should) do.

It is in this context that during 2021/22 we will bring together our Health and Well-Being Directorate with our World Health Organization Collaborating Centre for Investment in Health and Well-being (WHOCC). The combining of the two directorates is our next phase as an

organisation and will establish a single, aligned, focused directorate to tackle the substantial population health harms and inequalities that existed prior to the pandemic, and which have been significantly compounded by COVID-19, to transform population health in Wales.

1.4 Shaping our priorities

A number of strategic and policy drivers have shaped and informed the development of our priorities, including key legislation, mitigating the 'four harms' stemming from COVID-19 and delivering against key Ministerial priorities. Through the delivery of our priorities, we will deliver demonstrable contributions to these. Since its launch in 2015, we have used the Well-being of Future Generations (Wales) Act as a guiding compass to direct our long-term direction of travel and approach. This is reflected in our long-term strategy and the work that we have undertaken since 2018 to implement it. We see the upcoming Socio-economic Duty as complementary, framing for our work and commitment to address the wider inequalities of health. We are also in the process of considering the implications of the Draft Social Partnership and Public Procurement (Wales) Bill and will be submitting a response to the current consultation.

How we will contribute to each of the four harms and Ministerial priorities, through the delivery of our external public health priorities, is illustrated in the diagram below with further detail provided on the key areas within this plan.

Delivery of Key Strategic Drivers
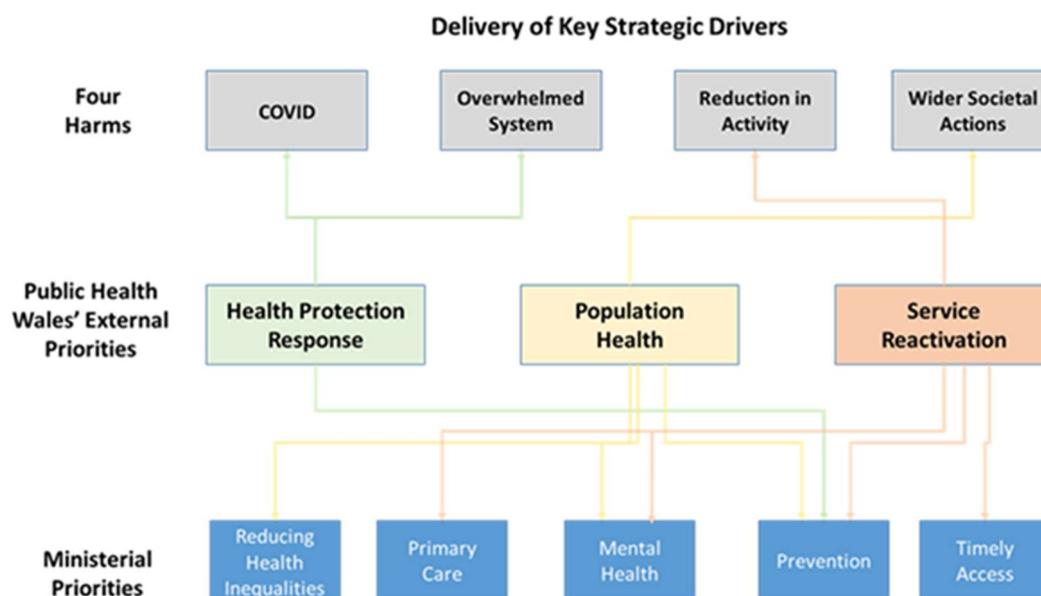
As we emerge from the pandemic, our key focus will be on **prevention, sustainability** and building the health and **resilience** of our communities. We will do this through working with our partners to strengthen the wider determinants of healthy life expectancy. We will seek to influence healthy behaviours through targeted public health programmes and continue to reactivate and develop each of our screening programmes to full capacity with a focus on delivering effective and **timely access** to these services.

Planning activity has identified Screening Recovery costs of £1.78m. However, the service is anticipating underspends against core budgets in the early months of the year as a result of COVID-19 equal to £0.682m resulting in funding requirement of £1.094m for Screening Recovery. The recovery programme is expected to take up to three years for some Screening Programmes with recovery costs also being expected in future years. Only 2021/22 recovery costs have been included in the plan whilst further work is undertaken on the future years' recovery plan and associated costs.

With over a third of years of life lost related to deprivation in Wales, we know the importance of addressing **health inequalities and optimising health equity**. An essential element of this operational plan is the work of our population health priority. Through this priority, we will work to influence the wider determinants of health and their impact and mitigate the syndemic insult that COVID-19 has generated by developing essential knowledge, including the Welsh Health Equity Status Report initiative. Research will be undertaken to examine both the negative and positive impacts of COVID-19 and related response measures on broader population health and inequalities, including for vulnerable groups disproportionately affected and also aim to build capability and capacity to apply behavioural science in tackling health inequalities in population health in Wales.

Population approaches to improving **mental well-being** help individuals realise their full potential, make healthy choices, cope with the challenges that life throws at them, work productively and contribute to their family life and communities. There is strong evidence that the impact of social isolation arising from lockdown and social distancing measures due to the pandemic, have had significant adverse effects on mental health and well-being at a population level, particularly on younger age groups; hence the clear focus on these areas within the plan. As we enter the recovery phase and reactivate more programmes such as those currently deemed as non-essential Health Improvement programmes, this will further support the population well-being and mental health agenda in Wales.

As we reactivate our core **primary care** work programmes, we will work with the system to consider the harms and learning from COVID-19 and the cluster action that can be taken forward to addresses inequalities. Our priorities will include supporting the system to achieve equality of COVID-19 vaccine uptake and action to tackle obesity.

1.5 Operational Plan for 2021/22

We have drawn upon a number of strategic and operational drivers to develop our Operational Plan for 2021/22, which are set out above. These drivers have informed the identification of a small number of priority areas for Public Health Wales, which will be our focus for the next 12 months.

These are:

> ❖ Continue to deliver and evolve an effective and sustainable health protection response to COVID-19

❖	Understand and advise on the mitigation of the broader population health impacts
❖	Effectively reactivate our prioritised public health functions, programmes and services
❖	Capture, share and develop organisational learning, knowledge and our COVID-19 narrative
❖	Enable our effective organisational recovery

For each of these areas, we set out within the plan the:

- ❖ specific strategic context that has led to us identifying it as a priority
- ❖ scope of the work that we will undertake
- ❖ high-level milestones that we will deliver

Overleaf is our plan on a page that provides a visual summary of our priority areas and key deliverables.

Public Health Wales' Operational Plan 2021/22 – Plan on a Page

Organisational learning, knowledge and our COVID-19 narrative
- ❖ Development of systemic approaches to collecting and collating learning
- ❖ Development of our organisational COVID-19 Narrative

Health Protection Response to COVID-19
- ❖ Leadership and specialist public health advice on approaches
- ❖ Coordination of contact tracing
- ❖ Sampling & testing advice
- ❖ Laboratory analysis of tests

Population Health Outcomes
- ❖ Developing approaches around preventing broader harms from COVID-19
- ❖ Exploration of vulnerable people, mental wellbeing and employment

Reactivating our public health functions, programmes and services
- ❖ Development of approaches and criteria to manage and inform reactivation
- ❖ planned reactivation of Essential and Priority services, programme and functions

Enabling Recovery
- ❖ Strategic review of our long-term strategy and engagement over future ways of working
- ❖ Using information to make effective decisions and improve performance
- ❖ Create and deliver digital solutions and effective communication

Part 2

Part 2 – Our Priority Areas

2.1 Health Protection Response

2.1.1 Scope of priority

This priority captures all elements of our COVID-19 response into a single coherent plan, aligned with the Test Trace Protect Strategy (TTP). The priority is framed within the context of our roles and responsibilities described in the [Welsh Government's Coronavirus Control Plan for Wales (August 2020)](#).

2.1.2 High level strategic objectives for 2021-22

In October 2020, the organisation moved to an in-year variation of the Operational Plan for the COVID response services, balanced with the resource requirements for organisational recovery and service reactivation. These activities remain in place during the roll-out of the vaccination programme and will continue during 2021-22. The strategic objectives are:

❖ successfully completing the rapid recruitment of additional staff into our health protection response as a result of Welsh Government investment

❖ remodelling the current National Health Protection Response Cell into a COVID-19 - specific response workforce that supports the regional response and provides specialist support to Incident Management and Outbreak Control Team arrangements across Wales

❖ learning lessons from the delivery of the National Contact Centre function during the COVID-19 response and integrating relevant professional advice support into the national acute response delivery model

❖ ensuring resilient surge capacity is secured and available to support our system response

❖ providing ongoing leadership and specialist advice into the national and regional TTP structure, including guidance, training and strategies for prevention and behaviour change

❖ continuing to support the roll-out of the COVID-19 vaccination programme, including: monitoring public attitudes; engaging with Black, Asian Minority and Ethnic (BAME) communities; addressing hesitancy; e-learning on new vaccines and measuring vaccine effectiveness and safety outcomes

❖ delivering surveillance data products to support the national, regional and local response

❖ developing a resilient port health and cross border specialist and support capability

❖ improving laboratory resilience and turnaround times for testing

❖ continuing to take forward the transformative actions, enabled by increased investment from Welsh Government, leading to a more resilient and sustainable microbiology laboratory network to support testing and genomic sequencing infrastructure in Wales.

The recent investment by the Welsh Government to expand our health protection resources is pivotal in ensuring the strategic resilience of the organisation and of Wales. We continue to recruit additional staff at pace in order to ensure we have a resilient and sustainable Integrated Health Protection Division that is able to meet any future health protection requirements. We

have more recently remodelled our NHPRC arrangements, allowing the repatriation of most of our mobilised workforce, back into their core roles within the organisation. This is essential if we are to reactivate the core functions of the organisation that have been paused during the pandemic. The expanded health protection workforce also enables us to stand up our augmented health protection teams to respond to the threats of new variants of COVID, particularly those showing signs of vaccine escape

2.1.3 Progress to date

During 2021/22, we will continue to maintain and develop the activities of the previous year, with Quarter 1 and 2 focussing on maintaining activities of the previous year, and with Quarter 3 and 4 being more of a return to 'business as usual approach'. This will include rapid scaling up and down of services as required. It will be important to carefully manage the health protection response as the mobilised staff return to their existing roles within the organization, and new staff are appointed as part of the investment from the recent business case.

Integrated Health Protection Business Case

In early February 2021, Public Health Wales received investment from the Welsh Government for over 128 new posts. At the time of updating this plan, 80% of posts had been advertised and of these, 60% had reached the offer stage and 33% of posts had been filled and post holders had started. Going forward, we forecast that 75% of new starters will be in post by the end of August and 90% by the end of October 2021. While these new posts will be part of an existing structure, there is a significant amount of organisational change planning to be undertaken during the summer period to help understand integration opportunities and pursue them.   The increase in our workforce will strengthen our integrated health protection service and enable us to deliver a leading edge service by optimising a new multi-professional workforce and adopting new ways of working to respond in an agile and effective way to new public health challenges. The recruitment has been a critical enabler and a rate determining factor in our ability to repatriate our non-health protection staff back to their normal roles and reactivate our core public health functions by the end of May 2021

Integrated Health Protection Division

The division comprises the key functions of infection prevention, management and control including a network of microbiology laboratories. Work will continue to further strengthen the integration of microbiology and health protection services.

Microbiology

Our Microbiology Division has received investment from the Welsh Government for a new laboratory and workforce for PCR antigen and antibody (serology) testing in Imperial Park 5 (IP5), Newport and also for a series of transformative actions leading to a more resilient and sustainable laboratory network that has delivered:

- ❖ testing capacity of 15,000 daily tests in NHS Wales laboratories
- ❖ rapid (<4 hours) testing capacity for COVID-19 via 'hot lab functions' on all acute hospital sites
- ❖ timely (<12 hours) high throughput testing regionally: 80% of samples <12 hours

- ❖ operationalised Laboratory 2 in IP5 for PCR antigen and antibody testing to provide national high volume throughput
- ❖ 24/7 working in UHW, Singleton and Rhyl laboratories providing regional medium throughput capacity.

Our testing work stream has reviewed historical data and used this alongside contemporary information regarding vaccination and other policy factors to model the likely demand on NHS Wales's laboratory testing capacity for the remainder of 2021-22. A draft plan has been produced with supporting narrative for discussion and support from the Test Trace Protect Programme Board before implementation. It is proposed to retain a core level of testing capacity whilst retaining surge capacity that can be activated within 72 hours. This will provide headroom within the service as it returns to increased volume of non-COVID-19 samples and meet the anticipated demand as wider services including scheduled care increase their activity. Throughout the pandemic, Microbiology services have continued to provide all non-COVID-19 testing services. As such there has been no need to formally reactivate services but demand continues to increase towards pre-Pandemic levels. Further detail about the modelling undertaken is contained within our Financial Plan and Budgetary Control Framework 2021/22 (March) and the Financial Plan Update Report (June).

Pathogen Genomics

The Pathogen Genomics Unit of Public Health Wales has been a global leader in the number and proportion of positive SARS-CoV-2 samples that have been sequenced. Typically, the service has been sequencing around 2,000 samples a week following initial investment by the Welsh Government. A business case for expansion to be able to sequence over 7,000 samples per week has been approved by the Welsh Government. This will enable us to rapidly undertake further recruitment of staff as well as the procurement of specialist equipment.

The provision of sequencing data and subsequent bioinformatics analysis has proved critical in understanding the course of the pandemic, surveillance for variants and mutations of concern as well as supporting specific outbreaks.

Population Surveillance

The need for timely surveillance and epidemiology data support to the COVID-19 pandemic has far exceeded anything previously experienced. Our Communicable Disease Surveillance Centre (CDSC) has also kept other essential surveillance schemes running, re-prioritising, reducing or enhancing as appropriate, and targeting analytical resource. However, re-prioritisation can only be a temporary solution and the longer other surveillance activities are de-prioritised the greater the risk of missing other infectious disease outbreaks or significant changes to the incidence of other important infections.

CDSC staff have led the development and roll-out of new surveillance systems and also played a key role in the development of procedures and systems to support a range of COVID-19 responses. These include rapid surveillance of mortality in hospitals; contact tracing data systems; development of Tarian (the in-house communicable disease case management system); convalescent plasma and serosurveillance studies; surveillance of Variants and Mutations of Concern; and supporting a COVID-19 vaccine trial.

To achieve this, the organisation has mobilised analytical resources from outside the department. There is a need to increase the substantive analytical resource within CDSC and this is being expedited through the implementation of the health protection business case.

2.1.4   What will be achieved?

At the end of 2021/2022 the following will be achieved:

National Health Protection Service

- ❖ Successful recruitment of 109 new Whole Time Equivalent (WTE) posts, at pace, to ensure a resilient health protection service and enable the repatriation of mobilised staff to their core roles within the organisation
- ❖ an effective, adaptive and sustained operational response to the COVID-19 pandemic including Whole Genome Sequencing as required by the TTP Strategy
- ❖ implementation of a new governance structure, developing integration between health protection and microbiology that brings together the oversight of pandemic response and 'business as usual' activities
- ❖ continue the development and preparation for ongoing High Consequence Infectious Diseases
- ❖ enhance the resilience, capability and capacity of the service consistent with the investment from the health protection business case
- ❖ establish a programme managed approach to support service change, organisational development and benefits realisation of the ealth rotection business case
- ❖ maintain operational response to other threats including TB, Legionella and environmental incidents
- ❖ reinstate business as usual services as agreed by the organisational process, as and when resources can be released from COVID related activities.
- ❖ Full reactivation of programmes e.g. sexual and justice health that supported the pandemic response.

Population Surveillance

- ❖ continue to build resilience around COVID-19 and non-COVID-19 requirements in response to demand
- ❖ continue to respond reactively as needed, developing trigger points for effective planning
- ❖ implement COVID-19 vaccine effectiveness and safety surveillance, in collaboration with Secure Anonymised Information Linkage Databank
- ❖ deliver new interventions to address vaccine hesitancy and reduce inequalities, including in BAME communities.

Microbiology

- ❖ continue the integration and development of hot lab functions across the network and develop proposals for expansion of non-COVID-19 targets
- ❖ continue training new staff to ensure competency beyond COVID-19
- ❖ develop clinical facing healthcare scientist roles to support Health Protection and Infection Prevention and Control services

- ❖ develop an outline business case for the long-term utilisation of the IP5 laboratories
- ❖ support the Laboratory Information Network Cymru Programme to deliver a new Laboratory Information Management System.

Prevention Cell

The prevention cell will use epidemiology and behavioural science approaches to develop new insights to inform new and existing policy, guidance and messaging to the public to strengthen efforts to prevent and control the spread of COVID-19. Using the information gained during the last year, we will aim to target those populations at greatest risk using the behavioural insights we have gathered, to tailor messages.

A further work stream has been developed jointly with Welsh Government to explore the public's motivations and willingness to comply with necessary behaviours in relation to contact tracing e.g. testing, self-isolating.

We are working in partnership with Health and Care Research Wales to deliver COVID-19 vaccine research across Wales. We have signed a Strategic Service Provisions Agreement for COVID-19 Vaccination Trials which sets out our respective roles and responsibilities.

2.1.5 Success

A benefits realisation of the Welsh Government investment received for microbiology, and for the newly approved business case will be undertaken. The implementation plan will include key measurables to ensure that the benefits of the investment can be demonstrated. Success in relation to this will be recruitment to posts, leading to a transformed and more resilient workforce. This will also support the transition to ensure transition of the COVID response into the health protection business as usual functions and the ability to scale back up to delivering a world class health protection response, working closely with the wider system with a strong focus on prevention and inequalities.

In terms of the Well-Being of Future Generations (Wales) Act 2015, the Health Protection response will contribute towards a healthier and a more resilient Wales. The investment in the Health Protection business case will strengthen our resilence to respond to any future health protection threats and will support new ways of working across Wales through the focus of prevention and collaboration. During this year we will be engaging with partners and stakeholders to ensure there are clear plans for an integrated health protection response that is consistent across Wales.

2.1.6 Engagement

Oversight of the health protection response is through the Incident Management Team, Gold Group and the Executive Team. Arrangements to further evolve the governance around the response were considered by the Gold Group in early 2021 and are in the process of being implemented. The Gold Group also undertook a 'lessons learnt' and forward look review in February 2021, and the Executive Team in March 2021, to identify areas of good practice and areas where arrangements could be strenghtened, and these are being developed for the next stage of the response.

Externally, the engagement link with the Test Trace Protect Programme Board and other strategic partners will continue. As part of the implementation of the Health Protection business case, a communication and engagement plan will be developed internally and externally to engage with employees and partners to agree strategic aims and outcomes.

2.1.7 Milestones

Level 0 Milestone	Delivery Date
TTP agreed plan for COVID-19 testing capability and capacity for 2021/2	30/06/21
95% of COVID-19 samples <12hr in-lab TAT	30/09/21
Review the function and operation of the National Contact Centre in order to develop and implement exit / step down strategy in relation to this element of the response	30/06/21
Embed improvement techniques across Public Health Wales Microbiology laboratories to improve resilience	30/06/21
Design and develop a Testing Surge Plan with clear criteria for reactivation	30/06/21
Scope and agree timescales to implement a national results delivery solution	30/06/21
Develop an exit plan to transition 'Testing' work stream to business as usual	30/09/21
Complete, maintain and improve surveillance outputs in various settings and ensure there is a focus on addressing inequalities.	30/09/21
Establish a comprehensive Genomics surveillance programme	30/09/21
Develop threshold methods and clear processes for Cluster outbreaks and detection	30/09/21
Deliver wider surveillances: flu and respiratory surveillance including SARI surveillance; monitoring of COVID-19 vaccine uptake/effectiveness/safety; surveillance of anti-microbial usage and resistance; pandemic impact assessment, to now include Surveillance population immunity, variants and testing surveillance (i.e. PCR/LFT)	30/09/21
Deliver epidemiological studies to enhance understanding of COVID-19	30/09/21
Implement new services for vaccine hesitancy and BAME outreach	30/09/21
Undertake an engagement of key stakeholders, local UK and International Level to better understand their surveillance needs and implement an improvement plan, taking this forward for capacity building and IT solutions	30/09/21
Implement Health Protection Business Case – appoint 90% of approved posts	31/10/21
Implement first year of Health Protection Business Case programme deliverables	31/03/22

2.2 Population Health

2.2.1 Strategic Context

The spread of COVID-19 has been syndemic with the virus taking advantage of existing health problems along with poor living and working conditions to infect more people and cause greater ill-health. The COVID-19 syndemic has continued to have a profound effect on people across the world, as well as in Wales. Both the virus and control measures are causing wide-ranging harms, such as: ill health and reduced well-being; significant social and economic negative impacts and exacerbating existing health inequalities as well as disproportionately impacting specific groups such as those with health problems and specific population groups including BAME communities. It is therefore critical that we continue to fully understand the broader impacts of COVID-19, including the consequences of actions to control its transmission. Such knowledge needs to underpin policy decisions and joint multi-disciplinary cross-sector efforts to prevent future harms to health and aid recovery.

As we emerge from the COVID-19 pandemic we need to identify and support new opportunities to improve health and reduce inequalities; ensuring we improve on, rather than return to, our population health status before the pandemic. We will support this through utilising resources within the Population Health Strategic Group and where necessary and subject to additional funding, through the commissioning of additional external capacity to undertake the delivery of a number of milestones within our plan. To support TTP during 2020-21, we have already been informing policy options for an optimum balance between virus control measures and the potential negative impacts of COVID-19 with a particular focus on the following priorities:

- ❖ Mental Well-being
- ❖ Vulnerable Groups
- ❖ Employment

To understand the trends and learning, through systematised intelligence and monitoring we have continued our focus on a number of key areas of knowledge and intelligence:

Priority 1: *National Public Engagement Survey to understand public acceptance, compliance and broad impacts of COVID-19 measures across Wales and in specific population groups*
Priority 2: *International Horizon Scanning to build strong links with international agencies and partners to develop insight and learning from other countries*
Priority 3: *COVID-19 Health Impact Assessments (HIAs) to promote a whole of government and whole of society approach to COVID-19 recovery planning and interventions*
Priority 4: *Developing a dashboard of broader health trends in health and well-being (COVID-19 Recovery Profile)*

Through our research and evaluation work programme, we also focused on generating insights and evidence needed to inform timely action and to better understand the direct and indirect impact of COVID-19 on health in Wales. This was achieved through three priorities:

Priority 1: *Understanding the efficiency and effectiveness of Public Health Wales' contribution to TTP*

Priority 2: *Generating new knowledge on the indirect impact of COVID-19 on health and communities*	
Priority 3: *Supporting Public Health Wales to contribute to the international knowledge on COVID-19 through research*	

2.2.2   Scope

We developed an approach to understand and prevent the broader harms relating to COVID-19 and other key drivers of policy health and inequalities in Wales. Our previous work on unemployment and its relationships with poor health and well-being has exposed strong relationships between employment status, life limiting health conditions and mental well-being. The impacts of COVID-19 on employment in Wales are already becoming apparent. Through our national population surveys and other sources of intelligence, evidence continues to emerge on the impact of the pandemic and related restrictions on mental well-being. Fear of infection and lockdown measures lead to uncertainty about the future whilst isolation and interruption of social, educational and employment aspects of life, all represent on going threats to mental health and well-being across Wales. Furthermore, we increasingly understand how children and young people have been especially impacted by the pandemic and its restrictive measures; particularly due to school closures, social isolation and youth (un)employment.

Based on work over the past 12 months we have prioritised these issues and aligned our key priorities with the challenges which we expect to face in the coming year. The importance of preventing non-communicable diseases means we must return to their prevention as an urgent priority. This is due to their immediate impact on health and their contribution to vulnerability to infection with COVID and other diseases. Consequently, the cross cutting themes for our work in population health during 2021-22 will be:

❖ Mental Well-being

❖ Children and Young People

❖ Employment

❖ Drivers of Non-Communicable Diseases (NCDs)

We will tackle these themes with four cross-cutting ambitions in order to:

➢ inform policy and practice

➢ generate knowledge and intelligence for system use

➢ aid a sustainable and fairer recovery from COVID-19

➢ support an inclusive approach, considering vulnerable groups and communities.

Our approach has been identified through undertaking a validation exercise utilising our internal expertise and our shared working and learning through connections with key stakeholders. Our process has been informed not only through consideration of the impacts of the pandemic but also by aligning with other key challenges to health likely to emerge in coming months. These include ongoing developments arising as a result of our exit from the EU. Our Health Impact Assessments on EU transition suggest that employment, mental well-being and specific population groups such as people living on low income, BAME groups and rural

communities are all aspects likely to be impacted by the withdrawal from the EU and our work, wherever possible, will consider COVID-19 issues in the context of our exit from the EU and, adopting a Well-being of Future Generations approach, sustainable development.

We will continue to monitor the impact through our intelligence and insight work by collating and analysing its use in policy development and in the strategy and direction of those across all public sectors. Our aim is to produce work that can inform the public health challenges faced now and help predict and prepare for those likely to emerge in coming months.

Given that sustaining the health protection response to the pandemic has been the key priority for Public Health Wales, we developed a three tiered approach to prioritise resource for delivery:

- ❖ Tier 1: Work that can be delivered within existing finance and people resources
- ❖ Tier 2: Work that can be delivered within existing financial resources, but ONLY if redeployed staff are returned.
- ❖ Tier 3: Work that can be delivered ONLY if additional financial resources are secured

We will continue to seek additional funding opportunities, which may enable us to commission out aspects of our work under the tier 2 and tier 3 categories, whilst prudently using our in-house expertise to maintain direction, quality and timeliness of our outputs.

To deliver the work aligned to our priorities, we will:

- ❖ examine both the negative and positive impacts of COVID-19 and related response measures on broader population health and inequalities, including for vulnerable groups disproportionately affected
- ❖ through research, economic analyses, modelling and other techniques, identify those impacts from COVID-19 and related control measures that may result in the greatest health harms and inequalities and that can be also mitigated
- ❖ identify health and well-being action to mitigate harmful effects of COVID-19 and related response measures, as well as to capture and support potential positive consequences, over immediate, mid- and long- term time scales
- ❖ utilise international evidence on COVID-19 and related control measures to help inform public health activity and decision-making processes in Wales
- ❖ assess and respond to major interdependent issues (e.g. EU transition) which can affect how COVID-19 impacts health and inequalities
- ❖ provide analysis and evidence-based policy advice to Welsh Government and other key stakeholders in order to inform action aimed at reducing ill health and inequalities resulting from COVID-19, including vulnerable groups and communities
- ❖ respond to specific questions/queries on the socio-economic impact of control measures from policy leads in Welsh Government and other key stakeholders; and where appropriate
- ❖ evaluate measures undertaken to control the broader health harms resulting from COVID-19 and measures implemented to control its spread

❖ strengthen public health leadership and sustainable investment to develop an 'Economy of Wellbeing' following COVID-19 and our exit from the EU
❖ build capability and capacity to apply behavioural science in tackling health inequalities in population health in Wales

2.2.3   What will success look like?

By the end of March 2022, we will have a well-developed and widely used set of intelligence tools that better describe the impacts of COVID-19 and related control measures on the broader population health; and where appropriate and feasible on specific population groups; and provide evidence informed approaches to prevent or mitigate against their impacts. Where possible, we will also capitalise on our externally funded supportive programmes to further strengthen our insights drawing on linked data in Wales to inform longer-term action and develop platforms to evaluate the impact of actions to improve population health.   The combined intelligence from these developments will:

❖ be embedded by Public Health Wales, inform decisions made by the Welsh Government, the wider health sector and other stakeholders, including the voluntary and academic sectors, into planning to mitigate broader health harms related to COVID-19
❖ allow high level monitoring of trends in broader health harms and effectiveness of policy and service actions to reduce them
❖ support planning to avoid ill health where possible and respond to unavoidable ill health and other consequences emerging from the pandemic and related control measures
❖ Identify the extent of and trends in health inequalities resulting from COVID-19, including for vulnerable groups and communities, the policy areas affecting such trends and the options to reduce such inequalities.
❖ Support policy makers/decision makers to develop evidence based and behaviourally-informed policies to maximise the impact of those policies, through the establishment of a Behavioural Science Unit.

We will be a regular and established source of policy analysis and briefings examining how interactions between COVID-19 and our exit from the EU may impact the well-being of the Welsh population. Our partners will better understand the contribution of EU Transition and related trade negotiations to population health though our briefings, training sessions and other communications. We will have mapped the relationships between communicable disease health protection and wider public health issues such as obesity, smoking, poverty and other socio-economic factors affecting disease transmission. We will have examined the impact of the response to a pandemic on non-COVID public health services and differences across vulnerable groups. This information will be informing how we work as an effective single organisation tackling communicable diseases and other non-communicable threats to public health in an integrated fashion.

2.2.4 Milestones

Milestones	Date
Synthesise and share national and international learning, intelligence and monitoring to understand the trends, wider impacts and harness opportunities through the International Horizon Scanning, Public Engagement Survey and the COVID-19 Recovery Profile	31/03/22
Strengthen Wales' role as an influencer and a live innovation site for health equity and wellbeing, supporting sustainable and fairer recovery from COVID-19 in Wales and beyond, reflecting the needs of vulnerable people, groups and communities	28/02/22
Strengthen public health leadership and sustainable investment towards building an 'Economy of Wellbeing' post-COVID-19 and following our exit from the European Union	31/03/22
A review, mental wellbeing impact assessment, and series of reports on the broader impacts of COVID-19 in relation to domestic abuse, Adverse Childhood Experiences (ACEs), Mental Wellbeing and violence across vulnerable groups and required policy and service responses	28/02/22
Analysis and assessment of impacts of EU transition, COVID-19 and climate change on determinants of population health and wellbeing and specific groups and communities	31/03/22
Supporting 'COVID-19 Green Recovery' by identifying opportunities to support population health, with a focus on vulnerable populations, employment, mental wellbeing and addressing drivers of NCDs, through sustainable means	31/03/22
Informing and supporting policy implementation to optimise population wellbeing and reduce inequalities, including understanding how future trends will affect those with protected characteristics	31/03/22
Build HIA and spatial planning knowledge, capacity and skills, to enable a health in all policies approach	31/03/22
Developing and implementing a community of practice to establishing trauma informed communities in Wales, responding to COVID 19 and the impact on vulnerable groups, mental wellbeing and the context of poverty	31/03/22
Generate knowledge on the impact of COVID-19 on employment and health, including the healthcare workforce, in Wales to inform policy and prioritise support	28/02/22
Examine the impact of COVID-19 on unpaid carers, generating a Carers electronic-cohort (e-cohort) to inform longer term decision making	31/12/21
Deliver insight on the impact of COVID-19 on the mental wellbeing of the most vulnerable, and approaches to sustain community response and resilience.	28/02/22
Insight and promising interventions report relating to improving the life chances of future generations in Wales through mitigating the effects of the COVID-19 related employment changes	30/11/21
Engagement plan for influence on employment changes	31/03/22
Refine blueprint for community of change following initial testing as part of development of the Public Health Network Cymru	31/01/22

2.3 Reactivating our public health functions, programmes and services

2.3.1 Overview

Through the pandemic period, the organisation has sought to maintain essential functions, programmes and services in the face of significant workforce pressure, operational constraints and wider health system disruption. A risk-based process has been put in place for the Executive to prioritise and regulate use of scarce resources, the key elements of which have been:

- ❖ The classification of all non-COVID-19 public health and improvement functions, programmes and services into 'essential' (life-saving or life impacting), 'priority' (additional high risk services for Public Health Wales), or 'other'.

- ❖ An agreed operating level for each function (Level 1: Minimal; Level 2: Partial; Level 3: Full Service) to ensure clarity of service offer and regulate use of critical workforce.

- ❖ The development of a standardised risk profile for each function aligned with the corporate risk framework.

- ❖ A monthly Reactivation 'squad' led by an SRO with significant business support, and with senior Directorate representation to provide intelligence on reactivation status and risks, coupled with a monthly reactivation report to BET on reactivation confidence.

Despite some significant challenges, good progress has been made overall towards reactivation. In particular:

- ❖ Our 'essential' services, such as Screening, have been reactivated to Level 2 or 3, with the exception of the National Exercise Referral Scheme

- ❖ Our 'priority' services have been reactivated, although some have struggled to maintain their levels, and there has been growing external pressure to reinstate services further in some areas which has so far not been possible.

A number of significant programmes of work that we would normally be expected to provide have been only partially reactivated or have remained wholly on hold. Throughout, we have sought to keep the Welsh Government and our other key stakeholders fully apprised of the current position, and exploit tactical opportunities for returning staff to core business where possible.

As the pandemic and associated operating constraints ease, the organisation is now in a position to focus more resources on completing the reactivation of functions, programmes and services, and work towards full recovery (i.e. removal of backlogs, recovering full operational resilience). The focus of our reactivation priority will therefore shift from regulating the use of scarce resources based on risk towards supporting all areas of the organisation to set clear recovery goals and put in place ambitious yet achievable plans towards achieving these. All areas are also being urged to identify opportunities to improve and transform, rather than returning by default to pre-COVID-19 models of delivery and ways of working.

This section of the Operational Plan can only be delivered if the continuing reliance on supplementary staff to support the Health Protection Response continues to reduce. Our Consultant and wider specialist workforce are critical to leading and delivering the broader range of public health and improvement interventions which are necessary to improve and protect the nation's health. It is imperative that we build into our Recovery planning sufficient time to allow our staff to have a period of restoration, to rest, recharge and reconnect/relearn the skills needed for their substantive work. In particular, there will need to be effective co-ordination between this priority and the health protection business case implementation to ensure that staff are able to return to their normal roles in a managed and supported way.

2.3.2   What we are seeking to achieve by March 2022

The aim is to achieve further reactivation of Public Health Wales' core functions, programmes and services by March 2022 to enable the organisation to focus on mitigating the indirect COVID-19 harms and pursue its long-term strategic objectives and contributing to the Ministerial Priorities. Specifically, we are committing by March 2022 to:

- ❖ Reactivating all essential functions, services and programmes to Level 3. These cover all Health Protection and Microbiology areas, all Screening programmes, National Safeguarding Service, Help Me Quit and the National Exercise Referral Scheme.

- ❖ Reactivating a minimum of 50% of priority functions, services and programmes to Level 3

- ❖ Reactivating all remaining functions, services and programmes, at least to Level 1

It should be noted that a number of areas are currently subject to a functional review, the outcome of which may affect planned reactivation.

It is already evident that the pandemic has hit our poorest communities the hardest and meant that existing health inequalities across Wales are now even more pronounced. By releasing and shifting the resources into the delivery of this plan we will be able to identify opportunities for interventions which could mitigate further avoidable harms and help build community resilience to both communicable and non-communicable disease.

The plan will be achieved through:

- ❖ Integrated governance – working through the COVID-19-recovery group to ensure full planning and co-ordination of reactivation and recovery activity across the organisation, including the creation of a new Health Protection Service, and with enabling functions.
- ❖ Improving and transforming - identifying whether there are opportunities to improve and/or transform how our functions, programmes and services are currently delivered in order to support the public health outcomes we are striving towards and better meet the needs of the citizen or population.
- ❖ Defining clear success measures – clarifying what successful recovery will look like for each function, programme and service, including definition of success and quality measures, and tracking progress systematically towards these.
- ❖ Supporting our staff – taking a strategic approach to support staff in returning to their usual roles (in conjunction with People and Organisational Development) in order to

rebuild confidence, skills and competence which may have waned during this extended period of time. A redefining of operational objectives will be required, together with an assessment of re-induction support needs.

The key planning assumptions are that:

❖ We will be able to accelerate reactivation and recovery activity in the second half of this delivery year (October 21 to March 22) assuming the impact of the pandemic continues to reduce.

❖ For some services, notably screening, achieving full service recovery (i.e. elimination of backlog) could take as long as four years for particular services based on current plans. There is an ongoing assessment of harm and risk in recovery planning.

❖ For a considerable time to come, the process of reactivating functions, programmes and services will inevitably be consumed with addressing the direct and indirect public health impacts of COVID – meaning that there will be no automatic resumption of pre-COVID work priorities and work programmes.

Figure 1 below shows each of our main public health facing functions, programmes and services, organised under our current strategic priorities.

Figure 1: Strategic framework for reactivating functions, programmes and services
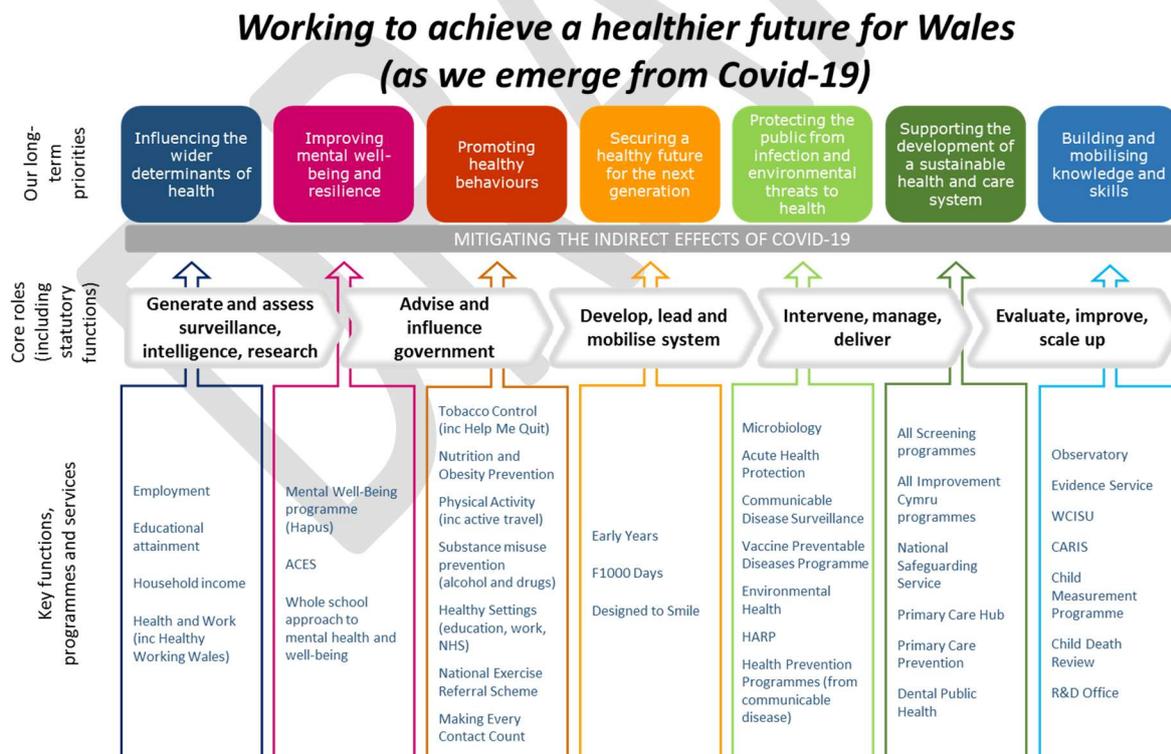
In planning for reactivation and recovery, there are a number of key building blocks that need to be in place in order to resume normal working, such as:

❖ **Policy and functional alignment** – ensuring that the organisation's offer remains focussed on delivering the Welsh Government Ministerial Priorities, and fits with a national public health institute template.

❖ **Improvement and transformation** – some areas, such as Health Protection, are in the process of significant remodelling as part of their recovery journey in order to increase capacity and build service resilience.

❖ **People** – having sufficient workforce capacity and capability, through recruitment and retuning staff from the Response back to core functions.

❖ **Physical estate** – having sufficient capacity available in community settings and premises where face-to face delivery continues to be required.

❖ **Technology** – continuing the shift to delivery through digital channels.

❖ **Wider system readiness** – which affects programmes delivered in partnership with LHBs, local authorities and other, as well as services dependent on inwards and outward referrals.

A summary of progress and planning on reactivation and recovery across different parts of the organisation is provided below. Progress in respect of Health Protection and Microbiology is covered fully in Section 2.1.4 Health Protection Response above.

Progress on reactivation and recovery: Population-based screening programmes

- Since summer 2020, all screening programmes have been reinstated following the necessary pause in the adult programmes in the first wave of the pandemic, using a risk stratified approach to reduce harm. However screening capacity remains below pre-Covid levels due to the requirement for Covid-safe pathways and a reduction in venue availability. As a result there has been a marked reduction in detection of breast cancers, bowel cancers, high grade cytology, abdominal aortic aneurysms and sight threatening diabetic retinopathy this year compared to pre-pandemic.

- From March 2021 onwards, programme recovery plans have been prepared and are being implemented which aim to restore screening activity to above baseline (pre-pandemic) levels to reduce the backlog arising from both the pause and the reduced activity following reinstatement. The resources to recover the programmes are in the process of being fully costed, but are likely to be in the region of £1.7m.

- In parallel there is ongoing strategic improvement work including continued implementation of the bowel screening optimisation programme to offer those aged 50 to 74 screening at increased sensitivity. This is planned to restart from October 2021.

Progress on reactivation and recovery: Health Improvement

- Those Health Improvement programmes and services identified as essential (Help Me Quit; National Exercise Referral Scheme) have continued to deliver adapted services throughout the pandemic through digital or telephone delivery. As the recovery phase progresses a return towards more normal working is being adopted with successful innovation being incorporated into the routine delivery options.

- The Healthy Working Wales and Health Promoting Schools programmes have continued to be delivered in an adapted way focusing on supporting the direct and indirect impact of the pandemic, including supporting the implementation of the Whole School Approach to Emotional and Mental Well-being. Work is hoped to progress during the second half of 2021 in relation to the revised delivery model for both programmes.

- Those priority areas identified for limited restart towards the end of 2020 (Healthy Weight Healthy Wales) have supported priority action in relation to the revised Healthy Weight Pathways and in the

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development and implementation of the Systems Working and Children and Families Pilots utilising the additional funding provided. Work is commencing on the review of population health surveillance and the development of evaluation frameworks for the Systems Working and Children and Families Pilot. Support is also being given to the implementation of the digital offer at Level 1. Where capacity permits further targeted work will be undertaken to update the evidence base in relation to key actions.

- In relation to physical activity a limited programme of work is being maintained to develop a strategic action plan for active travel to school and work is due to commence on the Daily Active Offer in partnership with the Welsh Physical Activity Partnership.

Progress on reactivation and recovery: Improvement Cymru

- Feedback from key stakeholders, evidence from the improvement community and the recent policy context have led Improvement Cymru to develop an approach where safety is at the core of all work. In response, Improvement Cymru is developing a new strategy for 2021-2026, which will include bringing work into a single safety programme to support and enable organisations to recover from the pandemic, transform at pace, and become quality-led.

- The programme will be nationally coordinated, regionally delivered and open to all Health Boards and Trusts to join. It will enable organisations to improve the safety and reliability of care across their systems.

- The strategy will be underpinned by a wider appreciation of Health Systems Science which means Improvement Cymru will support organisations to transform by focusing on how care is delivered, how health professionals work together to deliver that care, and how the health system can improve patient care and health care delivery.

Progress on reactivation and recovery: Primary Care

- The Primary Care Division, working closely with the Strategic Programme for Primary Care, is continuing to support the transformation of primary care clusters across Wales, as well as considering the harms and learning from Covid and the cluster action that can be taken forward to addresses inequalities.

- Priorities will include supporting the system to achieve equality of COVID-19 vaccine uptake, action to tackle obesity and work to trial a pre-diabetes prevention programme that can be scaled up as a preventative intervention programme across all clusters in Wales (supported with £1m Healthy Weight Healthy Wales funding).

- We will provide national coordination for social prescribing activity within primary care clusters across Wales, working with partners to complete a baseline mapping exercise, grow the evidence base and develop a skills framework to create a consistent, high quality, all-Wales approach to social prescribing.

- We will complete the work to develop a national evaluation framework for the Primary Care Model for Wales and continue to support cluster leadership and governance, and learning from the pacesetter programme.

- The Dental Public Health team will continue to support Welsh Government with the implementation of the national Dental Recovery Plan and the Dental Reform Programme providing expert advice, national project management support and feedback learning loops into the Reform programme, working to ensure prevention and Value-Based dental care is central to the delivery of General Dental Services in Wales.

Progress on reactivation and recovery: Knowledge

Consideration and planning for reactivation is underway in all teams within the Knowledge Directorate, however there is considerable variation between teams as many continue to contribute senior and specialist members of their teams to the Covid response. Planning and new work-plans are embracing the learning from Covid response such as agility and rapid turnaround to ensure relevance and utilisation of our work. It is noted that for some teams maintenance of current reactivation levels, including some statutory functions remains a challenge with resource mobilised to the Covid response.

Progress on reactivation and recovery: National Safeguarding Team (NST)

- The NST service has been reactivated to Level 2 since July 2020 and the recently published Annual Report of the NHS Wales Safeguarding Network (led by NST) details key collaborative achievements in 2020-2021 to keep children and adults safe across Wales.

- With only partial release of the NST resource from the National Health Protection response, capacity is still reduced, which is reflected in work plan objectives for 2021-2022. Following return of the full resource, our work plan will be reviewed in order to accelerate recovery to Level 3 by March 2022. Drawing on learning from the pandemic, there are a number of priorities that the NST has decided to incorporate into horizon scanning for the next year; COVID-19 Recovery- NHS Wales and service users' impacts, Contextual Safeguarding and Violence Prevention.

- The NST is engaged in service transformation, moving towards becoming system leaders on quality and improvements in safeguarding. A series of workshops are underway to restart work begun at the end of 2019, including a revised approach to the statutory reviews with regional safeguarding boards. NST received positive support for this approach through the Deep Dive service presentation at the Quality Safety and Improvement Committee in April 2021. Going forward NST will develop a quality and improvement plan with outcome measures aligned to work plan objectives.

- The NST recognises that the COVID-19 recovery will not be a linear process, and we cannot predict if there will be additional outbreaks and lockdowns in the future. Consequently, we will continue the flexible and agile approach to safeguarding support and leadership that we have delivered in 2020/21.

2.3.3 Milestones

The following milestones are proposed, which are based on indicators that can be tracked on a monthly basis:

Aim	Level 0 Milestone	Delivery Date
Planning for reactivation	Reactivation plans in place for all functions, programmes and services	1/10/21
Restoration of Consultant capacity	90% of Consultant capacity (WTE) restored to substantive posts across PHW	1/11/21
Reactivation of essential functions, programmes, services	All Essential Services reactivated to Level 3 (Screening programmes, Health Protection functions, Safeguarding, Help Me Quit, National Exercise Referral Scheme)	31/3/22
Reactivation of priority functions, programmes, services	50% of Priority Services reactivated to Level 3	31/3/22
Reactivation of 'other' functions, programmes, services	All remaining services reactivated to Level 1 as a minimum	31/3/22

2.3.4 Dependencies, risk and resources

In developing this plan, a number of dependencies, risks and resource implications have been identified which largely relate to:

- ❖ the future course of the pandemic and the continuation of associated control measures
- ❖ our ability to restore Consultant staff to their substantive positions within Public Health Wales, recruit to critical vacancies, and allow time for our workforce to rejuvenate
- ❖ our capacity to respond to new Welsh Government expectations whilst reactivating core activities
- ❖ wider system readiness
- ❖ availability of enabling support to support required business change.

The specific dependencies, risks and resource issues will be managed through our internal priority and Operational Plan, governance arrangements.

2.4 COVID-19 Organisational Learning and Archive

2.4.1 Strategic context

In line with our Vision for Knowledge Mobilisation (2020-2025) our aim is to maximise knowledge mobilisation and develop a single point of reference for all materials relating to COVID-19. The pandemic has changed what we do and how we do it, which means that we have significant opportunity to capture learning and use it to shape future services and processes. It is also important that we can demonstrate a coherent narrative on our role and actions during the pandemic evidenced by our decisions, performance and management. This will be particularly important for supporting any public inquiries and future research.

During the pandemic, we introduced new services and roles and have changed our work practices. Some of our programmes and services have been paused and will need to be reactivated using new ways of working. Many different opportunities for learning have arisen and it is important that we capture this knowledge and why and how we made decisions, so that we can use it as the demands and requirements on us change.

This plan focuses on continuing to collect and synthesise learning gathered during the COVID-19 pandemic. It will agree methods to share learning within the organisation and, where appropriate, with external stakeholders. The scope of the plan also includes the need to capture in an archive, the information, actions and decisions made by the organisation and will form the basis an organisational narrative around COVID-19.

2.4.2 Objectives and Scope

The objectives in this plan are set out below and progress has been made across all areas including the following:

- ❖ seek, identify, capture, share and implement organisational learning actions to react and respond more beneficially to future events

- ❖ demonstrate how learning is shared internally and, where appropriate, to external stakeholders
- ❖ the production of a timeline of key events and decisions; subject reports, themed analyses and an underpinning narrative
- ❖ deliver a secure, robust, accessible, searchable, user friendly Archive for all materials relating to COVID-19.

The scope of the work is limited to the learning and information relating to COVID-19, produced during the pandemic. Our planning assumptions are that:

- ❖ this work will inform the Vision for Knowledge Mobilisation and, as such, will be ongoing and will include an evaluation of its effectiveness
- ❖ specialist expertise has been secured who have the necessary skills and knowledge to deliver this project
- ❖ the work is dealing with the collection, use and dissemination of COVID-19 related information and therefore information governance will be important at all levels. The Programme Board will include a member with expertise in this field
- ❖ the archive will be an important resource in helping to support future Public Inquiries and research
- ❖ the establishment of the COVID-19 archive will be enhanced through the development of specific narratives on particular areas and themes, which together will form a narrative of our overall response to the pandemic.
- ❖ the team will access communications and engagement expertise as required.

2.4.3   What does success look like?

The key benefits include:

- ❖ **organisational learning**: organisational learning will be captured internally and fed into the organisational narrative. This will enable lessons learnt to be shared both internally and externally on COVID-19 and where appropriate improve decision making by utilising the evidence and knowledge identified
- ❖ **organisational narrative**: the development of an overall organisational narrative with associated archive will enable the organisation to systematically record and store related COVID-19 information. This will assist with future research and in responding effectively to a Public Inquiry
- ❖ **organisational influence**: greater ability to influence and provide specialist advice to the UK and Welsh Government through learning identified
- ❖ **enhanced professional development**: through developing a systematic way to capture learning, the organisation will increase its reputation as a learning organisation which will enhance professional development
- ❖ **Informing our future**: capturing changes made to workforce policies, ways of working, roles and responsibilities to support our response to COVID-19 will allow us to describe where we were, where we are and where we could be as an employer. This learning can

be used to inform and direct our recovery and the future of work in Public Health Wales in ways aligned to our People Strategy

❖ **organisational culture**: we will continue to create the conditions for effective knowledge mobilisation as set out in our Vision

❖ **organisational processes**: we will be able to demonstrate the importance of operating effective and efficient processes for learning and records management.

2.4.4 Milestones

Milestone	Delivery Date
Operational Manager and Archivist in post	30/04/21
Project plan completed and governance systems are fully operational	31/05/21
COVID-19 Archive constructed and population commenced	31/08/21
Organisational Learning review of employee experiences during COVID-19 completed and communicated across Public Health Wales	30/09/21
COVID-19 SharePoint review and redesign completed	30/09/21
Covid-19 SharePoint reporting and management information communicated	31/10/21
Narratives on all identified key areas (deep dives) completed and	31/03/22
Organisational timeline populated and entries validated	31/03/22
Audits of chronology entries completed	31/03/22
Two virtual events held to capture informal learning	31/03/22

2.5 Enabling recovery

2.5.1 Context

Our enabling functions are pivotal to the successful delivery of our public health priorities and in supporting wider organisational recovery. Enablers have a critical role to play in the leadership and delivery of a number of major areas of work, alongside our role in the continued response to COVID-19 and as the organisation begins to move towards recovery and in the delivery of our full range of statutory functions and activities. As part of this work, we need to consider how we best organise ourselves to deliver on the challenges facing Wales and to support a healthy and sustainable society.

Our enabler plan has been developed through three drivers:

2.5.2   What does success look like by the end of 21/22

By the end of 2021/22 we will have:

- ❖ refreshed our long-term strategy and agreed a small number of public health outcomes
- ❖ effective systems and processes to help ensure decision making across the organisation is consistent, proportionate and data driven
- ❖ more timely and granular performance information through the utilisation of corporate analytics and business intelligence
- ❖ engaged with staff and stakeholders to inform how the organisation wants to work in the future and have developed clear visions for our estate and digital infrastructure
- ❖ continued to support staff health and well-being and delivered key elements of our People Strategy
- ❖ embedded environmental sustainability as a key part of all programmes and projects, with a particular focus on decarbonisation
- ❖ developed and implemented the Quality and Improvement Strategy, Our Approach to Engagement and our Integrated Governance model .

2.5.3   Long-term strategy review

During 2021, we will assess the impact of COVID-19 on our long-term strategy and priorities through a formal strategy review. This aims to assess whether our current strategy remains valid or needs to be revised/refreshed in light of the experiences and learning from COVID-19 and horizon scanning of future opportunities or challenges. As part of this work, we will also agree our outcome measures to demonstrate delivery of our strategy.

Milestone	Delivery Date
Long-term strategy review	
Draft Long Term Strategy and Outcomes Framework proposals, including feedback from engagement, considered by Executive Team and Board	31/10/21

Refreshed Long Term Strategy agreed by Executive Team and Board	31/03/22
Public Health Wales' Outcomes	
Public Health Wales Outcomes Framework agreed by Executive Team and Board	31/03/22

2.5.4 Digital Strategy

Co-creating our digital vision and strategy with stakeholders, partners and users will be a key deliverable for 2021-22. Through the implementation of the Strategy we will be seeking to make data securely accessible, enabling greater inter-operability with other systems to enable greater data driven decisions in real-time and take advantage of artificial intelligence and machine learning technologies where appropriate. This will enable the organisation to be more agile, provide greater flexibility for our staff to collaborate and deliver a greater digital engagement experience with the wider public and our own staff.

Milestone	Delivery Date
Digital Strategy agreed by Executive team and Board	31/03/22
Digital Strategy Delivery Plan developed and agreed by Executive Team	31/03/22

2.5.5 Using data to measure and manage delivery

Performance management is a key strand of our internal transformation and in delivering our long-term strategy. The vision of moving towards using more timely and granular integrated performance information, subjected to robust analysis, is key in enabling us to make effective decisions. The plan builds on progress we have made and shows how we will improve existing business intelligence products and develop new ones that meet stakeholder needs.

Milestone	Delivery Date
Launch pilot (within agreed areas) of the Directorate and Divisional Dashboard (version 1)	14/07/21
Performance and Assurance Dashboard (V4) launched	14/10/21
Directorate and Divisional Dashboard (V2) launched	14/12/21
Performance and Assurance Dashboard (V5) launched	14/03/22

2.5.6 Informed Decision Making

We want to ensure that decision making across the organisation adapts as we continue to progress through the pandemic and is consistent, proportionate, clear, timely, quality and data driven and taken at the appropriate level. We will build on the progress we have made so far to embed securing value, benefits realisation, quality and improvement and taking a strategic approach to risk within the decision-making framework.

Milestone	Delivery Date
Quality and Improvement strategy implementation year 1 actions delivered	31/03/22

Integrated governance model year 1 actions delivered	31/03/22
Risk management continues to mature and is embedded in the adaptive decision making framework – this includes a review of both the strategic and corporate risk approaches	30/09/21
The decision making framework is continually developed (this will include a series of mini milestones throughout the year)	31/03/22
Enabler team expertise for the development of business cases and other significant developments is clearly understood and engaged early in any new development	31/03/22
New Board members (executive and non-executive) recruited with an effective induction and development support package in place	31/03/22

2.5.7 New ways of working to support organisational recovery

We aim to take advantage of the opportunities presented by how we have worked during the pandemic to design, develop and implement new ways of working as the organisation recovers. Having already gathered rich feedback from staff describing their experiences, we will build on this, through Our Conversation, an organisation-wide staff engagement exercise to help us shape our future ways of working, which will in turn support the development of both the Estates and Digital Strategies. Our Conversation will also help us understand what we need to take forward into our future to progress our People Strategy, including enabling an Inspiring Culture. In addition to this, we will also look to exploit ways of working and technology that is already in use such as Microsoft 365.

Milestone	Delivery Date
Future Ways of working	
Resources and toolkit to support individual and team recovery designed and go live	31/05/21
Develop and agree plan for Microsoft 365 priorities for 21/22	31/07/21
Format and approach to capturing the impact of the pandemic on skills and knowledge is agreed	30/09/21
Our Conversation: Future Ways of Working (FWOW) phase one summit outcomes themed and shared with the Executive Team	31/07/21
Plans to deliver work arising from FWOW summits developed and presented to Priority Team	30/09/21
Framework to support individual and team coaching in place	31/03/22
Estates Strategy and North Wales Our Space	
Recommence North Wales Our Space and revised project plan agreed	01/09/21
Estates Strategic Plan agreed by Executive team and Board	31/03/22

2.5.8 Helping staff, stakeholders and the public understand what we are doing and why

Our Communications and Engagement function will continue to support the enhanced Health Protection response to COVID-19 responding to future peaks, outbreaks, incidents and clusters. This includes helping to build capacity across the public sector communications community to support this. Furthermore, our focus must now encompass not just risk communications in relation to coronavirus, but making sure we communicate the wider harms of the pandemic to the health of the population in Wales. We will also continue to support staff, through our internal communications, to understand what we are doing, why we are doing it and their role in supporting delivery.

Milestone	Delivery Date
Agree Communications Plan for Population Health priority for 2022	31/12/2021
Improving and innovating our staff communications by rolling out new SharePoint intranet	30/09/2021
Embedding improved evaluation, measurement and reporting in order to continuously improve our work	31/03/2022

2.5.9 Organisational Design and Workforce Planning

Our People Strategy 2030 was approved in in early 2020, and we have made progress against a number of the nine themes over the last, challenging twelve months. Whilst our milestones within this plan all align to the Strategy's themes and aims, there is specific activity set out below which will help us understand why people both join and leave Public Health Wales and to explore organisational design principles, particularly as we deliver an increased and transformed Health Protection function. Assisting wider design work, we will present options for smart systems and tools to improve our understanding of where our people are and how we may mobilise the workforce, to both support the continued response and ensure a sustainable way of meeting future needs.

| Milestone	Delivery Date
Progressing Our People Strategy and Organisational Workforce Planning	
Review of People Strategy Executive Team and Board in line with LTS review/refresh	31/03/22
Approach and timetable to capture data on organisational leavers and new starters agreed	31/10/21
Recommendations from the Organisational Review/Workforce Analysis, principles used to support organisational design activity required to deliver the new Health Protection service for Wales implemented	31/03/22[2]
Options for staff mobilisation and availability system/tool scoped and shared	31/09/21
Workforce planning toolkit, supporting resources and staff availability information distributed to the business in line with integrated planning activity	31/10/21

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[2] milestones linked to Health Protection Business Case TBC

2.5.10 Staff Well-being and Engagement

Our people's health and well-being is imperative. Our plans will be driven from the results of our Well-being and Engagement Surveys as well as the NHS Staff Survey and outputs from supplementary engagement activity. Whilst there will be work undertaken to monitor, support and improve staff well-being more broadly, we need to agree and deliver methods of ensuring our decision making and planning processes are considerate of our people's health and wellbeing and not putting additional delivery pressure on people already at capacity.

Milestone	Delivery Date
NHS Wales Staff Survey (Our Reflections Our Decisions Our Future) undertaken	11/10/21
Well-being Interventions as outlined in Staff Survey Action Plan implemented	28/02/22
Action Plan developed to address existing Gender Pay Gap and next annual Gender Pay Gap Report published	28/02/22
Healthy Working Relationships programme implemented	30/09/21
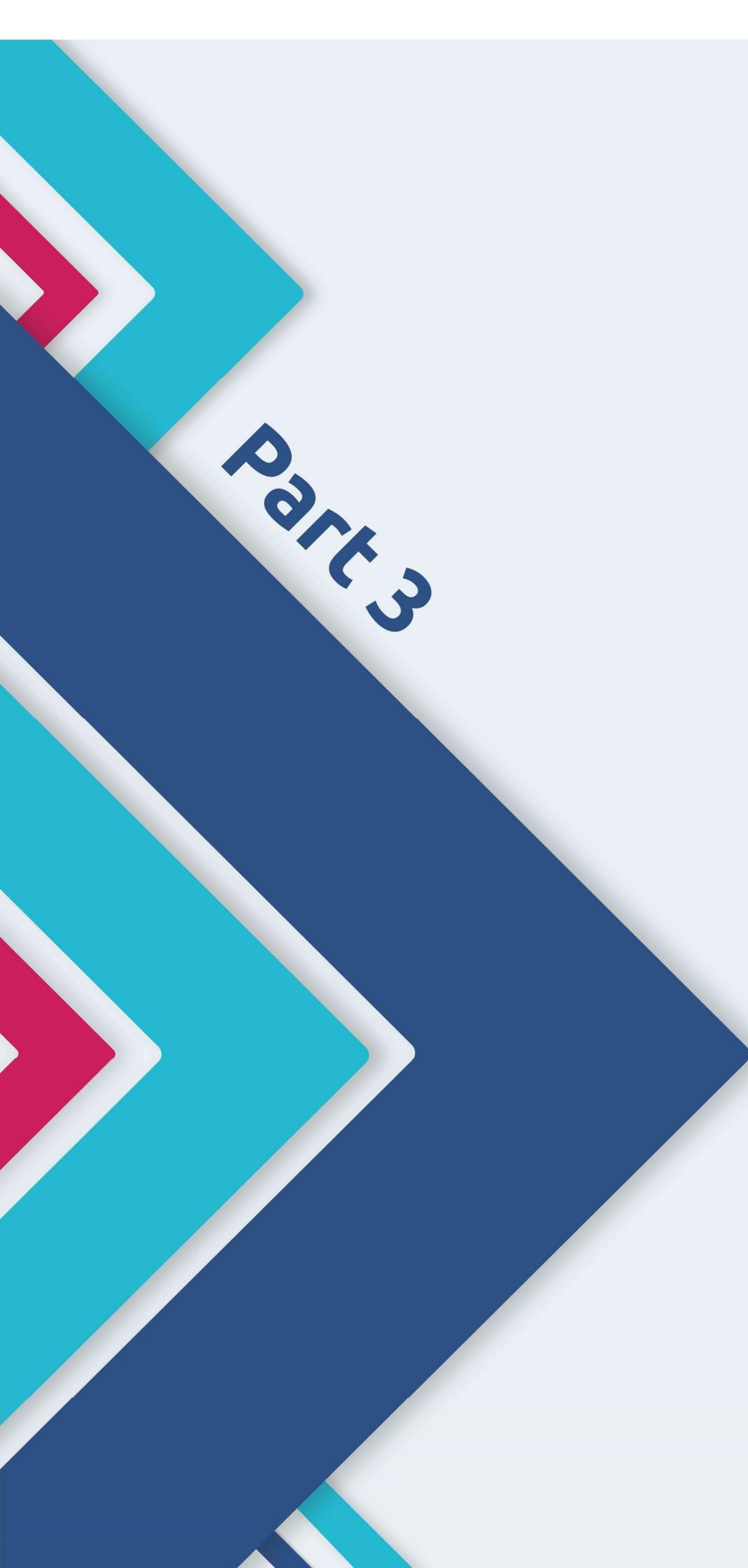
Part 3

Part 3 - Enabling the Organisation

3.1 Our Financial Plan

3.1.1 Underlying Position

Public Health Wales has historically delivered financial stability with an underlying breakeven position. This underlying breakeven position continues in our 2021/22 plan. Further detail is contained within the PHW Financial Plan and Budgetary Control Framework 2021/22 (March) and the Financial Plan Update Report (June).

3.1.2 Our revenue plan

Public Health Wales has seen significant revenue growth during 2020/21 which continues into 2021/22. This is outlined in our revenue plan below:

Item	Non-Covid	Covid	Total
Income			
2020/21 Income	135,540		135,540
2021/22 Allocation Letter Uplift	10,681	0	10,681
Other WG Funding Based on Actuals 2021/22	5,635	76,085	81,720
Anticipated WG Income - Not approved Screening Recovery		1,250	1,250
Additional 2021/22 Non-Core Income	2,029		2,029
Total Anticipated 2021/22 Income	**153,885**	**77,335**	**231,220**
Expenditure			
2020/21 Expenditure + Additional Non-Core Spend	137,569		137,569
Cost of New Developments Funded Through Allocation letter			
Pay Award & Inflation	2,165		2,165
Strengthening the National Health Protection Service	1,931		1,931
Improvement Cymru	438		438
Health Protection Business Case	6,147		6,147
Cost of New Developments Not Funded Through Allocation Letter			
Early Years Prevention	1,080		1,080
Obesity Plan	1,200		1,200
Obesity Strategy :Targeted Children and Families Intervention	600		600
Obesity Strategy : Diabetes	1,000		1,000

FIT Optimisation	1,755		1,755
PHW Microbiology Lab IP5 approved business case		871	871
Covid related Pathogen Genomics (fixed costs- staff, I.T. etc)		705	705
Covid related Pathogen Genomics (variable costs - consumables)		5,832	5,832
TTP contact tracing operation		2,538	2,538
Turn Around Time and Resilience		5,874	5,874
Vaccination Programme		1,458	1,458
Online Testing STIs (First 6 Months)		850	850
Testing Non-Pay Costs Covid Testing		51,961	51,961
Testing Non-Pay Costs for Non-Covid Rapid Testing		7,141	7,141
PPE - Shared Services Recharge		156	156
Pay underspends due to Covid		-1,145	-1,145
Screening Recovery Net Cost		1,094	1,094
Total Anticipated 2021/22 Expenditure	**153,885**	**77,335**	**231,220**
2021/22 Variance	**-0**	**0**	**-0**

The NHS Wales Collaborative for Health and the Finance Delivery Unit, which are hosted by the Trust, are not included in these figures and it is assumed that they will manage within their approved allocations.

A significant element of the costs in the annual plan relate to Covid Testing. Planning and modelling for Covid Testing demand is complex and is impacted by several factors all of which can have cumulative or multiplying effects on each other and therefore the outcome. A detailed description of the methodology employed along with potential ranges of variation can be found within the Financial Plan Update Report.

Screening Recovery costs of £1.78m have been identified. However the service is anticipating underspends against core budgets in the early months of the year as a result of Covid equal to £0.682m resulting in funding requirement of £1.094m for Screening Recovery. The recovery programme is expected to take up to 3 years for some Screening Programmes with recovery costs also being expected in future years. Only 2021/22 recovery costs have been included in the plan whilst further work is undertaken on the future years' recovery plan and associated costs.

3.1.3   Savings and investment strategy

Public Health Wales has agreed the following approach to savings in 2021/22:

- That we would not set a target for additional organisational efficiency savings in 2021-22 but would continue with existing schemes and seek further opportunities as they arise

- That we would not levy a Directorate 1% CIP for 2021/22. We would review and remove relevant budgets to reflect reductions in our cost base.

This approach has delivered savings of 1.051m to generate an internal investment fund.

3.1.4   Organisation Priorities

Whilst Public Health Wales retains a directorate based financial governance structure and budgets have been set on a directorate structure basis for 2021/22, the organisation will manage its operations through an Organisation Priority structure. A mapping exercise has therefore been undertaken to provide an indicative resource apportionment across organisation priorities which also reflects existing resource which is being redeployed to support the response:

Organisation Priority	£000
Response - WG Non-Recurrent Funded	77,335
Response	36,248
Essential Services	73,930
Population Health	17,003
Enablers & Recovery	22,904
Organisation Learning	3,799
Grand Total	231,220

3.1.5   Risks (and Opportunities)

Public Health Wales is currently anticipating a breakeven position, in line with the 2021/22 budget setting process and detailed work of the Annual Plan. However, there are a number of financial risks affecting the current year 2021/22 and the 2022/23 & recurrent position.

2021/22 Risks

Risk	Value (£K)	Likelihood
Net costs of Screening recovery plan if funding not approved	1,094	Low
Potential additional Covid-19 testing costs based on 20% volume variance	10,279	Medium
Potential additional non-Covid rapid testing costs based on 10% volume variance	714	Medium
Potential costs implications of phase 3 of vaccination programme	30	Low
PPE - Shared Services Recharge	156	Low
Total Value of 2021/22 Risks	12,273	

2022/23 & Recurrent Risks

Risk	Value (£K)	Likelihood
Turnaround Times & Resilience staff funding not approved beyond 2021/22	5,874	High
IP5 staff funding not approved beyond 2021/22	830	High
Non-Covid rapid testing funding not approved beyond 2021/22	9,512	High
Pathogen Genomics funding not approved beyond 2021/22	6,537	High
Vaccination programme funding not approved beyond 2021/22	1,458	High
Obesity Strategy funding not approved beyond 2021/22	2,800	High
Early Years Prevention funding not approved beyond 2021/22	1,080	High
FIT Testing funding not approved beyond 2021/22	1,755	High
Screening recovery is planned over a three year period. Financial implication for 2021/22 only built into the plan.	883	High
Total Value of 2022/23 & Recurrent Risks	**30,729**	

Funding for a number of Covid and non-Covid investments has been approved by Welsh Government on a reimbursement of actual costs basis for 2021/22. These investments have recurrent cost implications but no funding confirmation beyond March 2022. This has resulted in a £30m risk for 2022/23 and recurrently if costs continue to be incurred and funding is not approved.

The financial risks will continue to be updated, scrutinised and acted upon as the year progresses. PHW will work with Welsh Government to resolve the funding issues beyond March 2022.

3.1.6   Our capital plan

Public Health Wales' recurrent discretionary capital funding is £1.580m. Additional strategic capital of £11.37m was received during 20-21 predominantly in respect of Covid-19 developments. Meetings with Welsh Government are ongoing with regards to currently unapproved bids for 21-22 Strategic Capital requirements.

The following table summarises the strategic capital requirements for the coming year:

	FY21-22 £000s
Transformation of Health Protection Services for Wales (approved)	221
Genomics sequencing capacity (awaiting formal approval)	490
Estate – Infrastructure, Fire Safety and Decarbonisation (approved)	437
Laboratory Information Network Cymru (LINC) - Collaborative (approved)	1163
Radiology Information System Programme (RISP) - Collaborative (approved)	185
Digital mammography replacement (awaiting formal approval)	3,842
Maldi-Tof Replacement (Unapproved)	840

Total Strategic Capital	7,178

3.2 People and Organisational Development

The People and Organisational Development team will remain focused on enabling the delivery of the Operational Plan 2020-2022 and progressing aims within our People Strategy 2030, through ensuring we have people with the required skills, when and where we need them and whose welfare, health and wellbeing is a priority.

There is a balance to be achieved between the ongoing need to support the Health Protection Response and the reactivation and recovery of core services. This is being managed through the development of recovery plans (see Recovery Group); significant recruitment and change work to support the Health Protection division; and a net reduction in mobilised resource to support the next phase of the Health Protection Response, by utilising bank and agency workers and remodeling the specialist workforce resources required.

3.2.1 Inspiring Culture and Leadership

An organisation's culture is the lived experience of its people and as such is critical to our success. During 2021-22, we will continue our engagement work with staff, through internal and broader NHS Wales surveys.

In partnership with our Communications Team, we will continue to engage our staff through a variety of engagement opportunities and our managers through weekly briefs, highlighting key messages, dates and policy updates, supporting them in carrying out their management responsibilities.

In April, we started 'Our Conversation' with groups of staff from across the organisation, participating in discussions seeking out what we have discovered works well and to consider what the future looks like in Public Health Wales. The themes identified from this work will be taken forward through the relevant leads and may include work linked to our estate, our digital strategy, the role of our managers and how we can support staff in how and where they work.

3.2.2 Designed to Deliver

The last year has seen our staff respond tremendously to the pandemic and adapt to working differently. Many have been redeployed and experienced a change of management relationships, others have taken on different responsibilities either within their own or another team. The outputs from Our Conversation, alongside the findings and recommendations from an Organisational Review/Workforce Analysis completed at the beginning of 2020, will allow us to consider aspects of our organisation's design and through establishing the new Health Protection function, we will utilise opportunities to embed core design principles.

3.2.3 Workforce Shape and Planning

Over the past year, significant resourcing plans have been developed and implemented to support the Enhanced Response to the pandemic. Internal mobilisation has also allowed us to redeploy people to where they are needed most. This year's workforce plans focus on the

immediate needs of each Priority Area to deliver the activities set out in the Operational Plan. Workforce actions are short- to medium-term and focus on three key areas:

- ❖ Resourcing plans
- ❖ Organisational change requirements
- ❖ Identification of future skills and training requirements.

We anticipate a return to a more typical integrated planning cycle in autumn 2021, which will incorporate longer-term, strategic workforce planning.

3.2.4 Staff Experience

The health and well-being of our staff remains a key priority and we will continue to review and strengthen our support arrangements over the next year. We will continue to strive to be an inclusive organisation where staff feel psychologically safe, have the freedom to voice concerns and be their authentic self. We will continue to facilitate Care Space sessions across the organisation until the middle of this year, when we will pause and review.

To assist managers in understanding the well-being of both their staff and themselves we have delivered several Wellbeing Workshops for Managers. Sessions aim to support line managers keep staff engaged and stay emotionally connected while many of us work differently. Having established a pan-organisation Well-being and Engagement Partnership Group, we hold monthly network meetings and liaison between enabling functions and the business, including our staff networks and trade union partners. The focus for this year is to continue building the relationship between enabling functions and the business on wellbeing/engagement matters, and to facilitate the delivery of action plans arising from staff surveys and outputs from Our Conversation.

Healthy Working Relationships is a collaborative NHS Wales approach to help us all have better and healthier working relationships through developing a policy, resources and measures. The programme will be rolled out later in 2021 and will be monitored and reviewed throughout the year.

Diversity and Inclusion training emerged as a key theme of the consultation that was undertaken on our Strategic Equality Plan. By September, we will have reviewed and promoted training on public sector platforms and filled any gaps so that we can ensure our workforce is skilled and equipped for inclusive practice. Our Annual Equality Report and Workforce Report, detailing the work undertaken to advance equality and the diversity breakdown within the organisation will be presented to our Board, along with our Gender Pay Gap report in November 2021.The organisation is committed to creating an inclusive environment where everyone can be themselves. We will submit our response to the Welsh Government on the Race Equality Action Plan by the July deadline, and work with them to ensure that we implement the actions in the plan and continuously monitor progress.

We will participate in the annual Stonewall Workplace Equality Index, the annual benchmarking exercise used to drive improvement across all equality strands. Seeing this work taking place, and our continuous improvement instils confidence in our staff and builds our reputation as an inclusive employer. Our five Staff Diversity Networks continue to grow and provide peer

support and comradeship to members. More activity is planned to raise the profile of the groups through the Wellbeing and Engagement Partnership Group, Our Conversation and wider organisational development.

As part of our obligations under the Welsh Language Standards, we are in the process of developing a Clinical Consultation Plan, which will be published in December 2021.

3.2.5 Harnessing Data and Exploiting Technology

People and Organisational Development are working with the Corporate Analytics Team to inform the development of Division/Directorate-level dashboards to help managers make business decisions and inform workforce planning. The teams are scoping the development of automated business solutions and developing analytical capability within the team. The development of these products will reduce staff time spent on non-value added processes, increasing the time available for the team to add insight and analysis, and reducing the scope for error.

3.2.6 Optimising Relationships and Partnerships

There has been, and continues to be, a system-wide response to the pandemic. Colleagues across the organisation have had to utilise existing relationships and build new ones both within Public Health Wales and externally, from Local Authorities, Academia, health boards and beyond. We will start to understand what this means for skills development and how we communicate and collaborate with others, including global partners.

We are committed to working in partnership with Trade Unions in promoting and ensuring an open and transparent culture and effective staff engagement. This partnership has proved even more critical during our response to the COVID-19 pandemic. We have worked jointly with our Trade Unions to strengthen our Facilities Time agreement and additional budget and resources have been made available for 2021/22 in recognition of our commitment in this area.

3.2.7 Attracting and Recruiting Talent

Recruitment has been challenging, with every health organisation worldwide seeking the same skill set in order to respond to the global pandemic. We have benefited from standard recruitment approaches and built our workforce though alternative routes. Partnerships have been formed with academia to increase our flexible workforce. The relationships forged out of need during the pandemic have given way to increased partnership opportunities, which offer the potential scope in future to ring-fence employment opportunities with specific higher education programmes and develop direct talent pipelines.

We will continue to enhance the current establishment where required, review the needs of the proposed Health Protection business case and, through workforce planning, ensure we are proactively recruiting in line with longer-term business needs. For perceived 'hard-to-fill' roles, additional resourcing strategies are being adopted. We note below our growth to date and what is anticipated by the end of March 2022. Please note all figures represent our total establishment and bank additional hours.

March 2020 (actual)	March 2021 (actual)	March 2022 (planned)
1711.3	1948.3	2153.7

Moving forward, resourcing our organisation with the right people who have competency, capability and commitment will strengthen our promise in delivering for the people of Wales. By investing the time in our hiring approach we will enable the organisation to work towards the status of being a true employer of choice.

We have recruited to over 200 new vacancies in 2020/21 and the team will support the recruitment requirements as part of the Health Protection Business Case in 2021/22. As part of this recruitment we will continue to develop a workforce that is inclusive and reflective of the demography and ethnicity of Wales. Induction, training and additional support will be in place for current and new staff in what will be another hugely challenging and demanding year, additional investment has been made available to support in this area.

3.2.8   Skills for the Future

As we prioritised our response to the pandemic, many of our learning and development plans and opportunities were cancelled. During the course of the coming year, we will reintroduce existing development opportunities (including management development) and prioritise programmes needed most to support our operational plan.

We will explore the impact of the pandemic on our staff's skills and knowledge, both those feeling/being de-skilled as a result of redeployment to different roles and those who have gained new skills and knowledge.   Through Our Conversation, we will discuss how learning is enabled and delivered in the future – how do we further blend our approaches to learning, and what learning may be a priority? As we anticipate the way we work in the future being different to the way we have worked in the past, we will start to determine what this means for the role of the manager, and the skills they will need to support and lead the workforce in future.

3.3 Quality, Safety and Improvement

We have set out our ambition to be a high performing organisation, which continues to be our intention despite the challenges of COVID-19. During the pandemic, we have had to reprioritise where we focus our collective efforts. However, we recognise that it is more important than ever to continue to drive quality and improvement to support and enable organisational recovery, informed by available evidence and proven methodologies. Planning and delivering services, programmes and functions which are safe, effective and achieve outcomes and impact, measured wherever possible through real time data. It is also key to identify mechanisms to obtain continuous proactive and reactive feedback from the public and our stakeholders to inform planning and improvement.

Over the coming months, we will:

❖ implement our Quality and Improvement Strategy and supporting Implementation Plan
❖ deliver the 'Our Approach to Engagement' Implementation Plan

Detail on the key milestones we will deliver is included in section 2.5.6

3.4   Performance and Delivery

The section below sets out the proposed performance and delivery arrangements, including relevant controls, to manage the delivery of our Operational Plan.

3.4.1   Integrated Governance Model

We have recently agreed a new integrated governance model, which will be implemented in a phased manner during 2021/22. We see this as a key enabler to Public Health Wales becoming a high performing organisation and in reaching our next level of maturity. Embracing this approach will ensure that we have a holistic and joined-up approach to our systems, procedures, reporting and outcomes.

Over the coming months we will implement an integrated governance model focused on a cultural approach to organisational governance

3.4.2   Delivering our priorities

Our Operational Plan is structured around five priority areas, which each have an agreed Senior Responsible Owner and defined governance arrangements. Oversight of the priorities will sit with the Executive Team, with progress reported through our Performance and Assurance Dashboard.

This will allow us to maintain strategic oversight of delivery and therefore effectively manage any changes, particularly in relation to the reallocation of resources. This will be essential during our ongoing response to COVID-19, which is likely to experience surges during the life of this plan.

3.4.3   Plan refresh and baselining

Between January and March 2021, we developed our Operational Plan for 2021/22, which aligns with the development of our budget strategy. As part of our plan refresh, we undertook a rapid validation exercise of the priorities we agreed in October 2020. This aimed to identify any potential changes to the scope and/or deliverables for each, plus any new work that has been identified. The outcomes of this are reflected in the priority plans set out within this document.

3.4.4   Performance management and change control

Progress against the plan will be reported to the Executive Team and Board on a monthly basis through our Performance and Assurance Dashboard. This will include the ratings for each milestones and exception reports for those where issues have been identified. A control process will be used for managing changes, particularly in relation to milestone delivery.

3.4.5   Risk Management

Strategic risks are currently under review. To be inserted following board discussion.

Each priority area has also identified potential risks and dependencies to their successful delivery. These have been developed as part of the planning process and demonstrate a number of common themes, which map to the strategic risks, including:

❖ Resources (people and finances), staff wellbeing and recruitment
❖ Business continuity and data access/quality
❖ Partners and stakeholders.

Following approval of the plan, the respective priority area risks will be recorded within relevant risks registers and managed in line with our organisational approach to risk management, including within the respective priority area governance arrangements. We will also assess the priority area against our existing Corporate Risks and update accordingly. Risks will be escalated through to the (Business) Executive Team as required, in line with our existing arrangements.

3.5   Concluding remarks

We have set out ambitious plans for the delivery of key public health work over the next 12 months. This is not only focused on the direct and immediate requirements to continue to effectively respond to the coronavirus pandemic, but also in relation to the wider impacts of COVID-19, the reactivation of services and our organisational recovery. However, we recognise, in developing this plan that we will be operating in a challenging and unpredictable environment. As a result, we will need to regularly review the feasibility of the plan, informed by the ongoing evolution of the pandemic, our ability to recruit additional staff into our health protection response and our ability to reactivate our core public health functions.

The plan is built upon the commitment, professionalism and tireless efforts of all staff who have worked to tackle the unprecedented public health challenges faced by Wales. Their efforts will allow us to continue to meet these challenges head-on for which we cannot thank them enough.