

Operational Plan

2020-22



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Executive Summary

The coronavirus pandemic has had a fundamental impact on society, including the health and well-being of populations, and the global economy. As the national public health institute for Wales, Public Health Wales has mounted an unprecedented **health protection response** to support 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. This has involved the mobilisation of the full weight of the organisation's resources and has been our highest priority since early 2020. It will remain so as the pandemic and our response evolves through the remainder of the year and into 2021. This is reflected in recent policy decisions by the Welsh Government to move from local COVID-19 restrictions to a short two-week national 'fire-break'. As a result, we recognise in developing this plan it is likely to change at short-notice and we will need to demonstrate agility and flexibility in its implementation as we continue deliver our part in Wales' response to COVID-19.

The exceptional nature of our response to COVID-19 has required us to fundamentally assess the delivery of our previously agreed plans. It has challenged us to consider not only the immediate action we need to undertake to respond to the current pandemic, but also the longer-term direct and indirect public health implications on the people of Wales. We have also considered other key strategic drivers that will impact on the public's health in Wales, particularly the United Kingdom's exit from the European Union at the end of 2020. In doing so, we have been guided by our long-term strategy: *Working to Achieve a Healthier Future for Wales*, and the work we commenced pre-pandemic to agree a small number of key public health outcomes to drive the future work of Public Health Wales. A key element of this plan will be to review our long-term strategy to ensure it is still fit for purpose, and complete the work around agreeing our public health outcomes. This will provide the strategic direction for Public Health Wales as we continue our health protection response to protect the public and save lives, and move at pace in 2021 to address the future public health challenges facing Wales.

We have developed this revised in-year Operational Plan to set out the priority areas, and specific action, that Public Health Wales will deliver over the next 18 months. It sets out the variation to our previously approved plans, particularly our Strategic Plan (otherwise known as our Integrated Medium Term Plan, or IMTP) for 2020. Our Operational Plan is focused on maintaining the primacy of our ongoing health protection response, while undertaking clearly defined key public health activity within a small number of areas. An ability to meet any potential surge, as we enter a second wave of our response, is embedded within this plan. Therefore, the delivery of our other priority areas is subject to change, as we continue to dynamically meet the needs of our ongoing response through the various phases of the pandemic.

While our focus will continue to be on ensuring the delivery of an effective response to COVID-19, we also recognise the need to consider the wider **population health** implications for the people of Wales. It is critical that we are able to understand fully the broader impacts (both positive and negative) of COVID-19, including on vulnerable groups, in relation to health inequalities and the specific consequences of actions to control transmission. We will gather this information through a range of approaches, including public health intelligence/analysis, commissioning of research and international learning/sharing. Such knowledge needs to

underpin joint multi-disciplinary cross-sector efforts to prevent future harms to health, aid recovery and contribute to a continued improvement in health and reduction in inequalities.

We have begun the process of **reactivating our essential public health services and functions** in a planned way, including our screening programmes. We need to continue to prioritise, based on robust criteria and evidence, and effectively plan the reactivation of services. We will make these decisions in an evidenced-based way and by ensuring that we are guided by where we can have most impact in terms of improving/protecting health, and reducing the implications of COVID-19. However, these will be subject to our workforce requirements to sustain our health protection response, with a particular focus on the well-being of our staff, at any given time during the pandemic. Therefore, services that are reactivated may need to be paused at any time, depending on transmission rates and restrictions, in order to deliver our key priority over the rest of this year in responding to the pandemic.

It is vital that we continue, as an organisation, to **capture learning** from the rapid delivery of our response to COVID-19. We have undertaken an evaluation of our activity to-date and identified lessons and insights that will inform, not only our ongoing response, but also wider organisational developments in the coming years. We must also develop our organisational narrative in relation to the COVID-19 pandemic. This is not only important for the current situation, but will also be a vital source of information, knowledge and insights for future generations, who will seek to study, learn and understand the experiences of Wales during the coronavirus pandemic.

Our **enabling functions** are the engine room of the organisation and will support the delivery of our priority areas, through providing leadership and expertise on: good governance; financial stewardship; corporate analytics; measurement and outcomes development; safety and quality; effective change management and corporate planning. These functions are critical to the delivery of the areas set out within this plan and we have identified a number of strategic developments that our enablers will take forward, including:

- ❖ Reviewing our long-term strategy and developing a set of agreed public health outcomes that will shape and drive our future activity
- ❖ Using timely and robust information to make effective decisions and improve performance
- ❖ Adopting more agile and innovative ways of working and supporting/developing our people
- ❖ Creating and delivering digital solutions and effectively communicating with our staff, stakeholders and the public.

Since the beginning of the pandemic, our staff have demonstrated their commitment and professionalism as they have worked tirelessly to protect the public and support Wales' response to COVID-19. We must recognise that they have done this in the context of fundamental societal change, and while balancing the responsibilities of family, friends and to themselves. We are now nine months into the pandemic and our staff are tired. It is essential that we work with partners across Wales to ensure that the wider system response is resilient with clarity of roles and responsibilities to ensure that our own specialist staff do only what

they can do. This will require us to continue to support partners in building their local and regional capacity and capability while we continue to learn collectively.

The response to-date has shown the best of us and what we can accomplish and achieve when we work together towards a common aim. We must also recognise that it has changed us. It has changed how we interact with our surroundings, our ways of working, and our relationships with colleagues, partners and the public. We have seized opportunities presented through this and developed innovative ways of working that we want to embed and adopt in the future. We must also recognise the challenges people have faced and continue to face. It is our responsibility to hear these, understand them, respond to them and learn from them.

As cases rise again, there is still much of this story to play out, but what we know is that as an organisation, and as individuals, we will not go back to how things were before. As we move forward, we will engage with our staff over how we will work and operate in the future. We will also take time to assess our long-term strategy to ensure it remains valid and continues to provide the guiding light that we will need in the coming months and years to ensure that we are ***Working to Achieve a Healthier Future for Wales***.

Our Operational Plan is structured into three key parts:

- ❖ Part One provides an introduction to the plan, particularly around the key strategic and operational drivers that have informed its development, and a summary of our priority areas.
- ❖ Part Two sets out the plans that we will deliver for each of our priority areas, including: scope, what success will look like and key milestones
- ❖ Part three provides an overview of the governance around the plan, including how we will manage delivery of the overall plan through a portfolio approach.

We have also developed a 'plan on a page', which is included on page 10, that provides a visual summary of our priority areas and key deliverables.



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 around a defined number of priority areas over the next 18 months. The content reflects the variation that we have been required to make to our previously agreed plans. The revised Operational Plan has been shaped by our unprecedented response to COVID-19 and the need to make fundamental in-year changes.

The development of the plan has been informed by a number of strategic drivers, particularly the need for us to continue to effectively respond to COVID-19 by supporting the delivery of the Test Trace Protect Strategy. This will remain Public Health Wales' key priority and as the pandemic evolves.

As a consequence, in developing this plan, we recognise the potential need to maintain flexibility in its delivery to meet potential future surges or peaks. We will therefore ensure that we have robust arrangements in place to manage the delivery of the plan and make decisions over potential in-year changes required. In addition, as part of our governance arrangements around the plan, we will undertake a formal review during quarter 4 of 2020/21 to identify any potential changes.

1.2 Context

As the national public health institute for Wales, since January 2020, we have played a key role in supporting the public, Welsh Government, and the wider system during our response to the coronavirus pandemic. We have provided system leadership through specialist and expert public health advice; through timely information and intelligence; and by supporting key elements of the Welsh Government's Test Trace Protect Strategy.

This has included:

- ❖ Providing public health advice to the Welsh Government to support the development of policy, e.g. Public Health Protection Response Plan and behavioural insights
- ❖ Developing and disseminating surveillance and intelligence to the wider system, e.g. COVID-19 surveillance reports
- ❖ Delivering key public health functions and services, e.g. health protection and microbiology outbreak response and management, communicating public health messages to the public
- ❖ Undertaking research, evaluation and international evidence analysis to inform policy and support Wales' ongoing response, e.g. national public engagement survey and international horizon scanning.

Since May 2020, our response has been delivered through a formal programme that has been structured into a number of stages. The stages have allowed us to effectively manage and govern delivery in a planned and controlled way. Stage 2 ended in October and planning for the next phase of our response has been underway since August 2020. It has drawn on the latest public health intelligence and our learning to-date. The specific action that we will undertake during the next phase of the response is set out within this plan.

We have also undertaken significant work, as a core part of the role of national public health institute, around the wider implications of COVID-19 on population health, such as mental health and well-being. This has been developed through key areas of work, such as our National Public Engagement Survey, along with wider research, evaluation and international horizon scanning. In parallel, we have begun

the gradual and phased reactivation of essential public health services and functions, such as with the re-introduction of screening programmes that were paused in March 2020.

We must also continue to prepare for the immediate and longer-term implications of the United Kingdom's exit from the European Union. This includes leading, on behalf of Welsh Government, the assessment of the key public health security risks for Wales, and working with partners across the public sector to ensure appropriate mitigations are in place. In addition, we must ensure that we have robust business continuity arrangements in place for each of our critical services.

We also have a key role to play in providing research, evidence and knowledge around Brexit and its implications, to help shape and inform future policy and action. This builds on the publication, in 2019, of our Brexit Health Impact Assessment, which set out the public health implications for Wales.

1.3 Strategic direction and outcomes

Our existing long-term strategy has helped to inform and guide decisions that we have made around the delivery of our COVID-19 response to-date and the action set out within this plan. However, we recognise that, in light of the seismic changes the pandemic has had in Wales, during the life-cycle of this plan, we will undertake a strategy review. We will therefore consider the impact of Covid-19 on our long-term strategy, 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.

Aligned to our strategy refresh, we will also complete the work we commenced in late 2019, which was put on hold as a result of COVID-19, to develop and agree a set of public health outcomes. These are intended to guide and inform our future activity, and allow us to assess progress in the delivery of our strategy.

1.4 Operational Plan for 2020-22

We have drawn upon a number of strategic and operational drivers to develop our revised Operational Plan for 2020/21. These include the:

- ❖ need to maintain, as the national public health institute for Wales, an effective response to COVID-19 in the short and medium term
- ❖ longer-term population health implications of COVID-19, along with other key strategic drivers that will influence public health (e.g. Brexit and climate change)
- ❖ need to prioritise, in an evidence-based way, the safe reactivation of our key public health services/functions
- ❖ fundamental change and shift in the way we and our staff will operate in the future

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 18 months.

These are:

❖ Effective and sustainable delivery of our health protection response to COVID-19
❖ Broader population health impacts
❖ Effective reactivation of prioritised public health services and functions

❖ Organisational learning, knowledge and our COVID-19 narrative
❖ Organisational recovery and developing our 'new normal'
❖ Enabling delivery and supporting our corporate transformation

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
- ❖ the scope of the work that we will undertake
- ❖ what success will look like at the end of 18 months
- ❖ the high-level milestones that we will deliver.

Overleaf is our plan on a page.

Public Health Wales' Operational Plan 2020/21 – 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

Reactivation of Essential Services

- ❖ Development of approaches and criteria to manage and inform reactivation
- ❖ Planned reactivation of agreed public health services/functions

Organisational Recovery

- ❖ Strategic review of our long-term strategy
- ❖ Engagement with our staff over future ways of working

Enabling Delivery

- ❖ Using information to make effective decisions and improve performance
 - ❖ Adopt more agile ways of working and support our staff
 - ❖ Create and deliver digital solutions and effective communication



Part 2

Part 2 – Our Priority Areas

2.1 Health Protection Response

2.1.1 Introduction

On the 5 May 2020, Public Health Wales submitted the *Public Health Protection Response Plan*^[1] to the Chief Medical Officer for Wales. The plan outlined three major activities for concerted public health action at scale. These were: (1) *preventing the spread of disease through contact tracing and case management*, (2) *population surveillance*, and (3) *sampling and testing different populations in Wales*. On the 16 June, we published an end stage assessment of Stage 1 (which ran from May-June) and actions to be taken forward through Stage 2 (July-)mid-October, delivered via a programme management approach.

The mid stage assessment of Stage 2 delivery identified the need to move from developing building blocks to a focus on service delivery, connecting the core stage 2 work streams (Contact Tracing, Sampling and Testing, Surveillance and Digital) into an integrated cohesive delivery plan for our response services, ensuring readiness for meeting the next wave of the pandemic and balancing our resource requirements for COVID with organisational recovery and service reactivation.

The scope of this plan, which will commence late October, captures all elements of our COVID response into a single coherent plan, aligned with the Test Trace Protect Strategy (TTP). Our plan is framed within the context of the requirements of the Local COVID-19 Prevention and Response Plans set out in guidance published by Welsh Government in July and our roles and responsibilities described in the Welsh Government's Coronavirus Control Plan for Wales (August 2020):

Public Health Wales provides leadership and specialist advice on public health approaches. They are responsible for coordinating contact tracing, advising on sampling and testing, and laboratory analysis of tests. They are responsible for health surveillance and providing expert health protection advice.

Public Health Wales is also responsible for notifying those returning to Wales from overseas on quarantine requirements, escalating to the police where necessary.

Public Health Wales will provide analysis and expert advice to support the local response through IMTs and OCTs – such as expert epidemiological advice and surveillance data and analysis

^[1] **Public Health Protection Response Plan** prepared by Public Health Wales and submitted to Welsh Government on 5 May 2020. Welsh Government shared this plan on 6 May with key stakeholders and the plan informed the development of the Welsh Government *Test, Trace, Protect* Strategy and the Coronavirus Control Plan for Wales.

2.1.2 Strategic Context

Since the end of August the number of confirmed cases across Wales has increased from tens to hundreds per day, test positivity has increased, hospital admissions have increased and deaths from COVID-19 are increasing. Most local authority areas in Wales have been subject to local legal restrictions informed by guidance on escalation criteria published by Welsh Government and, relevant to the time of writing, on the 23 October 2020, Wales will be moving into a short 'fire-break' until the 9 November. The workload on local and regional teams has increased in response to the increasing number of confirmed cases and the need to commence contact tracing as soon as possible after onset of symptoms. The increase in cases and the number and complexity of clusters and outbreaks, together with the increase in meetings convened locally in accordance with Welsh Government guidance and

requirements for reporting, has led to an exponential, and now unsustainable, demand on our specialist health protection workforce necessitating action to protect staff health and wellbeing.

In August, a proposal was developed for a different approach to delivering the next stage of our response to COVID-19. This anticipated a prolonged phase of continuing viral transmission, potentially in repeated waves, lasting at least until the middle of 2021. An immediate requirement emerged from this consideration; the need to expand the specialist COVID-focused workforce by the creation of a cohort of Consultants in Health Protection COVID-Response, recruited from among the public health consultant workforce already mobilised. Seven consultants have now been recruited.

The proposal was presented to the Gold group meeting on 27 August and agreed in principle. Subsequently, the specialist health protection workforce confirmed their support to the model at the beginning of October. However, the changing strategic context that has taken place in the intervening period has introduced a second urgent requirement: the need to regularise the pattern of working of the specialists, and other key staff members, for the 'long haul' in order to support the well-being of our staff. This is now happening in a managed way with support from the People and Organisational Development directorate. At the same time, we have signalled to external partners, including Welsh Government, a need to review the demands on the specialist workforce. These discussions continue.

Our staff deployed into the Local Public Health Teams remain fully engaged in the COVID response at the regional level having transferred into the Health Board regional Test Trace Protect Teams.

Public Health Wales European Union Transition Preparedness

The UK's exit from the EU is taking place at the same time as the entire European continent is grappling with the biggest public health emergency the world has faced in more than a century. The challenges and impacts arising from COVID-19 demonstrate powerfully the case for international collaboration. Public Health Wales formally restarted its preparedness work in September 2020, through to re-establishment of our internal Brexit Programme and the Health Securities Group that we lead on behalf of Welsh Government.

The Health Securities Group, which includes representatives from key public sector organisations across Wales (e.g. Food Standards Agency, Welsh Local Government Association), will consider the key public health securities risks for Wales and coordinate cross-system activity around appropriate mitigating. Public Health Wales has maintained close contact with the other UK countries, as well as the Republic of Ireland, throughout 2020 and will continue to do so through discussions around strengthening co-operation and collaboration, including through the development of relevant Memorandums of Understanding and Non-Legislative Frameworks

Work will be undertaken to review existing health securities risks, with appropriate internal and external input, and ensure appropriate mitigations are in place, where possible. Public Health Wales will also undertake an internal programme of business impact and risk-based business continuity assessment over the next three months to ensure that we have appropriate arrangements, such as stocks and supplies (e.g. culture media), in place for our critical services and functions.

Framing our COVID-19 response within our wider Health Protection response

Over the next year, and depending on the progress of the pandemic, the organisation could tilt away from the pandemic response towards recovery and reactivation. In time, we hope that COVID-19 will become another notifiable disease managed within our core Health Protection service. Therefore, as we plan our service delivery timeline, the COVID response will need to be framed alongside the strategic

priority published in our long term strategy in 2018: *‘Protecting the public from infection and environmental threats to health.’*

However, it is very likely that the Health Protection service provided by us will not be the same as it was before the pandemic, and nor should it. Many of the core Health Protection services and programmes, including Justice Health, Substance Misuse and Sexual Health are paused as the focus remains on the COVID response and the need to maintain an acute health protection response to non-COVID communicable diseases (through the AWARE service) and environmental incidents. When the time is right, the reactivation of other health protection services will need to be planned and therefore the planning for the COVID response needs to closely align with the ‘Service Reactivation’ priority in this Operational Plan.

Health Protection Business Case

The COVID pandemic has highlighted significant, long standing vulnerabilities within the core health protection service within Public Health Wales and across the wider public health system in Wales. The national system needs significantly strengthening to ensure it can withstand future demand to serve the population of Wales in a resilient, prevention-focused way. Work is progressing within the Public Health Services Directorate, Health Protection Division, to develop a comprehensive business case to secure significant long term investment into the public health protection system in Wales that will be submitted to the Welsh Government for consideration.

COVID response planning and delivery therefore needs to be progressed in parallel with the business case, assuming it is successful, as the operating model within it will encompass the long-term resilient service delivery model for the totality of the health protection system response across Wales.

Scope from mid October

Taken together the proposals set out in this section of the Operational Plan, the proposals for service prioritisation described in the Service Reactivation priority, and the investment secured in response to the Health Protection Business Case will radically transform the health protection landscape in Wales. It is recommended therefore that our Health Protection response plan will initially focus (mid-October-December 2020) on the ‘core’ COVID elements of the response that urgently need to continue to be progressed beyond the stage 2 delivery period. These are set out below. Over the following quarter, work will then be progressed to converge the COVID response with the Business Case delivery plan (assuming the case is supported by Welsh Government), which itself will radically reframe the health protection delivery priorities in the our long term strategy and IMTP.

As this narrative is being developed and approved, Public Health Wales is aware that the Welsh Government is establishing a process of system review, to inform the system wide response to the next phase of the pandemic. This is understood to involve task and finish working groups to consider elements of the response, including the provision of information to inform decision making (including Welsh Government Covid Intelligence cell and Health Protection Advisory Group (Outbreak sub-group) and also requirements in relation to operational level response e.g. Incident Management team process and frequency. These are all relevant to the Public Health Wales response and as such opportunity will be required to update the Operating Plan as required. This is anticipated to relate to operational detail as opposed to strategic direction. An action has been included to facilitate this.

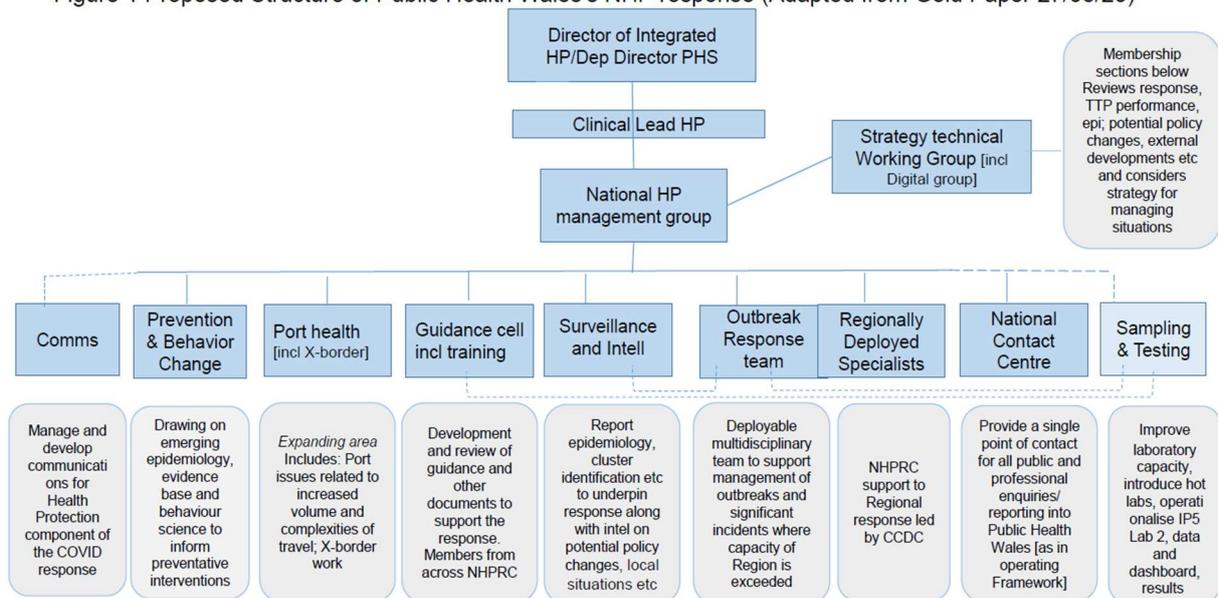
- ❖ **Remodelling the current National Health Protection Response Cell** into a COVID-specific response workforce that supports the specialist regional response and provides Incident Management and Outbreak Control Team capability across Wales

- ❖ **Remodelling the National Contact Centre** as a sustainable and integral part of the national response delivery model
- ❖ **Ensuring resilient surge capacity** is secured and available to support the Public Health Wales system response
- ❖ **Providing ongoing leadership and specialist advice** into national professional and scientific fora, and the national and regional TTP structure, including: guidance, training and strategies for prevention and behaviour change
- ❖ **Delivering surveillance data and products** to support the national, regional and local response
- ❖ **Developing a resilient port health and cross border** specialist and support capability
- ❖ **Improving laboratory resilience**, turnaround times for testing and controlled close of digital and analytical data products including auto-Electronic Transfer Requests (ETR)
- ❖ **Continued provision and improvement of SMS COVID-19 results** service and integration into the contact tracing CRM.

2.1.3 The response model and plan

The plan is structured around the key elements of the Public Health Wales National Health Protection Response Model that was agreed in principle at the Gold meeting on 27 August 2020. This is outlined in the Figure below:

Figure 1 Proposed Structure of Public Health Wales's NHP response (Adapted from Gold Paper 27/08/20)



i. Specialist Regional Response / Surge Response Team

This cell will provide surge capacity, when not already deployed, to the specialist health protection response to manage outbreaks and incidents within the regional TTP areas and specialist health protection advice to Incident Management Teams (IMT) and Outbreak Control Teams (OCT).

Working seamlessly with existing Health Protection Team resources the OCT/Specialist Regional Response will focus activity at the regional level, supporting leadership activity, providing enhanced advice on clusters and cases and delivering a service tailored to the needs of a given geography.

Resource deployment needs to pre-empt demands and support the development of the wider system to help build a sustainable approach.

The objectives of this cell are to:

- ❖ Maintain a consistent presence regionally to support the COVID response
- ❖ Support and deliver leadership at the regional level of the COVID response
- ❖ Respond promptly and effectively to the changing situation within a geographical area
- ❖ Provide national support to ensure resilience 7 days a week

ii. National Contact Centre

The objective of the National Contact Centre is to provide expert and timely specialist health protection advice for issues escalated from the regional TTP teams and a telephone advice line for professional enquiries in Wales. Consistent with the purpose set out in the National Health Protection Response Plan the National Contact Centre will act as an additional contact centre where contact tracing commences on symptom or symptom plus presentation. Over the next six months the feasibility of integrating the National Contact Centre within the AWARE telephone response will be examined.

iii. Population Surveillance

The Communicable Disease Surveillance Centre (CDSC) in Public Health Wales is experienced in providing surveillance and epidemiological support in the face of large outbreaks, national epidemics, mass gathering events, emerging or high consequence infections, and in response to a previous pandemic (H1N1 in 2009). However, the department has faced several unique challenges during this pandemic. The need for *timely* surveillance and epidemiology data support to the COVID-19 pandemic has far exceeded anything previously experienced by the department. The response to COVID-19 has also required rapid *de-novo* surveillance developments and analyses, and an agile way of working, drawing resources from across the department (and the organisation) to target epidemiological and data support to situations as they arise. 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 rollout 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, and supporting a COVID-19 vaccine trial (Oxford). This has required the organisation to mobilise temporary analytical resources from outside the department. Again a mobilised resource is invaluable but it is a temporary solution to an ongoing, long-term challenge and the need to increase the substantive analytical (and associated support) resource within CDSC is included in the business case.

The objectives of this cell are to:

- ❖ Build resilience around COVID and non-COVID requirements in response to demand.
- ❖ Continue to respond reactively as needed with trigger points for effective planning.
- ❖ Provide supported management around staff.

- ❖ Establish more substantive posts (the business case).

iv. Sampling and Testing

The infrastructure for sampling now sits entirely with health boards and UK Government contractors with performance monitored by the TTP Operations Team in Wales and the Department for Health and Social Care (DHSC) at UK level.

In terms of testing, the focus has been on equipping Public Health Wales laboratories with the workforce, platforms and reagent to undertake PCR antigen at a scale never experienced before. There have been many challenges due to global and local competition for testing platforms and reagent and difficulties with the supply chain. Furthermore, from a workforce perspective, the market for recruiting qualified, skilled and experienced staff in microbiology prior to the pandemic was already limited.

The Microbiology Division in Public Health Wales has received investment from Welsh Government for creating 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 will deliver:

- ❖ testing capacity of 15,000 daily tests in NHW Wales' laboratories
- ❖ rapid (<4 hours) testing capacity for COVID-19 on all acute hospital sites
- ❖ timely (<12 hours) high throughput testing regionally
- ❖ testing for a range of respiratory pathogens (including influenza)
- ❖ local rapid testing for Norovirus and C. difficile to support patient management and flows in secondary care
- ❖ rapid local testing of blood cultures to improve patient care, speed management, and release central laboratory capacity
- ❖ working with Welsh Government and DHSC to realise the benefits of new technologies including lateral flow tests. This will require additional planning to ensure an effective end to end process, logistics, staffing and laboratory space considerations.

Following agreement by the Minister for Health and Social Service for both business cases an implementation team has been established, led by an Executive-level Senior Responsible Officer, to steer the planning and delivery around recruitment and on-boarding of new staff, procurement, estates, finance and informatics. The first phase of this plan (October to end of December 2020) will focus on implementing the deliverables within microbiology to improve capacity to 15,000 daily tests within NHS Wales laboratories, and transition into 'business as usual', including:

- ❖ Operationalising laboratory 2 in IP5 for both PCR antigen and antibody testing
- ❖ Improving in-laboratory processes and turnaround times
- ❖ Implementing 24/7 working in UHW, Singleton and Rhyl laboratories
- ❖ Introducing 6 'hot labs' in acute settings
- ❖ Introducing timely high throughput testing regionally
- ❖ Working with NWIS on the continued development of electronic test requesting into auto-electronic test requesting minimum viable product 2.
- ❖ Embedding the SMS test results function into the organisation's response

- ❖ Continued improvement of reporting analytics function and operational data dashboard.

Throughout stages 1 and 2 Public Health Wales has advised on the digital requirements to support TTP with a specific focus on the CRM. There are dependencies on the CRM across sampling and testing, National Contact Centre and surveillance that require an integrated system to deliver an end-to-process that will provide confidence in the health protection response.

v. **Prevention and Behaviour Change Cell**

The objective of this cell is to maximise the impact of interventions to prevent and control the spread of COVID-19 including through the application of behavioural science. Public Health Wales has a key role to play in the prevention of COVID-19 transmission as well as minimising health harms caused by the virus. Prevention is key to reducing the population impact of COVID-19.

Successful prevention would result in reduced health harm and impact on the NHS as well as reducing the wider societal harms caused by prolonged and repeated population control measure, such as national and local lockdowns.

The cell has two main aims:

- ❖ To prevent population transmission of COVID-19
- ❖ To prevent transmission in high risk populations and settings

We will draw on behavioural science to increase population adherence to COVID-19 protective behaviours such as hand washing and social distancing as well as seeking testing and social isolation at symptom onset. We will continue to contribute to the Risk Communication and Behavioural Insight Sub Group of Welsh Government's Technical Advisory Group.

We will further develop our understanding of populations and settings at high risk of acquiring COVID-19 and/or experiencing adverse outcomes through:

- ❖ Analysis of the available data
- ❖ A rapid evidence review
- ❖ Engagement and insight gathering

We will use this information to further develop our targeted interventions.

vi. **Port Health including Cross Border Cell**

The objective of this cell is to provide expert public health advice to the TTP Programme and Welsh Government and specifically:

- ❖ To support the exchange of information, and management of, cases and contacts that are identified in one country and live or work in another.
- ❖ To support the exchange of information, and management of cases and contacts where an individual has passed through a controlled point of entry into or on exit from the UK, such as an airport, ferry port or railway station.

vii. Guidance including Training Cell

The objective of this cell is to establish an organisation-wide resource to inform and advice on policy changes, support the TTP process e.g. amendments to core scripts used by local contact tracers, and provide training. It will be delivered by a team of Public Health Wales staff working rapidly to develop and review guidance and other documentation to support the COVID response. This will require Public Health Wales to maintain a resource library on the internal sharepoint site and to ensure the public facing COVID information on the website is appropriate, relevant and accessible.

viii. Communications and Stakeholder Engagement

Helping the public understand the role they play in reducing risk to themselves and others underpins the effectiveness of the other work streams. For this reason, and in line with WHO guidelines for 'Communicating risk in public health emergencies', communications is considered a public health intervention in its own right. The Communications and Stakeholder Engagement cell aims to provide timely, accurate and relevant information to the public, the media and to stakeholders across the public health system.

The next stage of Communications and Stakeholder Engagement will focus on:

- ❖ Engaging closely with the media in Wales to ensure accurate and timely messages are carried across traditional media.
- ❖ Maintain stakeholder networks enabling us to disseminate key information to communities we could not otherwise reach.
- ❖ Invest in proactive communications campaigns, communicating directly with our publics to help influence behaviour.

2.1.4 Governance

The operational and clinical/professional management, governance and accountability arrangements for the Health Protection Response is in the process of being finalised. Each of the identified cells and work streams within the response will have both a planning/management lead and a professional/clinical lead who will represent the work stream on a Technical Working Group. Standard operating procedures, policies and protocols are in place for a variety of elements of the specialist health protection response. Quality and governance will be overseen by the Technical Working Group. The intention is for this health protection response to COVID-19 to now report into the established governance arrangements for the Integrated Health Protection Division, enabling oversight of both COVID-19 and all other infections, as well as facilitating appropriate escalation of issues relating to COVID-19 into the 'Gold' response Group.

2.1.5 What success looks like

National Contact Centre

A functional National Contact Centre, consistently operating above 80% service response across a seven-day working week between the hours of 09:00-17:00. The opening times will be subject to ongoing review relating to any significant changes in demand.

Sampling and Testing

An options appraisal submitted to Gold and a decision made about the future scope, sustainability and resource requirements for the Covid-19 Results function

Public Health Wales will fulfil Welsh Government reporting requirements to provide a weekly data set containing:

- ❖ Counts of results by keyworker category PCR Antigen tests
- ❖ Counts of results by keyworker category for Antibody tests
- ❖ Turn Around Times by request locations

Microbiology

Developments within our laboratories to provide resilience, improve turnaround times and deliver improvements to testing capacity:

- ❖ Operationalising Laboratory 2 IP5
- ❖ Six hot labs established and commissioned
- ❖ High throughput testing established regionally
- ❖ Improvements in laboratory TATs; and
- ❖ Automation of the electronic test requesting.

Surveillance

A resilient and well-trained workforce with robust infra-structure to facilitate efficient and effective delivery of timely data to inform local, regional and national action.

Prevention and Behaviour Change Cell

Increased use of behaviourally informed messaging, across the system as part of the response to the pandemic would be a measure of short-to-medium term success. Longer term, increased systematic application of behavioural science to inform and improve interventions would signal progress.

Guidance and Training Cell

Timely guidance and training available to the wider TTP system and to the specialist response within Public Health Wales.

2.1.6 Milestones

Milestone	Delivery Date
Work stream	
Governance and reporting arrangements for the Stage 3 Health Protection Response during Q3 October-December are finalised and activated	02/11/20
Alignment of the Specialist Health Protection response deliverables and future operating model incorporated into the Health Protection Business Case	31/10/20
Receive, consider and implement any relevant recommendations arising from the recently established Welsh Government review process in relation to next phase system wide response	09/11/20
EU Transition Preparedness	
Review, refresh and undertake an initial assessment of mitigations for identified health security risks	13/10/20
Complete business continuity exercises for our agreed critical services	30/11/20

Milestone	Delivery Date
Develop external communication plans for stakeholders and the public	30/11/20
Prevention and Behaviour Change	
Influence the operations and output of the Risk Communication and Behavioural Insight Sub Group of the TAG	31/03/21
Develop and test behaviourally informed messaging for young people around COVID-safe behaviours	15/11/20
Needs assessment on high risk populations and settings	30/11/20
Port Health Including Cross Border	
Additional dedicated Consultant in Public Health and Practitioner workforce mobilised from the National Health Protection Response Cell into the Port Health team and new operating model in place	31/10/20
Provide specialist advice to stakeholders on all COVID-19 related port health and cross-border issues	31/03/21
Contribute to partner agencies and Wales/UK groups concerned with port health, border control (including exemptions and testing policy / legislation), and cross-border issues	31/03/21
Analyse and act on Home Office data to provide public health self-isolation information to UK port arrivals where a Wales address is specified on Passenger Locator Forms	31/03/21
Trial a work programme to integrate Home Office data with TTP team activity in CTM area to enable proactive follow-up (with any non-compliance concerns escalated to Police colleagues), and consider roll-out across Wales as appropriate	31/10/20
Support system-wide co-ordination, collection and collation of data on port arrivals, TTP activity and test results in order to generate intelligence on "imported cases"	30/11/20
In conjunction with Public Health England, Public Health Scotland and the Public Health Agency in Northern Ireland, to establish a home nations PII data sharing system that builds on the existing system in place between England and Wales	31/03/21
Guidance including training	
Additional dedicated Consultant in Public Health and Practitioner workforce mobilised from the National Health Protection Response Cell into the Guidance cell and new operating model in place	15/11/20
Population Surveillance	
Completing, maintaining and improving surveillance outputs on care homes/hospitals/schools/other settings/travel/work/social exposures/outbreaks/incidents	31/03/21
Serology and Genomics outputs	31/03/21
Developing threshold methods both national, regional and local	31/03/21
Delivering and further developing established 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	31/03/21
Delivering epidemiological studies to enhance understanding of COVID-19	31/03/21

Milestone	Delivery Date
To determine, prioritise and plan key non-COVID activities and to activate and progress in the medium to long term including 7 day working evaluation	31/01/21
Outbreak Response Team / Specialist Regional Response including the National Contact Centre	
Change operating hours of the National Contact Centre (09:00-17:00)	05/10/20
Agreed protected pool of National Contact Centre staff (NCC) to deliver NCC function to end February 2021 with sufficient surge capacity	31/10/20
Implementation of new National Contact Centre and National Health Protection Response Cell staffing model for Stage 3	15/11/20
Agreed surge escalation process in place to trigger tier 1 (moderate pressure) or tier 2 (severe pressure) rapid workforce mobilisation for Stage 3 for both the National Contact Centre and the National Health Protection Response Cell	31/10/20
Complete a feasibility study to integrate the National Contact Centre within All Wales Acute Response service	31/01/21
Update and reissue the Public Health Wales Operating Framework for Test, Trace, Protect national response	05/11/20
Revised National Health Protection Response Cell Consultant in Public Health / Practitioner workforce model delivered to resource Outbreak Control Team / specialist response and the various cells	15/11/20
Sampling and Testing	
Ongoing incremental development of Public Health Wales Dashboard	31/01/21
Automation of, and accessibility of the Public Health Wales Dashboard beyond NHS Wales	31/12/20
Develop technical specification for integration of SMS results into CRM and present to Welsh Government TTP Programme Board to commission NWIS to develop final specification for integration of results into the CRM	30/11/20
Undertake a risk assessment of the existing IT infrastructure to deliver results within NHS Wales	18/12/20
Risk Assessment will advise on the way forward: <ul style="list-style-type: none"> Development of sustainable operational resourced based plan for the operational delivery of Public Health Wales SMS results function. Continued contractual arrangement SMS Results Function 	18/12/20 18/12/20
Phase 1 review of efficiency of Singleton laboratory processes and flow for assurance of laboratory TAT	15/11/20
Phase 2 review of efficiency of UHW laboratory processes and flow for assurance of lab TAT	30/11/20
Phase 3 review of efficiency of Rhyl laboratory processes and flow for assurance of laboratory TAT	15/12/20
Microbiology	
Deliver the capability to delivery 15,000 daily tests across NHS laboratories	7/12/20

Milestone	Delivery Date
Operationalisation of hot laboratories	30/11/20
Establishment of laboratory 2 at IP5	07/12/20
Implementation of 24/7 working in Rhyl, UWH and Swansea Laboratories	31/10/20
Digital	
Inter-operability around Tarian and CRM as well as Tarian stability (links to Sampling and Testing and Surveillance)	31/03/21
Communications and Stakeholder Engagement	31/03/21
Development and delivery of COVID-19 response messages: daily statements, horizon scanning, media response, proactive COVID campaigns, COVID reports	

2.2 Population Health

2.2.1 Strategic Context

The COVID-19 pandemic has had 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 Black, Asian and Minority Ethnic (BAME) communities.

As we move into the next phase of the pandemic, it is critical that we are able 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, aid recovery, capture and support opportunities and contribute to a continued improvement in health and reduction in inequalities as we move forward. We will do this through the commissioning of additional external capacity to undertake the delivery of a number of milestones within this plan.

To support Test Trace Protect, we have been informing policy options for an optimum balance between virus control measures and the potential negative impacts of COVID-19. Through systematised intelligence and monitoring to understand the trends and learning through a variety of channels, we focused on four areas of 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*

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 Test Trace Protect*

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

The Population Health Group within Public Health Wales will develop an approach for us around preventing 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. Evidence is also routinely emerging regarding the impact of the pandemic 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, the pandemic acted to highlight how particular vulnerable groups, including those living in deprivation and isolation, are especially at risk from the pandemic and its wider consequence. To help tackle these issues our initial work in population health will focus on:

- Mental Well-being
- Vulnerable People
- Employment

These areas of focus have been identified through both internal prioritisation and engagement with key stakeholders outside of Public Health Wales. 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. Of particular importance are imminent developments arising from the Brexit process. Our Health Impact Assessments on Brexit suggest that employment, mental well-being and vulnerable groups are all aspects likely to be impacted by the withdrawal from the European Union and our work, wherever possible, will consider COVID-19 issues in the context of Brexit.

To deliver on our initial three areas on employment, mental well-being and vulnerable people we will:

- ❖ examine the both negative and positive impacts of COVID-19 and related response measures on broader population health and inequalities
- ❖ 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. Brexit) 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
- ❖ 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.

2.2.3 What will success look like?

By the end of September 2021, we will have a well-developed and widely used set of intelligence tools that describe the impacts of COVID-19 and related control measures on the broader population health; and provide evidence informed approaches to prevent or mitigate against that impact. These will include our national public health and well-being survey, our COVID-19 employment and health survey, our COVID related health impact assessments, the Welsh Health Equity Impact tool and our broader dashboard of health, economic and service use measures and insights from our behavioural insights programme on social and economic drivers of adherence to control measures for COVID-19 amongst cases and contacts.

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, Welsh Government, the wider health sector and other stakeholders, including the voluntary and academic sectors, in 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 for unavoidable health and consequences emerging from the pandemic and related control measures
- ❖ identify the extent of and trends in health inequalities resulting from COVID-19, the policy areas affecting such trends and the options to reduce such inequalities

Based on strategic discussions with our partners we have identified three areas impacted by COVID-19, which will form the initial focus of our broader population health work; mental health and well-being, protecting and supporting vulnerable groups and avoiding and tackling the health and well-being impacts of unemployment.

To ensure our responses to these areas are evidence based and cost-effective we will have:

Mental Well-being

- ❖ examined existing and on-going impacts of COVID-19 on the mental health of children and young people
- ❖ mapped the impact of COVID-19 on Violence and Adverse Childhood Experiences faced by Children and Young People in Wales and outlined the options available to address immediate and longer-term effects.

Vulnerable People

- ❖ used rapid techniques to identify emerging vulnerability relating to COVID-19. This work will have helped mobilise and sustain support for vulnerable people in the current pandemic and help preparations for future public health emergencies
- ❖ used linked data to better understand the impact of COVID-19 on vulnerable people in Wales
- ❖ examined the impact of COVID-19 on violence against migrant, refugee and asylum seeker women and girls and advised on steps relating to reducing these going forward.

Employment

- ❖ generated evidence on the impact of COVID-19 on employment in Wales
- ❖ provided intelligence to mitigate the effects of the COVID-19 related economic downturn through identifying and disseminating promising interventions informed by international literature and through population insight
- ❖ examined how health and other inequalities impact access to the labour market in order to reduce the impacts of any downturn from COVID-19 and Brexit on already vulnerable individuals and communities
- ❖ improved understanding of the wellbeing needs and support required for unpaid carers in Wales and have provided advice on how to protect their well-being and the critical role they play.

We will be a regular and established source of policy analysis and briefings examining how interactions between COVID-19 and Brexit may impact the well-being of the Welsh population. Our partners will better understand the contribution of Brexit and related trade negotiations to population health through 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

Milestone	Delivery Date
Share national and international learning through systemised intelligence and monitoring to understand the trends and broader impacts through the International Horizon Scanning, Public Engagement Survey and the COVID-19 Recovery Profile	31/03/20
To support Wales' role as an influencer nation, our COVID-19 and health Equity WHESRI report and solutions platform will be developed, published, launched and disseminated	30/09/21
Measure Social Return on Investment (SROI) and economic impact in the context of COVID-19 through the development of an interactive tool	31/05/21

Milestone	Delivery Date
Development of a series of Analyses and HIAs to inform an integrated response to the combined challenges of COVID-19, Brexit and Climate Change	31/07/21
COVID-19, health and wellbeing, and spatial planning report developed to enable an integrated response to multi-sectoral planning issues during COVID-19 recovery	31/05/21
Home and Agile Working and Housing Security and Homelessness HIAs and HIA guidance developed to support COVID-19 response and recovery	31/02/21
Reports and Policy briefings developed in relation to preparing for and responding to the end of the UK transition period (Brexit), in the context of COVID-19	30/09/21
Supporting COVID-19 response and recovery through Policy insights and learning materials, on homelessness and vulnerable groups, and embedding a futures approach	30/09/21
Supporting 'COVID-19 Green Recovery' by identifying opportunities to support population health / vulnerable groups, employment and mental wellbeing through sustainable means, including through the production of e-briefs	31/03/21
Review, mental wellbeing impact assessment, and series of reports on the broader impacts of COVID-19 in relation to domestic abuse, ACEs, Mental Wellbeing and violence across vulnerable groups and required policy and service responses	31/03/21
Developing and implementing a blueprint to establishing trauma informed communities in Wales, responding to COVID 19 and the impact on vulnerable groups, mental wellbeing and the context of poverty	30/04/21
In light of the connections between existing health conditions and impacts of infection from COVID-19, review and report on the links between common communicable diseases and health harming and health promoting behaviours	31/03/21
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 economic downturn	31/05/21
Blueprint for community of change produced as part of development of the Public Health Network Cymru	30/04/21
Through research, economic analysis, modelling and other techniques, produce a series of reports and academic papers to identify the impacts from COVID-19 on socio economic activity, vulnerable groups, carers, employment that may result in the greatest health harms and inequalities and that can be also mitigated	30/09/21

2.3 Service Reactivation

2.3.1 Strategic context

Since the onset of COVID-19, our focus has been on providing a national response and specialist health protection advice and support to regional arrangements for the management of COVID-19. Public Health Wales as an organisation has been challenged and stretched in unprecedented ways both in supporting the response but also sustaining essential and core services outside the response where this has been necessary and/or possible. This has undoubtedly had a significant impact on all of our staff in balancing the various workforce demands. Despite these challenges it is our intention to continue or recommence services and functions as soon as that is feasible and practical, within the context of the progress of the pandemic, any policy changes which inform our approach and the balancing of risks. To that end, we will continue to keep our reactivation programme under regular review. However, it is important to note that this will be continually reviewed based on COVID-19 transmission rates and policy changes. As a consequence, at any time services and functions may be paused in order to mobilise staff to effectively mount and sustain our primary activity which is our health protection response.

Acknowledging that there are a number of statutory functions which Public Health Wales provides (e.g. Screening Services, the Public Health Wales Observatory), we are endeavouring to ensure that some level of service/function continues. However, in some circumstances, we have had to reduce the level of service/function due to the often specialist nature of key skills being required to directly support the scale of the national health protection response.

Screening Services

At the beginning of the response with regard to screening services, in discussion and agreement with the Welsh Government, we paused a number of screening programmes. This was largely because screening programmes require access to pathways beyond the remit of screening programmes, for example, symptomatic cancer services run by health boards. Pathways are required for further assessment or treatment. During the initial phase of the pandemic, these pathways were unavailable or greatly reduced, and it was therefore not practical or ethical to continue to run many of the screening programmes which did not have clear referral pathways available. During this period, we continued to successfully run our Newborn Hearing and Maternal and Child Health Screening Programmes operating at high performance levels. Due to the fact that many of our screening programmes were operational in the initial phase of the response, we were able to mobilise several hundred of our staff from Screening onto other COVID-19 related duties, such as establishing drive through sampling facilities and providing COVID-19 advice within the National Contact Centre.

At this stage in the pandemic, it is our intention to protect screening services as much as possible to fully reactivate according to agreed timescales. However, this has a dependency on the continued availability of onward referral pathways. Therefore, this situation will be kept under review. The need to keep our screening services operational does mean that there is a significant amount of staff who cannot be made available for the response, thus reducing our overall available workforce pool resulting in other activities being paused.

It is also worth noting that there are potential additional costs pressures which could emerge in the sourcing of suitable venues for the Diabetic Eye Screening Programme and the Abdominal Aortic Aneurysm Screening programme, as many of the venues previously used have become unavailable or are not able to comply with current COVID-19 regulations. Work is underway to source suitable venues.

2.3.2 Prioritisation of Essential and Priority Services

For the purposes of this section of the plan, the scope of reactivation of essential and priority areas refers to a range of services and functions some which have already been reactivated or have continued throughout.

As the pandemic has evolved, we have formally agreed to the prioritised re-activation, or ‘scaling up’, of some key public health services and functions that were paused earlier in 2020. This plan identifies which of Public Health Wales’ services/ functions should be defined as **essential** (using the Welsh Government’s criteria). The plan sets out the current level of operation for each of these essential services, and what the target level of operation is when resources permit.

In addition, the plan identifies a further tier of non-essential but **priority** services using an agreed set of internally-developed criteria and supported by numeric prioritisation scoring. The plan sets out the current level of operation for each of these priority services, and what the target level of operation is when resources permit.

In addition, risk assessments are being developed for each of the essential and priority areas being considered to inform the risks surrounding proposals to reactivate or step up to another level or not.

Key considerations

The plan recognises that the response to COVID-19 remains the key priority for Public Health Wales and will require us to flex and surge our resources over the coming months. This plan is heavily dependent on the:

- ❖ staffing needs of the response, given that services can only be reactivated once specific staff become available
- ❖ ability to secure additional resources for the response (i.e. through the current Health Protection business case to Welsh Government), which could allow staff to resume some of their core responsibilities if funding is awarded and recruitment is successful.

This section of the plan seeks to guide decisions on service/functions to be:

- ❖ reactivated when the right staff/ other resources become available
- ❖ maintained where possible
- ❖ deactivated if the response requires more staff.

The service reactivation status will be kept under regular review by the Business Executive Team in order consider any emerging risks relating to essential and priority services and to optimise staff available for the response at time of pressure, and ensure that staff can be redeployed to essential and priority services during appropriate to do so.

The plan proposes that all priority services should be maintained at their current level of operation and where an increase in service level is identified the delivery timeline is identified in the table below.

2.3.3 Key milestones

Milestone	Delivery Date
Reactivation of Breast Test Wales to Level 3	31/10/20

Milestone	Delivery Date
Establishment of process for services to be reactivated by exception	31/10/20
Establishment of monthly process for Business Executive to review the status and risks of service reactivation	30/11/20
Reactivation of Diabetic Eye Screening Wales to Level 3	31/12/20
Develop an implementation plan for the Whole School Approach to Mental Wellbeing roll out	31/12/20
Reactivation of National Exercise Referral Scheme to Level 2	31/01/21
Reactivation of Wales AAA Screening to Level 3	28/02/21

2.3.4 Scope and approach

The purpose of the plan is to provide a decision-making and ongoing prioritisation framework for the Executive and Board for the reactivation of Public Health Wales services/functions beyond the scope of the direct COVID-19 response. This includes:

- ❖ Services/functions which have already been reactivated, either wholly or in part
- ❖ Services/functions which are yet to be reactivated

Services which remain outside this process are:

- ❖ Services which are wholly or predominantly supporting the response, such: as Microbiology, Health Protection, Behavioural Change, Healthy Schools and Healthy Working Wales
- ❖ Functions relating to mitigating the effects of COVID-19, including the Wider Determinants of Health, Brexit and Sustainable Development which are covered within the Population Health section
- ❖ Programme and project management activity which is genuinely time limited and not directly related to service delivery
- ❖ Enabling functions

Categories of services

There are two categories of services/functions which have been identified for this plan – **essential** and **priority** – which are defined as follows:

Essential Service	<p>As per Welsh Government definition¹:</p> <ul style="list-style-type: none"> • Services that are life-saving or life impacting (i.e. where harm would be significant and irreversible, without a timely intervention).
Priority Service	<p>Public Health Wales developed criteria:</p> <ul style="list-style-type: none"> ➤ The impact of COVID on service access and provision for service users is directly addressed

¹ Maintaining Essential Health Services during the COVID 19 Pandemic – summary of services deemed essential, Welsh Government (V1 Summary document 4 May 2020)

	<ul style="list-style-type: none"> ➤ There is a specific Ministerial-level Welsh Government instruction to deliver a service since the commencement of the COVID 19 pandemic ➤ There is a clear statutory responsibility to deliver a service, and there is a risk of legal or significant reputational harm to Public Health Wales; and/or ➤ There is external funding and/or an SLA directly relating to the service and there is a risk of funding being removed if the service is not restarted. <p>N.B. A numeric scoring weighting is also applied to this criteria</p>
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Table 1: Essential and Priority Criteria

Levels of operation

Levels of operation are used to define more precisely the extent to which a service/function is reactivated. There are four levels as follows:

- Level 0 – Service fully on hold
- Level 1 – Minimal
- Level 2 – Partial
- Level 3 – Full service

For each service/function being considered, the plan identifies a current and agreed level of operation. The Executive has committed to keeping this position under review on a monthly basis.

Essential Services

In arriving at a list of essential services across Public Health Wales, each service/function has been asked to provide:

- ❖ A clear rationale for inclusion
- ❖ The service level currently being delivered, and an agreed service level to be achieved by when, including specific functions included
- ❖ A clear milestone and/or success measure indicating when a service has been reactivated to its agreed level, including use of KPIs where appropriate to provide assurance that a service is maintaining its agreed level
- ❖ Staff resources required, and the extent to which staff are currently ring-fenced to deliver that service
- ❖ Enabling support and other resources required.
- ❖ Risks of reactivating, reactivating in a sub-optimal way or not reactivating at all which will be part of the ongoing review framework.

Priority Services

An additional category of priority services has also been identified, which are non-essential services that meet one or more of the criteria in Table 1. The following additional information has been used to inform the potential decisions and planning around their reactivation:

- ❖ Details of prioritisation activity undertaken for the proposed work
- ❖ Whether the service can be delivered safely, i.e. within UK/ national COVID-19 guidelines for staff and users
- ❖ Urgency of resuming the service and over what duration (*3 months, 6 months, 12 months*)
- ❖ Criteria for success and how it will be measured
- ❖ Delivery options – if the service could be performed by another agency
- ❖ Whether staffing could be flexed up/down as priorities change.

An Executive Director-level (those with Essential and Priority services within their portfolio) Peer Review Panel process was convened, followed by a whole executive review of the available information informed by the criteria, resource demands and staffing requirements required for maintaining essential and priority services at their current level and for reactivating at higher levels. The aim was to take a corporate overview of the long-lists of essential and priority services/functions and advise on which services/functions should be proposed for reactivation and to what level. This has informed the plan that follows.

2.3.5 Proposed service reactivation

A key assumption behind this plan is that current and future pressures on service critical staff, is unknown and this situation is likely to continue for the next 6 to 12 months given the continuing focus on the COVID-19 response. Therefore, in determining the lists of essential and priority services/functions for reactivation in this plan, the following principles have been applied.

- ❖ For Essential Services, each service has been challenged to identify a minimum level of provision required in the context of the current Emergency Response level being at an Enhanced level, ensuring that the safety of service users and staff is paramount. The plan proposes that each essential service is reactivated to either Level 2 or Level 3.
- ❖ For Priority Services, the plan focusses on reactivating services/ functions for which the risks of reactivating and not reactivating are sufficiently manageable. The effect of this is to prioritise services/ functions which:
- ❖ Mitigate and address the impact of COVID on service access and provision for service users directly (e.g. Improvement Cymru work on service pathways, HWB improvements to obesity pathways)
- ❖ Have a specific Ministerial-level Welsh Government instruction to be delivered (since the commencement of the COVID 19 pandemic).
- ❖ Must continue to operate, albeit at a minimal level, to ensure Public Health Wales is able to meet specific statutory obligations (e.g. Health Intelligence surveillance functions such as WCISU, CARIS)
- ❖ Are required to support other parts of this Operational Plan (e.g. role of R&D office in overseeing research work for the Population Health and Response workstreams)
- ❖ Are commissioned by an external body (e.g. Welsh Government) through grant funding/ Service Level Agreement, or have elements which have already been externally commissioned (meaning that these specific elements are considered for reactivation rather than the whole service/function).
- ❖ Can be reactivated in relatively low risk ways (e.g. by not drawing upon scarce Consultant resource)

- ❖ It is proposed that services/functions which make an indirect contribution to front line service provision, at not statutorily required, which are at a more developmental stage (with less draw upon Consultant resource) or which have a relatively minor impact on public health overall should be paused, to be considered for reactivation when resources allow.

The plan proposes that all priority services should be maintained at their current level of operation. A summary of the proposed Essential and Priority Services, and their agreed levels of operation, is provided below.

Essential Services

Division	Service	Statutory function	Current Level	Agreed Level
Health Improvement	Help Me Quit	No	3	3
Health Improvement	National Exercise Referral Scheme	No	0	2
Safeguarding	National Safeguarding Service	Yes	2	2
Screening	Antenatal Screening	Yes	3	3
Screening	Bowel Screening	Yes	3	3
Screening	Breast Screening	Yes	2	3
Screening	Cervical Screening	Yes	3	3
Screening	Diabetic Retinopathy Screening Service	Yes	2	3
Screening	New Born Blood Spot Screening Wales	Yes	3	3
Screening	New Born Hearing Screening	Yes	3	3
Screening	Wales AAA Screening	Yes	2	3

Priority Services

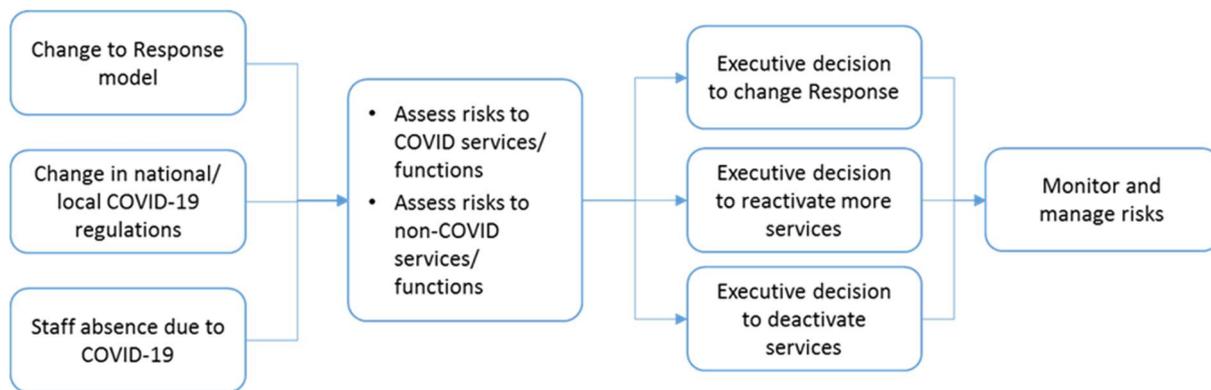
Division	Service	Statutory function	Current Level	Agreed Level
Health Improvement	10 Steps to a Healthy Weight	No	0	0
Health Improvement	Active Travel	No	1	0
Health Improvement	Young people's mental health and well-being (inc CAMHS in reach)	No	2	2
Health Improvement	Early Years	No	0	0

Division	Service	Statutory function	Current Level	Agreed Level
Health Improvement	Obesity - national pathway	No	1	1
Health Improvement	Tobacco Control	No	0	0
Primary Care	Dental	No	2	2
Primary Care	Primary Care Hub	No	1	0
Primary Care	Primary Care Prevention	No	0	0
Health Intelligence	CARIS Team	Yes	2	2
Health Intelligence	Evidence Service Team	No	2	2
Health Intelligence	Observatory Analytical Team	Yes	1	1
Research and Development	R&D Office	No	2	2
Health Intelligence	WCISU	Yes	2	2
Improvement Cymru	Academy	No	1	1
Improvement Cymru	Cancer	No	1	1
Improvement Cymru	Care Homes Cymru	No	2	2
Improvement Cymru	Flow/ Unscheduled Care	No	1	1
Improvement Cymru	Infection Prevention and Control	No	1	1
Improvement Cymru	Mental Health and Learning Disabilities	No	2	2

2.3.6 Governance arrangements for the reactivation of essential and priority services/functions

A framework and process for the ongoing review of the risks and impacts of reactivation, partial reactivation, paused reactivation or where necessary the suspension of a previously reactivated essential or priority service or function will be implemented and monitored via the Business Executive Team, providing assurance to the most relevant Committee (e.g. Quality, Safety and Improvement Committee) and the Board as required. This framework will be developed and implemented at the earliest opportunity between quarter 3 and quarter 4. A suggested decision-making process is provided below showing that the likely triggers for further service reactivation (or deactivation) are likely to be:

- ❖ An adjustment to the response model requiring changes to staff roles and/or numbers
- ❖ A change in national/ local COVID-19 regulations which impacts upon the delivery of COVID and non-COVID services/ functions
- ❖ Increasing staff absences caused directly/ indirectly by the pandemic, which diminishes key staff pools.



The Executive’s decision whether the response model needs changing and/or whether services need to be reactivated or deactivated is based on an ongoing assessment and management of the risks of providing or not providing a service/ function.

In addition, the Executive has committed to reviewing service requests for reactivation by exception where this can be achieved with a grade mix which does not compromise the Response staffing.

2.4 Organisational Learning

2.4.1 Strategic context

At the end of 2019, a Vision for Knowledge Mobilisation 2020-2025 was produced. It set out to maximise knowledge mobilisation, ensuring that decisions, both our own and those of our stakeholders, are informed by the most appropriate knowledge; that activities or initiatives, both innovative and established, are evaluated; and that learning from this evaluation is efficiently shared and acted upon. We have made significant progress through establishing the Knowledge Directorate; embedding research, evaluation and evidence. In the context of the pandemic, it is even more important that our knowledge and experience of COVID-19 is captured, disseminated and used.

During the pandemic we have introduced new services and roles and changed our work practices. Some of our programmes and services have been paused and will need to be reactivated using new ways of working. The magnitude of the change means that many different opportunities for learning arise and it is important that we capture this knowledge and use it as the demands and requirements on us change. Alongside this, it will be important to be able to demonstrate a coherent narrative on our role and actions in the pandemic evidenced by our decisions, performance and management of the issues. This will be particularly important for supporting any public inquiries and research that will follow.

This plan will focus on establishing the organisational processes to support the systematic collection, synthesis and dissemination of 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 the information and decisions made by the organisation which will provide an archive and the basis of the development of an organisational narrative around COVID-19.

2.4.2 Scope

The objectives outlined within this plan include:

- ❖ establishing a systematic approach to operationalising the Learning Framework by collecting, collating and disseminating learning on the pandemic
- ❖ demonstrating how learning is shared internally and, where appropriate, to external stakeholders
- ❖ Internally assessing the dissemination of learning identified
- ❖ establishing and using a searchable repository for COVID-19 documents that supports the production of a timeline of key events; subject reports, themed analyses and an underpinning narrative.

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

- ❖ this work will inform the ongoing Vision for Knowledge Mobilisation and, as such, will be a project for two years duration and will include an evaluation of its effectiveness
- ❖ the project will need to harness expertise from across the organisation at a time when the workforce is involved in the second wave of the pandemic. To assist, the project will seek to secure people who are not involved in front line activity; specialist expertise – such as an archivist – will need to be secured through a call off contract
- ❖ the project is dealing with the collection, use and dissemination of information and therefore it information governance will be important at all levels. It is assumed that information governance advice will be needed on an ad hoc basis, but the project’s Operational Board will need to have a standing member with expertise in this field
- ❖ numerous requests for information are likely to be received in the future, including a public inquiry. The repository/archive will need to be designed and populated so that accurate information is stored
- ❖ the establishment of the repository will be enhanced through the development of a narrative as well as commissioning short reports on specific areas and themes. While some of these commissions might well be undertaken in-house, there is benefit in having the narrative and learning products being developed by an external author
- ❖ it may be possible to harness Microsoft 365 in advance of the planned roll out of Sharepoint functionality which could simplify the establishment of a repository
- ❖ the project will need to access communications and engagement expertise as required

2.4.3 What does success look like?

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 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 document management

2.4.4 Milestones

Milestone	Delivery Date
Inaugural Operational Board meeting with teams populated and terms of reference agreed.	15/11/20
Learning Framework – trial run of processes, initial report received by Operational Board and circulated	30/11/20
Archive expertise secured and system design / processes agreed by Operational Board, full time manager in place	30/11/20
Author for organisational narrative secured and narrative commenced	30/11/2020
COVID-19 repository and information collection processes operational	30/11/20
Monthly trawl for learning materials and report (quarterly from October 2020)	30/11/20
Evaluation	31/10/21

2.5 Enablers

2.5.1 Context

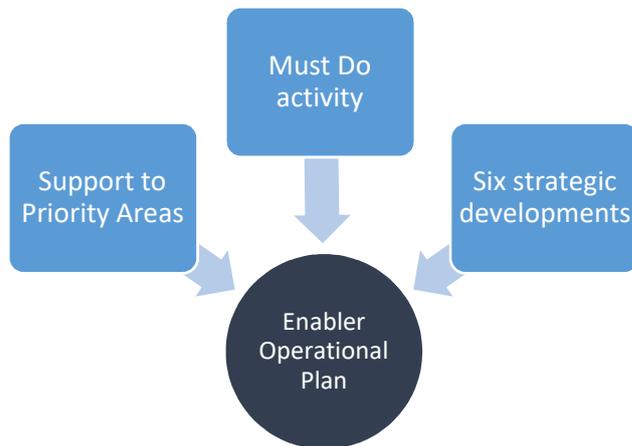
Our enabling functions are pivotal to successful delivery of our priorities. In responding to the pandemic, these functions have shown flexibility and adaptability as well as being able to work in a matrix way and at pace.

As the organisation begins to move towards recovery and reactivation of essential services, COVID-19 presents a number of opportunities to take forward areas of work that had not been possible previously but also will change the type of organisation we are in the future.

Whilst the majority of enabling functions have been prioritising work on supporting the public health response and continuing to ensure the organisation delivers its statutory functions, the 12-18 month Operational Plan will also outline key strategic priorities for enablers that will support the organisation to transform.

2.5.2 Scope

Our enabler planning is being developed through three routes:



- ❖ our input into each of the priority area plans making up this Operational Plan

- ❖ how we discharge mandated activities on a corporate basis, such as health and safety, financial accounts, planning and performance

- ❖ strategic activity that will underpin our longer term strategic and operational goals, such as our People Strategy, , and Quality and Improvement Strategy

In terms of developing the enabler plan, we have brought together senior managers leading: finance, quality and integrated governance, people and organisational development, communications and stakeholder engagement, information management and technology, estates and health and safety, planning and corporate analytics. They have collaborated on developing the enabler contribution to this Operational Plan. To do this we have:

- ❖ ensured that representatives from enabling functions are embedded in the planning of the other priority areas thereby helping us to understand the breadth and scope of the expected commitment from enabling functions. Dedicated sessions were held to further examine the needs of the priority areas from the enabler perspective, thereby helping to identify the resource commitment going forward;
- ❖ compiled a comprehensive schedule of mandated activities which need to be achieved during the next 12-18 months. We plan to develop this further and to a level of detail that provides assurance on the estimated resource needed for these ‘must do’ activities; and
- ❖ reviewed our contribution in the Integrated Medium Term Plan (agreed in January 2020) and built on this by developing approaches for:
 - creating and delivering a digital strategy
 - using data to measure and manage delivery
 - driving quality and improvement
 - integrated governance
 - ensuring decision making that is fit for purpose
 - introducing and embedding new ways of working

- helping staff understand what we are doing and why.

2.5.3 Success

The foundations for a successful enabler plan are to have:

- ❖ developed and operated a feasible baseline position in terms of ‘must do’ activity and delivering the mandated activity to the required quality and timescale, for example a break even financial position and approved accounts, and other aspects of compliance;
- ❖ agreed the scheduled input required to support the other priority areas recognising that some of this supporting activity may be led by enablers, for example, the development of the Public Health Wales Outcomes Framework. A measure of success will be our ability to meet these commitments and/or agree reasonable in-year changes, adjusting the baseline plan accordingly;
- ❖ developed a feasible plan for taking forward the strategic areas which, at this stage, are expected to include: an agreed digital strategy, an agreed estates strategy and a suite of complementary integrated performance dashboards. In addition, expect to have implemented the recommendations of the external review of communications and stakeholder engagement. These are examples of potential key deliverables which will need to be considered alongside the other enabler commitments in the Operational Plan.
- ❖ developed and implemented the Quality and Improvement Strategy, Our Approach to Engagement and implement the model and plan for organisational Integrated Governance, ensuring that we continue to improve effective systems and processes to include our ongoing Clinical Governance arrangements.

2.5.4 Digital Strategy

Creating and delivering a digital strategy will entail co-creating and developing a Digital Vision and Strategy with stakeholders, partners and users. Producing a detailed, phased strategic delivery plan, including the priorities to be delivered during 2021/22 and outlining the phasing in future years. This will be underpinned by effective engagement across the organisation, including user workshops to embed digital thinking, ambition and drive across the organisation.

The scope of the strategy will span the organisation; interaction with our partners in other public sector organisations; service delivery partners; service users and members of the public. The IM&T Team will be critical to developing the strategy which will need to take account of the demand of the organisational response to the pandemic.

The scope of the strategy is likely to cover:

- ❖ **infrastructure and cloud improvements:** the foundation level, which will look to optimise costs, operational processes, stability and agility of operations
- ❖ **application innovation:** the focus will be on placed on the applications that Public Health Wales uses, APIs, and transactional data that supports the “customers”.
- ❖ **data-driven innovation:** the need to have a strong foundation in data and how this used in new products.

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 taking 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 work seamlessly from any location; and deliver a greater digital engagement experience with the wider public and our own staff to ensure we remain connected and committed to our goals and vision.

Milestone	Delivery Date
Digital Strategy overall approach agreed	31/03/21
Digital Strategy published	31/07/21
Digital Strategy Delivery Plan developed	31/08/21

2.5.5 Using data to measure and manage delivery

To ensure that we are delivering against agreed public health outcomes, we started work in late 2019 on developing a proposed set of outcome measures for Public Health Wales. This was put on-hold during our response to COVID-19. However, we plan to resume this work and together with a continued focus on our performance/quality indicators, it will help to shape and inform our future approaches to delivery and performance management.

Performance management is a key strand of our internal transformation to help ensure we effectively deliver our strategy. The vision of moving towards using more timely and granular integrated performance information, subjected to robust analysis, is seen as key in enabling us to make effective decisions.

We also need to focus on ensuring that we have the right behaviours, culture and skills for a high-performing organisation that is delivering value and impact. Utilising business intelligence tools and moving towards developing our corporate analytics capacity and capability is seen key to enabling us to deliver this approach.

The plan builds on this and shows how we will interactively improve existing business intelligence products and develop new ones that meet stakeholder needs. It has two aims: to agree our outcome measures to demonstrate delivery of our strategy; and to develop and embed a suite of leading edge business intelligence products to enable effective decision-making

Milestone	Delivery Date
Performance and Assurance Dashboard (V2) launched	14/01/21
Public Health Wales Outcomes work and develop draft for consideration refreshed	31/03/21
Performance and Assurance Dashboard (V3) launched	14/04/21
Public Health Wales Outcomes agreed	31/06/21

2.5.6 Ensuring decision making that is fit for purpose

We want to ensure that decision making across the organisation is consistent, clear, timely, quality and data driven and taken at the appropriate level. We also want to embed securing value and benefits realisation, and quality and improvement as cornerstones within the decision-making framework.

The scope of the plan includes:

- ❖ Current decision making framework for Public Health Wales and response
- ❖ Quality and Improvement Strategy
- ❖ Integrated Governance Implementation Plan
- ❖ Capital planning process
- ❖ Value and impact/ benefits realisation
- ❖ Standing Orders and Standing Financial Instructions
- ❖ Board Assurance Framework
- ❖ Once for Wales Concerns Management System (OfWCMS)
- ❖ Our Approach to Engagement

Milestone	Delivery Date
Review of the current decision making framework undertaken– to include clarification of route of escalation for decisions and ensure common understanding	07/12/2020
Finalise the implementation plan in response to Internal Audit Advisory Report on Governance completed	27/11/2020
Revised decision making framework for the Acquisition and Management of IT assets developed	31/12/2020
Change process and decision making framework for Operational Plan developed	27/11/2020
Integrated Governance Model agreed and year one of the implementation plan implemented	30/04/2021
Quality and Improvement Strategy approved and year one of the implementation plan implemented	31/03/2021
Once for Wales Concerns Management System (OfWCMS) implementation completed, <i>subject to: finalisation of Welsh Government scope of planned implementation; availability of resource to implement; access to new system; and design and implementation of resultant impact on revised PTR processes.</i>	31/03/2021

2.5.7 New ways of working

Like all organisations, Public Health Wales has had to adapt and already, has changed the way it works to meet the needs to the pandemic response, whilst ensuring agreed priorities and essential services continue to function. Whilst this has been challenging, it is important we take advantage of the opportunities presented by COVID-19, as many of the practices we have started to adopt will likely drive how we want to work as an organisation in the future. Agile working is a good example of how the organisation has adapted; more staff are now able to work from home and have the equipment they need to undertake their roles.

The roll out of Microsoft Teams within Office 365 was expedited and has enabled greater collaboration between staff; more functionality will continue to be released. Public Health Wales reached a major milestone in October-2020. Teams, email and personal drives were migrated to the platform.

Additional services will be considered on a needs basis to continue to build out the Teams platform as part of a digital strategy to enable a work from anywhere approach.

Through delivery of the organisation’s stage 1 and stage 2 response plans, matrix working has become a new way of programme delivery, bringing together staff from a range of directorates and divisions, all with a common goal. We want to continue to promote this type of collaborative working.

The changes to how we work, will have a significant impact on the estate and developing an estates strategy alongside a digital strategy, will enable us to explore sustainable, innovative solutions. To this end we will ensure that:

- ❖ our workplaces are fit for purpose, namely, they are safe, improve well-being, are environmentally sustainable and are value for money
- ❖ where technology can support improvements to public health and well-being, we will be at the forefront of exploiting the benefits for the people of Wales. This will ensure we are delivering solutions driven by business need that support and enable delivery of our priority areas.

In developing these plans, the following areas are expected to fall within our remit:

- ❖ Estates Strategy
- ❖ Environmental Sustainability
- ❖ Office 365 roll out and culture change, including SharePoint online
- ❖ Agile working
- ❖ Greater understanding of the impact of decisions on our infrastructure

Milestone	Delivery Date
Undertake review of estate requirements to support delivery of Operational Plan and future ways of working	30/11/20
Recommence North Wales Our Space and revised project plan agreed	28/02/21
Estates Strategy stakeholder mapping and engagement completed	31/03/21
State of the Estate report completed	31/05/21
Estates Strategy published	31/08/21
Review of capacity to re-commence 0365 programme completed	31/01/21

2.5.8 Helping Staff understand what we are doing and why

The core purpose of the Communications and Stakeholder Engagement function is to provide timely, accurate and consistent messages to staff, stakeholders and the public so that we can protect and promote the reputation of Public Health Wales as a trusted, credible source of public health advice and information. This is undertaken through our internal and corporate communications, news production and external affairs, including both public affairs and press office function, stakeholder engagement, public campaigns and digital communications services.

Going forward, we will continue to support the COVID-19 response programme, building relationships with internal and external stakeholders, and ensuring clear mechanisms for accurate, timely and consistent messages. There will be continued progress reporting through Gold; we will own and maintain the communications channels, providing planning and oversight of all public messages issued by the organisation; and will continue to adapt, flexing resources and skills to respond to future peaks, outbreaks, incidents and clusters. We will help build capacity across the public sector communications community to support this.

In terms of internal communications on the pandemic, our plans will be underpinned by the following principles:

- ❖ provide advice in a clear and easy to find format
- ❖ keeping all staff regularly up to date with the information they need in order to: do their jobs; help with the response to the pandemic; know the latest public health advice and information; and share good hygiene advice
- ❖ help staff understand what we are doing and why we are doing it
- ❖ give senior leaders an opportunity to show their leadership in the pandemic, thank staff.

Milestone	Delivery Date
Present findings and recommendations from Strategic Communications and Engagement Review to Board, including supporting phased implementation plan	30/11/20

2.6 Organisational Recovery

2.6.1 Strategic context

Long-term strategy review

Public Health Wales' unprecedented response to COVID-19 means that we need to assess the impact that it has had on our long-term strategy and medium/annual plans. We made the decision to make in-year changes to our organisational plan, to ensure we had absolute clarity on our priorities and objectives over the next 18 months. These are reflected within our Operational Plan for 2020/21 (this plan).

Over the next few months, we will assess the impact of COVID-19 on our long-term strategy and priorities through a formal strategy review (look back/forward). 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. We will do this through engagement with the Board, Executive Team, staff and our stakeholders.

It will be informed by a number of inputs, including:

- ❖ Emerging evidence on the short, medium and long-term health impacts on the people of Wales
- ❖ Assessment of future strategic opportunities and challenges
- ❖ International evidence on the role of national public health institutes post-COVID-19

- ❖ Feedback from our staff, key stakeholders and the public
- ❖ Learning gathered and knowledge generated through our response to-date.

Staff engagement to develop future ways of working

As a result of fundamental societal changes that have occurred in recent months, such as the shift to home-working, remote and virtual meetings, requirement for social distancing within the workplace and UK and Welsh Government restrictions, we have had to radically change the ways in which we operate as an organisation.

These changes have affected where, when and how we work and our relationships with colleagues, partners and the public. We must also recognise how our experiences in recent months have impacted on us as individuals and our families, friendships, communities and social networks.

We have gathered a richness of information, in relation to the experiences of staff – both positive and negative – through two organisation-wide surveys, specific polls and various groups/forum discussions. Our second organisational survey is currently underway, but the first showed us that:

- ❖ Social isolation is a key concern for colleagues and staying connected is important
- ❖ Colleagues want to feel safer when attending a workplace and have the resources/equipment needed to work safely
- ❖ Colleagues working from home largely understand what is expected from them, however many found balancing work and other (caring) responsibilities/disruptions challenging
- ❖ Colleagues working remotely feel managers listen and act on concerns, but many would welcome more proactive contact.

We will use this, and wider learning gathered over recent months, to inform and undertake an organisation-wide staff engagement exercise to help us to shape our future ways of working. Through this we will work to identify the right shape and form for the organisation to help us deliver our Plan and longer-term strategy. This will be informed by a number of key themes set out within our People Strategy, particularly:

- ❖ **Inspiring Culture and Compassionate Leadership** - creating a vibrant, safe and inclusive culture that meets both the needs of our people and business
- ❖ **Designed to Deliver** - increasing our ability and agility to deploy resources where needed, reduce silos and increase collaboration
- ❖ **Employee Experience** – understanding what matters most to our employees so we can create an employee value proposition that works for all

We will work with the Well-being and Engagement Partnership Group to co-design our approach and principles for the engagement that we plan to undertake, and utilise a range of methods so that we can effectively reach staff across Wales and within each part of the organisation. It is also important to ensure that we undertake this work at the 'right time' where people have the time and space to engage with us. This is vital in ensuring that we are able to have appropriate conversations with different staff groups to ensure all perspectives are captured.

The information gathered through this exercise, as well as complementary information from the Deloitte Organisation Review/Workforce Analysis and upcoming NHS Staff Survey, will be used to help us describe and implement our future ways of working and create the culture and conditions for doing so during

2021 and beyond. This will align closely with work set out within the enabler priority area of this plan, particularly in relation to our People Strategy, our estate and approach to digital.

2.6.2 Scope

In developing our approach, the following areas are expected to fall within our remit:

- ❖ Undertaking a strategic review of our long-term strategy to ensure it remains fit for purpose
- ❖ Engaging with our staff over our future ways of working, drawing on learning and lessons from our COVID-19 response to-date

2.6.3 What does success look like?

- ❖ A validated/refreshed long-term strategy for Public Health Wales that will guide the work of the organisation for 2021 and beyond
- ❖ The voice of our staff has been heard and their experiences and views have shaped proposals on future ways of working.

2.6.4 Milestones

Milestone	Delivery Date
Long-term strategy review	
Long-term strategy review approach agreed	31/12/20
Board strategy review session(s) held	28/02/21
Strategy review proposal considered by BET and Board	31/03/21
Staff engagement over future ways of working	
Review of staff survey results to inform approach to future engagement	30/11/20
Co-design principles for engagement with Wellbeing Partnership	31/12/20
Stakeholder engagement matrix developed	31/12/20
Wider senior leadership team engagement session	31/01/21
Staff engagement approach agreed and resources secured	31/03/21
Engagement exercise completed and results shared with BET and Board	31/05/21



Part 3

Part 3 - Enabling the Organisation

3.1 Finance

As a result of Public Health Wales' continued input into the COVID-19 response, significant additional revenue and capital costs are being forecast over and above that included in our IMTP financial plan for 2020/21. There has also been a detrimental impact on some elements of its delivery of organisational savings. Alongside this, some net costs reductions have also been identified as some services were scaled back due to prioritising its COVID-19 response, although is more limited since reactivation of essential services.

The **Health Protection Response** has seen the biggest impact on finance and resources within Public Health Wales. Existing resources have been used to support the response wherever possible but significant additional resources have been provided to support laboratory testing work through two business cases for an establishment of a an additional laboratory in Imperial Park 5 and improved resilience and turnaround times across all laboratories (Hot Labs).

A total of £118.41m additional funding is due in 2020/21 along with £2.724m of reallocated internal funds:

Description	Mth 1-6 Funding (£m)	Mth 7 - 12 Funding (£m)	Total Funding (£m)
Testing Strategy	10.84	100.94	111.78
Pay Qtr 1 and 2	2.33		2.33
Genomics, TAT and Other Funding	0.63	3.67	4.29
Total External Funding	13.80	104.61	118.41
Reallocation of Internal Funds	1.46	1.27	2.724
Total Covid Response Resource	15.25	105.88	121.13

A further business case is being developed to identify resource requirement to deliver a long term resilient service delivery model for the totality of the health protection system response across Wales.

The **Population Health** approach that Public Health Wales has taken as part of its COVID response has required additional investment in research and knowledge in order to inform policy options. Public Health Wales has reallocated £1m of existing resource from scaled back services in order to deliver this element of the plan.

Service reactivation for essential services and priority services have been assessed. They will remain at current reactivation levels and therefore will be delivered within existing services' budgets. Services have been able to fund additional reactivation costs through funding released from scaling back services. There will potentially be additional costs associated with reactivated services linked to securing additional suitable venues.

Public Health Wales is primarily planning to deliver its **Organisational Learning** priority through existing resources. Any additional resource requirements which are identified would be expected to be delivered through re-prioritisation of existing resources.

Enabler Services within Public Health Wales will provide support to the COVID response and continue to deliver “must do” activities through re-prioritisation of their existing enabler resources.

Public Health Wales has received significant additional **capital funding** in 20/21 with total approved strategic and discretionary capital of £11.158m. £9.471m of this is strategic capital and relates entirely to the establishment of an additional laboratory in Imperial Park 5 and improved resilience and turnaround times across all laboratories (Hot Labs). A significant element of Public Health Wales’ £1.687m discretionary capital is being directed towards the Covid-19 response including investing in laboratory and Screening equipment along with investment in IT equipment to support home working.

Public Health Wales will continue to monitor emerging issues and priorities as the Covid situation develops. Existing resource and funding will be re-prioritised where appropriate and new business cases developed where significant additional investment requirements identified.

3.2 People and Organisational Development

3.2.1 Introduction

The People and Organisational Development Team are partnering with the priority areas (as well as directorates), co-leading our organisational recovery plan and maintaining core workforce support during our ongoing response.

The focus within the People and Organisational Development team is to enable the delivery of the Operational Plan 2020-2022, by ensuring we have the required workforce, whose health and wellbeing is a priority, as well as through delivering key aspects of our People Strategy. Whilst there has been some progress made to date in taking this work forward, the key themes within People Strategy are crucial in ensuring that our workforce remains at the heart of everything we do. Approved in early 2020, those themes are:

- | | | |
|------------------------------------|--------------------------------|------------------------------------|
| ❖ Inspiring Culture and Leadership | ❖ Workforce Shape and Planning | ❖ Attracting and Recruiting Talent |
| ❖ Exploiting Technology | ❖ Employee Experience | ❖ Optimising Relationships |
| ❖ Harnessing Data | ❖ Designed to Deliver | ❖ Skills for the Future |

We will review the People Strategy’s planned first year actions (the Organisational Workforce Plan) in order to make sure it is fit for our revised priorities, aligned with the emerging needs of the **health protection response, reactivating essential services and population health** priority areas, as well reflecting the work of the **recovery and learning** priorities.

3.2.2 Workforce Shape and Planning

The **health protection response** will remain our greatest challenge and most significant priority and we need to be able to rapidly mobilise and adapt the responsibilities our existing workforce, as well as recruit additional staff, sometimes in significant numbers.

Work has been ongoing to develop a workforce modelling system which will accurately map our current workforce, in what is a frequently-changing and fast-paced environment. This will better enable effective workforce planning so that we can utilise and deploy our workforce where and when it is most needed. We will further develop and refine existing recruitment plans to incorporate the requirements and recruitment needs identified in the emerging priority area workforce plans. In addition, we will develop innovative approaches to address local and national shortages for scarce specialities and emerging skills.

3.2.3 Attracting and Recruiting Talent

Our headcount has increased from 1,904 at the end of March 2020 (excluding bank/agency workers) to 1,970 at the end of September 2020.

Recruitment continues on a business as usual basis where possible. In order to increase our capacity to respond to the pandemic, additional people have been recruited and will be recruited to in our key functions, totalling the requirement for an additional 273+ whole time equivalent (WTE).

Workstream	WTE
Surveillance	17
Sampling & Testing May 2020	49
TAT and Hot labs	167
IP5 on-going	40 (Fixed Term)
Consultants including Bank Staff (with more pending)	6

Recruitment has been challenging, with Public Health England, PerkinElmer and us all seeking to recruit candidates with identical skill sets. In addition to standard recruitment approaches, which have been successful having navigated challenges, we have continued to build our workforce through alternative routes, including the refugee network, students from Cardiff Metropolitan University, organisations who have made redundancies, our own Staff Diversity Networks and former Cardiff University Students from the Schools of Engineering and Biomedical and Lifesciences. In addition, we have re-visited previous candidates for vacancies, who have developed and gained further experience since.

In providing an effective ongoing organisational response to the pandemic, we have sought to ensure our business critical functions have, wherever possible, appropriate levels of resilience and agreed long term rotas. To date, this has involved the temporary redeployment of a significant number of internal staff within Public Health Wales, we also trained over 600 staff to work as part of the response linked to the National Contact Centre.

Moving forward, we will continue to bolster 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 business needs. As we plan for an escalation in further demand, re-direction and prioritisation of our resources will continue to be required, through the temporary redeployment of staff. A process for rapid mobilisation is in place to declare 'moderate' and 'severe' pressure and ensure appropriate levels of resource can be deployed.

3.2.4 Inspiring Culture and Leadership

An organisation's culture is the lived experience of its people and as such is critical success factor. We have undertaken two organisation-wide surveys to date which have and will continue to give considerable insight into people's expectations and experiences of working through the last six months. Their focus has been on wellbeing and engagement and the responses will inform the positive behaviours and ways of working that we want to include in our future cultural narrative.

We are adapting our Welcome, Engage, Network and Develop (WEND) events to deliver a suite of virtual 'on-boarding' content for colleagues new to the organisation. This includes an introduction to our People Strategy, workforce support and our organisational values.

We have already adapted our approach to My Contribution, our non-medical/dental performance management process, to ensure wellbeing and dialogue are at its heart. Our managers are encouraged to keep in regular contact with individuals and teams. In partnership with our Communications Team, we provide weekly briefs to our management community, summarising and highlighting key messages and dates to be shared with colleagues including amendments to our People/HR Policies intended to provide additional assurance, clarity and support.

A process is in place to monitor annual leave and our leadership team regularly communicate the need to take time off to all staff.

A robust engagement exercise around the future of work will be the main vehicle for understanding where, when and how people want to work and will be taken forward as part of the **Recovery** priority. This exercise will incorporate different activities for different staff groups, ensuring the views gathered are as broad and inclusive as possible.

3.2.5 Designed to Deliver

Our aim is to increase our agility and ability to deploy our workforce where and when needed, reducing silos and increasing collaboration. The COVID-19 response has brought this to the fore as never before, with staff working in ways we may not otherwise have achieved for some time. By the end of the year, we will present a summary of an Organisational Review, completed in April 2020, with recommendations for action that will help us become an organisation that is *designed to deliver*.

3.2.6 Skills for the Future

The majority of core operational learning programmes have been suspended this year, however we will continue to plan for and provide training/development, including:

- ❖ Statutory and mandatory training: particularly for essential screening services and the peer vaccination programme
- ❖ Public health practitioner registration scheme support and learning sets
- ❖ Coaching support as required by the business
- ❖ Talent development (via HEIW's Talentbury programme)
- ❖ Diversity and Inclusion training (Strategic Equality Plan action)

As part of the action to review the first year of the organisational workforce plan, we will consider key strategic development which may need to be planned, commissioned and/or deployed throughout the course of this revised operational period.

We will strengthen the Professional Leadership arrangements, particularly in relation to our clinical staff (non-medical). This will ensure we have effective Clinical Governance arrangements in place and have career pathways, which can support both staff and the organisation in maximising the potential of all disciplines to work to the top of their licence.

3.2.7 Employee Experience

The health and well-being of our staff is paramount, now more than ever. Since the start of the pandemic, we have developed, designed and shared wellbeing and broader health and safety resources, including:

- ❖ Establishment of People Support + which provides a one-stop-shop contact centre via email for staff queries, covering a range of topics including People and OD, Estates, Finance, Communications, Information Governance and Contact Centre Rotas.
- ❖ Risk assessments for vulnerable staff (succeeded by the All-Wales Individual Risk Assessments)
- ❖ Mental health resources including, but not limited to SilverCloud Wellness App, Care First, access to Health for Healthcare Professionals and our own supplementary listening service and coaching offer for managers
- ❖ Our internal 'Tell Us How You Are Doing' wellbeing/engagement surveys, allowing colleagues to feedback on what's working, what could be better and, importantly, their key concerns
- ❖ Provision of IT and office equipment to support staff to work from home
- ❖ Guidance on safety at home, including support for staff for whom home may not feel or be safe, using display screen equipment and personal electronic devices
- ❖ Risk assessments and subsequent safety measures implemented across our estate

Our position has been clear since March: where colleagues can work from home, they should. Prior to the return of childcare facilities and schools, guidance was developed and shared with all staff and managers regarding working patterns and flexibility, appreciating that so many of our colleagues found themselves balancing the working day and caring responsibilities.

The Estates and Health and Safety team continue to work across the estate to ensure Public Health Wales complies with the COVID-19 regulations and guidance. From 10 July to 6 August 2020, Public Health Wales procured an external company to assess our estate on the suitability of measures in place to manage the transmission of COVID-19. The assessment covered 28 premises and included a mixture of office buildings, laboratories and screening buildings. Following the assessment, local action plans have been developed and work to address any actions arising is currently ongoing. A process for the ongoing monitoring of arrangements has been established and issues arising are reported and monitored through the Health and Safety Group.

Specific measures across our sites include:

- ❖ Introduction of one-way systems
- ❖ Distancing of desks to ensure compliance with 2m regulations
- ❖ Increased signage
- ❖ Central provision and distribution of PPE including hand sanitiser and wipes
- ❖ Signing in/out process for staff in buildings
- ❖ Occupancy monitoring in buildings and meeting rooms

We must continue to strive to be an inclusive organisation, without prejudice or bias, where staff feel psychologically safe, have the freedom to voice concerns and be their authentic self. We will continue to lead the development and deployment of wellbeing resources such as Care Spaces. We will facilitate both local and national engagement surveys and lead the development and delivery of organisation-

level actions and support local leads in developing local action plans for improvement. Having established the Wellbeing and Engagement Partnership Group we now facilitate monthly network meetings and liaison between enabling functions and the business, including our staff networks and trade union partners. We continue to work closely with colleagues across enabling functions to implement organisation-level action plans for improvement.

The Strategic Equality Plan was launched in July 2020 with Diversity and Inclusion training a key theme of the consultation that was undertaken. Options regarding online classes or training packages are being explored with a view to commence roll out before the end of March. Career development for under-represented groups also came out as an area for development and work is currently underway to develop a programme to identify mentors and match them with staff who have expressed an interest.

We are legally required as part of the Public Sector Equality Duties (2011) to publish an Annual Equality Report and Workforce Report, which details the work undertaken over the previous reporting year to advance equality, and also to detail the diversity breakdown within the organisation. These reports will be presented to Board in November 2020, before being translated and published at the end of the year. Our Gender Pay Gap report is also under development.

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, and to involve the networks in organisational developments, through the Wellbeing and Communications Group and Policy review workshops.

Milestone	Delivery Date
Workforce Shape and Planning/ Attracting and Recruiting Talent	
Complete mapping of workforce to inform workforce planning	30/11/2020
Resourcing and Recruitment plans developed and implementation commenced	30/11/2020
Review and reconfigure year one actions to deliver the People Strategy – the Organisational Workforce Plan - ensuring emerging workforce planning needs from priority areas are included	03/11/2020
Ensure plans are in place to implement all organisational workforce plan actions	03/12/2020
Ensure People and Organisational Development structure is in place to support and monitor plans	03/12/2020
Employee Experience / Inspiring Culture and Leadership	
Results of Tell Us How You Are Doing available and shared	15/11/2020
Organisational level action plan developed and approved	30/11/2020
Plan for ongoing engagement is developed with the Wellbeing and Engagement Partnership Group, including timetable of future surveys	31/12/2020
Publish Gender Pay Gap Report	31/01/2021
Publish Annual Equality Report and Workforce Report	31/01/2021
Learning and Development/Skills for the Future	
Virtual 'WEND' resources live	30/11/2020
Full schedule of statutory and mandatory training complete and live	30/11/2020
Additional learning programme approved and live	31/01/2021

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 that we continue to drive quality and improvement informed by available evidence and proven methodologies. This will ensure that we can demonstrate our services are safe, effective and are achieving outcomes and impact. We will do this through real time data, where possible, for the benefit of the public and our stakeholders.

Over the coming months, we will:

- ❖ Implement our Quality and Improvement Strategy and supporting Implementation Plan
- ❖ Deliver the 'Our Approach to Engagement' Implementation Plan
- ❖ Deliver our refreshed approach to integrated governance, which will be implemented through a plan to support the organisation to continue to evolve

Detail on the key milestones that we will deliver is provided in section 2.5.

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. These arrangements align with those that we have put in place to support us to effectively manage our ongoing response to COVID-19, reactivate essential public health services/functions, and deliver a number of other priority areas of work through formal governance structures, such as programme/project boards.

3.4.1 Portfolio approach

Our Operational Plan is structured around six priority areas, which each have an agreed Senior Responsible Owner and defined governance arrangements. These priority areas will form our organisational portfolio for 2020-22. Oversight of the portfolio will sit with the Executive Team, with progress reported through our Performance and Assurance Dashboard (PAD).

A portfolio approach will allow the organisation 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.

3.4.2 Plan baselining

Following the development of the Operational Plan, which was undertaken between September and October 2020, it will be formally baselined by the Executive Team in October 2020. The baselining will provide a fixed reference point for the commencement of the plan, which will allow us to assess and manage progress thereafter.

The baselining process includes the scope and milestones for each priority area, along with agreed resources (financial and people). This will allow us to manage and monitor change across our portfolio, and its potential impact on both the respective priority area and overall plan delivery.

In line with recognised programme methodologies, the Operational Plan will be re-baselined in the event of a significant internal or external change. We will also undertake periodic ‘health-checks’ of the portfolio, through processes such as Mid Stage Assessments, which may result in the plan being re-baselined.

3.4.3 Performance management

An overall portfolio delivery confidence assessment (DCA) will be reported to the Executive Team and Board on a regular basis. This will provide an assessment of the likely successful delivery of the portfolio and will draw on a number of key information sources, including:

- ❖ Milestone progress
- ❖ Risk management
- ❖ Financial and workforce information/performance

Each priority area will also complete an individual DCA, along with regular reporting against milestone delivery, in line with recognised best practice. This information will be presented in an integrated way through portfolio and priority areas performance dashboards, which will form part of our PAD.

3.4.4 Change control

A formal control process will be used to manage changes to the plan, particularly in relation to milestone delivery. This approach is in line with arrangements we established, and successfully implemented, for our Health Protection Response Programme (Stages 1 and 2).

3.4.5 Risk Management

Over recent months, a series of activities have taken place to ensure that our strategic risks remain current and appropriate to the challenging environment the organisation is operating within. The refreshed strategic risks, set out in the table below, and ensuring that we have appropriate mitigation in place for each have provided a key framing and driver for the development of our Operational Plan.

Strategic Risks
There is a risk that Public Health Wales will be unable to fulfil its strategic objectives because it does not have the correct numbers of people with the right skills, attitudes and behaviours
There is a risk that Public Health Wales will cause significant harm to patients, service users or staff members. This will be caused by misdiagnosis or incorrect identification of serious health conditions, timeliness of service provision, the provision of inappropriate clinical advice or the failure of staff to follow correct procedures
There is a risk that Public Health Wales will fail to deliver a sustainable, high quality and effective infection and screening services. This will be caused by a lack of sufficient workforce capacity; over-reliance on existing systems/procedures, lack of sufficient change capacity and an estate and infrastructure which is not fit for purpose
There is a risk that Public Health Wales will suffer a major IT security breach resulting in failure to service delivery and/or loss of personal data
There is an increased risk as a result of COVID-19, Public Health Wales will fail to provide the level of system leadership needed to deliver the population health gains articulated in the long term strategy. This insufficient capacity/ resources within the organisation, policy and prioritisation decisions of external agencies and wider social, economic and environmental factors.

Strategic Risks
There is a risk that Public Health Wales will fail to secure and align resources to deliver its statutory functions including its response to the COVID-19 pandemic. This will be caused by funding cuts or inability to make required savings, secure funding (replaced generate income) or move resources within the organisation
There is a risk that Public Health Wales will fail to deliver and effectively present accurate, relevant data/ statistics and/ or evidence based research/ evaluation to dynamically and actively inform and maximise the impact of public health action especially relating to our response to COVID-19. This will be caused by a lack of workforce capacity with the relevant skills and knowledge to rapidly respond to changing and increasing demands of COVID-19 and technological advances in data science; staff having an over-reliance on existing systems/procedures and a lack of sufficient change capacity
There is a risk that Public Health Wales will fail to effectively discharge its statutory responsibilities in protecting the public during the COVID-19 pandemic and ensure the organisation has an effective plan for recovery as the pandemic recedes

Each priority area has also identified potential risks 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.